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Kimberley Grace Care Home

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?	**Requires Improvement**

Summary of findings

Overall summary

Kimberley Grace Care Home 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. Kimberley Grace Care Home provides accommodation and personal care for up to 17 older people. Some people also have dementia related needs.

This was the service's first inspection since being newly registered on 8 June 2017.

The inspection was completed on the 10 and 11 October 2018 and was unannounced. At the time of the inspection, there were 16 people living at Kimberley Grace Care Home.

The service had a registered manager in post and they were formally registered with us on 30 May 2018. 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.

Improvements were required to the service's governance arrangements to assess and monitor the quality of the service. The current arrangements had not identified the issues we found during our inspection. The registered provider lacked oversight as to what was happening within the service to make the required improvements. Suitable arrangements were not in place to review and investigate events and incidents and to learn from these. Although issues were highlighted as part of the service's quality assurance arrangements, systems in place did not ensure these were addressed, followed-up and lessons learned.

Although people told us they were safe, suitable arrangements were not always in place to act when abuse had been alleged or suspected. Medication practices and procedures required strengthening to ensure these were in line with good practice. Not all people's care and support needs and risks to their safety and wellbeing were recorded and detailed within a care plan. The nutritional and hydrational needs of people using the service required improvement as it was not possible to determine if their diet was satisfactory or not.

The deployment of staff required improvement as communal lounge areas were often left without staff support. Suitable arrangements were required to ensure all staff training was up-to-date. Where staff were promoted to a more senior role, they had not received an appropriate induction and mentor arrangements were not effective. Although staff received regular supervision, where performance issues were raised, these had not always been followed up and monitored.

The management team had not ensured the service was being run in a manner that promoted a caring culture and care provided was task and routine led rather than person-centred. People were not offered

regular opportunities to participate in regular leisure and social activities.

People's healthcare needs were supported and people had access to a range of healthcare services and professionals as required. The registered provider's arrangements for the prevention and control of infection at the service was satisfactory. People's capacity to make day-to-day decisions had been considered and assessed. Nonetheless, care was needed to ensure information recorded was accurate and not contradictory.

Complaint management arrangements were appropriate and people told us they were confident to raise issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Arrangements in place did not always protect or safeguard people from abuse or harm.

The deployment of staff was not always appropriate to meet people's needs as communal lounge areas were left without staff support and there was a risk that this could impact on people using the service.

Risks were not always assessed and medication practices required improvement to ensure these were safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were required to ensure staff training was up-to-date. Where staff were promoted to a more senior role, staff must receive an induction. Although supervisions were completed, where issues were raised, evidence of follow-up action was not available.

The nutrition and hydration needs of people using the service required improvement.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

The service was compliant with legislation around the Mental Capacity Act [2005] and Deprivation of Liberty Safeguards [DoLS] but minor improvements were required to ensure information was not contradictory.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People using the service did not always receive good quality care. Care provided was primarily task focused and 'service-led'

rather than person-centred.

People were treated with respect and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive care and support that was responsive to their individual needs.

Improvements were needed to ensure all of a person's care and support needs was recorded and the information up-to-date and accurate.

People were not supported to participate in a range of social activities.

People and relatives were confident their complaints would be taken seriously and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems to measure the quality of the service did not identify the concerns and risks to people that we found as part of this inspection.

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

This inspection took place on the 10 and 11 October 2018 and was unannounced. The inspection team consisted of two inspectors.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service, three members of care staff, the registered manager and the area manager. The registered provider was present during feedback of the inspection findings.

We reviewed six people's care plans and care records. We looked at the personnel records for four members of staff. Additionally, we looked at the registered provider's arrangements for staff supervision and appraisal and the service's training matrix. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Requires Improvement

Is the service safe?

Our findings

Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for seven out of 16 people living at the service and found discrepancies relating to staff practice and medication records.

One person did not receive their prescribed medication as they should. The MAR form detailed one of their medicines was to be administered up to a maximum of three times a week as having this every day could result with them becoming reliant on the medication. The MAR form showed this had been administered every day since 1 October 2018 and senior staff who administered the medication had not identified this issue. Following the inspection, the registered provider wrote to us and advised that after a review of this person's medication in August 2018 the above adjustment had been made as the person previously received this as PRN 'as required' medication. However, no rationale was being recorded to evidence why this medication was being administered every day.

Where people required a once weekly medication, the instruction on the MAR form stated this was not to be given at the same time as other prescribed medication. Staff did not follow this instruction and the MAR form showed it was given at the same time as other medicines at 08.00 a.m. The senior member of staff on duty confirmed this as accurate. One person was prescribed a thickening powder to aid their swallowing difficulties and to minimise the risk of aspiration. This was not recorded on their MAR form and provided no guidance for staff on the amount of thickening powder to be used. When we discussed this with two senior members of staff, only one was aware of the correct instructions as recommended by the hospital. One person's medication which required cold storage had expired at the end of September 2018 and had not been returned to the pharmacy. This was given to the senior member of staff to dispose of properly.

Not all staff involved in the administration of medication had attained up-to-date training and where they had, evidence of this was not available. Staff training certificates relating to medication and a written response relating to medicines management was forwarded to the Care Quality Commission by the registered provider following the inspection. This confirmed one member of staff had been removed from medicines administration until further refresher training was sourced and completed. Training for another member of staff was booked to complete week commencing 22 October 2018.

Observation of the medication round showed this was completed with due regard to people's dignity and personal choice. For example, people were asked if they wished to have pain relief medication and their choice was respected. Staff who administered medication had had their competency assessed within the last 12 months.

Although staff had received moving and handling training, we observed poor staff practice in relation to moving and handling for one person using the service. We observed two members of staff assist one person to move in a way that was unsafe and which put them at risk of harm. Staff attempted to transfer the person from a comfortable chair in the lounge to a wheelchair by placing their hands under the person's armpits. This technique is unsafe, can hurt and cause injury because the person's armpits and shoulders have too

much pressure on them. The transfer was unsuccessful and staff were unable to support the person to transfer to their wheelchair. Though the above was poor practice, the person using the service was not seen to be distressed or to experience any pain.

Though intuitively staff knew the people they supported and some risks were identified and recorded relating to people's health and wellbeing, this was inconsistently applied. Risk assessments did not always identify all of the potential risks or include sufficient information for staff on how to manage the risk and reduce the potential for harm. For example, there was no moving and handling assessment or information available to guide staff on how to safely transfer the person detailed above with their mobility needs.

The care records for another person detailed they required a soft diet and their drinks to be thickened with thickening powder. Staff told us this was because whilst they were in hospital they were identified as being at risk of swallowing difficulties and aspiration. Following the return of the person from hospital, a risk assessment was not completed and a Speech and Language Therapy [SALT] assessment had not been requested to ensure that the support provided was appropriate, reduced the risk of aspiration and that no other additional measures were required.

A risk assessment had been completed for one person who was at risk of falling out of bed, as they were being nursed in bed. However, this was no longer applicable as the person was no longer being nursed in bed and was independently mobile using a walking frame. This had not been updated to reflect that the person's needs had changed. This meant risks to people were not consistently identified and information about risks and safety were not as comprehensive, accurate or up-to-date as they should be.

Staff understood their basic responsibilities for maintaining appropriate standards of cleanliness and hygiene; and followed food safety guidance. However, there was a risk that people were not always protected by the prevention and control of infection as pressure relieving equipment, such as cushions were ripped and torn so the foam base was exposed and no longer permeable or washable. The registered provider advised the Care Quality Commission following the inspection that all pressure cushions that were ripped and torn had been removed.

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

No safeguarding concerns had been raised since a change of registered provider in June 2017. Although staff were verbally able to demonstrate a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission, this did not happen in practice.

The records for one person who used the service demonstrated there were three occasions over a four-week period in March and April 2018, whereby a request for more breakfast had been refused by staff. No rationale for this decision was recorded by staff other than the person had already eaten. No obvious health related concern or reason why the person could not have been offered an extra portion of food was recorded. Staff did not consider the person was simply wishing to have more food as they were feeling hungry. Additionally, at this inspection, the same person was overheard to ask staff for another biscuit with their mid-morning hot drink. The staff member refused to give them a biscuit, citing the lunchtime meal being served in just over an hour as being a valid reason to deny them their request. The registered provider advised the Care Quality Commission following the inspection that the person had already had three biscuits with a hot drink 30 minutes earlier and that there were ongoing concerns about the person gaining weight and the effect this

had on their knees, however none of this information was recorded within the person's care plan.

Staffing levels as told to us by the registered manager were being maintained, however there were several periods whereby, communal lounge areas were left for between 10 and 15 minutes at a time without staff support being available. Although there were no incidents during the inspection which resulted in people being placed at risk of harm, there was a potential risk. The registered provider advised the Care Quality Commission following the inspection that staff check the communal lounge areas at least every 30 minutes when they are not busy attending to others who live at the service. This is not appropriate because there were people within the communal lounge assessed at risk of falls and people who could become anxious, distressed and who could behave inappropriately towards staff and others living at the service, placing them at risk of harm. The registered manager and staff confirmed arrangements were in place to address staffing shortfalls as they arose. This referred to asking staff employed by the organisation to undertake additional shifts and staff confirmed the registered manager was supportive and provided 'hands-on' cover when needed.

Appropriate arrangements were not in place to review and investigate events and incidents and to learn from these. Although issues were highlighted as part of the service's quality assurance arrangements, systems in place did not ensure these were addressed, followed-up and lessons learned.

Staff recruitment records for four members of staff were viewed. Relevant checks had been completed before a new member of staff started working at the service. For example, an application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been undertaken. Information was recorded as part of good practice procedures relating to the interview to demonstrate the outcome of the discussion and the rationale for the appointment.

Requires Improvement

Is the service effective?

Our findings

Not all people's nutritional and hydrational needs were recorded within their individual care plan and where these needs were variable, risk assessments were not completed detailing how to manage or mitigate this risk. Not all people's weight was regularly recorded and when discussed with staff, they told us the service's weighing scales had been loaned to one of the organisation's 'sister' homes for the past three to four weeks and this had resulted in people's weight not being undertaken.

Whilst some people had a small appetite and required smaller meal portions as larger portions at mealtimes were off-putting, staff did not recognise those people who may require a larger meal portion or a second helping. People were not offered a second helping and there was no obvious health related concern or reason why the person could not have been offered an extra portion of food recorded within their care plan. Additionally, we observed during both days of inspection, people were not offered a hot drink or snack between meals, other than when provided with the mid-morning and afternoon drink. One person was overheard to state to a member of staff, "I haven't had a cup of tea since this morning." The staff member replied, "Yes, you did, the trolley came around." The person using the service replied, "But I wasn't in here." The member of staff did not offer to make them a drink or ask them if they would like a drink as they had missed out.

Where people were deemed to be at risk, their nutritional and hydration intake was recorded. However, records consistently showed people received between 250 and 830 millilitres of fluid over a 24-hour period. Mealtimes were close together, for example the lunchtime meal was at 12 midday and the teatime meal was no later than 4.30pm. It was of concern that all records viewed showed people did not receive any food or drinks after the teatime meal and this could be as early as 3.00pm or at the latest 4.30pm. This suggested people did not receive any further food or fluids until breakfast, approximately 8.00am the next morning, a gap of up to 16 hours. This meant we could not be assured that people using the service were receiving a sufficient food and fluid intake. One person told us, "I go to bed hungry, there's nothing in the evening. It's not a proper full meal in the evening [4:30pm]. We used to have a trolley that came around in the evening but that doesn't happen anymore. It's a long time from the evening meal to the morning."

Following the inspection, the registered provider wrote to us and told us people received four meals a day, including regular drinks and snacks in between meals. This did not concur with what people told us, our observations or from records viewed. The registered provider acknowledged that record keeping required significant improvement.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed training for staff was primarily provided using an on-line electronic training system, except for manual handling and medication administration. The registered manager and area manager advised the latter was provided by the organisation's consultant, however evidence of their up-to-date 'train the trainer' qualifications were not available for medication and their accredited training to

provide manual handling training to staff had expired in August 2017. The registered provider advised the Care Quality Commission following the inspection that the above information provided by the registered manager and area manager was incorrect and the organisation's consultant no longer provided this training.

Though the registered manager understood the importance of staff receiving appropriate training and development, suitable arrangements were not in place to ensure this was up-to-date and staff received suitable training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. The training matrix provided by the registered manager was not up to date and suggested that not all mandatory training, for example, moving and handling, medication administration and fire awareness had been completed recently. We requested a copy of an up to date training matrix, copies of staff training certificates relating to manual handling and medication administration and the consultant's training qualifications to be forwarded to the Care Quality Commission. This was provided on 16 October 2018 as requested and showed that some training needed to be updated. For example, the registered manager confirmed they had not received practical moving and handling training recently and the information provided following inspection showed this to be correct.

Newly employed staff received an induction. This related to both an 'in-house' orientation induction and completion of the Skills for Care 'Care Certificate' or an equivalent. However, the registered manager had not received an induction specific to their role since being promoted from the role of deputy manager to acting manager on 1 November 2017 and to registered manager on 30 May 2018. The registered manager advised that the organisation's consultant was mentoring them, however there was no evidence to show what this entailed. The registered provider advised the Care Quality Commission following the inspection that the registered manager's transition to this role has been gradual and their increase in work load had been based on their ability to cope with the demands of their new role. However, information provided related to mentoring arrangements between 30 December 2013 and 7 January 2014 when the registered manager was not in that role and the service was owned by a different registered provider. This was basic and did not take account of the Commission's new regulatory framework and fundamental standards introduced on 1 April 2015.

Staff told us they received good day-to-day support from the newly appointed registered manager and work colleagues. Staff confirmed they received regular supervision and an annual appraisal of their overall performance. Records confirmed this as accurate. However, where discussions had been held and which suggested follow-up action was required, information to demonstrate this was not recorded. For example, where improvements were required to a member of staff's performance, no information was recorded detailing the support to be provided and how this was to be monitored by the organisation.

People's care records showed their healthcare needs were recorded and this included staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals to maintain their health and wellbeing, for example, to attend hospital and GP appointments and received support from district nurse services.

The registered manager told us they were part of a new national initiative, the 'Red Bag Care Home Scheme'. The aim of this initiative is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital. This enables relevant information about a person to be passed on and shared; and therefore, improving the person's experience of care and quality of life.

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 the 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 authorisation 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.

Staff were not able to demonstrate a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Although some people using the service had their capacity to make decisions assessed, information was not always accurate and in some instances, was conflicting. For example, one person's 'Do Not Attempt Cardiopulmonary Resuscitation' [DNACPR] completed in 2015, stated the person lacked the decision to make this decision, however capacity assessments within their care plan dated January 2018, recorded the person as having capacity.

Requires Improvement

Is the service caring?

Our findings

People and their relatives told us staff cared for people in a kind and considerate way. Comments from people using the service included, "I like the staff, they help me and I'm happy here" and, "It's quite nice." Relatives confirmed they were happy with the care and support provided for their loved one. One relative when asked if they were happy with the care and support for their family member replied, "Yes, I think so, they always have clean clothes and are well presented." Another relative told us, "Yes, I am generally happy."

Although people's comments about the care provided were positive, we found staff were more focused on tasks and some of the support provided was inconsistent and not always respectful. We saw that staff practice and behaviours were not always caring or person-centred. For example, as already stated, communal lounge areas were left without a member of staff being present and most interactions by staff with people using the service, were centred on tasks, such as providing mid-morning and mid-afternoon refreshments, assisting people to the dining room for meals and when providing personal care to meet people's comfort needs. One person told us staff did not have the time to sit and talk with people living at Kimberley Grace Care Home. They told us, "The carers go out of here [communal lounge] and we don't see a carer all afternoon, unless we get up and go and find someone. Sometimes we can struggle up there but sometimes we can't. We would be waiting a long time if we didn't. Don't think anybody [staff] comes up here [communal lounge] all afternoon. It used to be different, not now." This concurred with the inspectors' observations over both days of the inspection.

We asked people if they were aware of their care plan and the information contained within the document. Not all people were able to tell us about their care plan, what it was or if they had had sight of it and involved in the care planning process. However, relatives spoken with confirmed they had been involved with their member of family's care plan, particularly at the pre-admission assessment stage. The registered provider advised the Care Quality Commission following the inspection that staff would be reminded to make sure people and those acting on their behalf were involved for the future.

People's personal care and support was provided in a way that maintained their privacy and dignity. People were supported to maintain their independence where possible. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. We observed most people being able to eat independently and people told us they could maintain some aspects of their personal care without and/or limited staff support.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time and there were no restrictions on visiting times.

Requires Improvement

Is the service responsive?

Our findings

The registered manager confirmed there was no specific person employed at the service to facilitate social activities for people using the service. They told us all staff employed at Kimberley Grace Care Home were responsible for providing and facilitating social activities. However, a written response by the registered provider following our inspection, detailed the service's activities coordinator was on long term sick leave. This information was not disclosed to inspectors by the registered manager or during feedback to the registered provider or area manager. The registered provider in response to our findings during feedback provided an assurance that an activities coordinator would be provided, to echo similar arrangements in their other services and this was to be actioned by the area manager.

People's comments about the activities provided were not positive. One person told us, "This [person indicates the television], it's on all day and all evening. They [organisation] have a pianist come in, but we have to go to the dining room because that's where the piano is. The chairs are uncomfortable in there. The singer goes in the dining room too but they don't come very often. It is good when they do come, I like it but they don't come often enough." Another person told us when asked about the level of activities provided at the service, "Sometimes, not all the time." When asked if they had the opportunity to access the local community, people told us, sometimes staff say, "We will see, we have to wait for someone to come and take us out" and, "I used to like going out in the car, for a drive along the seafront, but that doesn't happen anymore." Observations showed people were not routinely supported to participate in social and leisure activities. Except for a 30-minute reminiscence quiz on the first day of inspection and a member of staff putting on a CD of 'old time' songs on the second day of inspection, no other activities were initiated or offered by staff. At all other times there was an over reliance on the television, but most people did not appear interested in watching this. This meant people living at Kimberley Grace Care Home did not have the opportunity to participate in meaningful social and leisure activities. Records available showed social activities for people using the service were not provided each day.

Though most people's care plan identified them as requiring support and encouragement by staff to participate in meaningful activities, this did not happen. Information recorded provided some insight as to people's preferences and interests, however there was little detail to evidence how people's social care needs were to be met and delivered by staff. Although a record of activities was maintained for each person, not all entries were noted to be appropriate as they were not a social activity. For example, visits by the chiropodist were cited as a social activity rather than a healthcare need. In response to this one person told us, "I've been busy having my feet done this morning, that's another thing they [staff] call a treat, having your feet done."

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective or accurate of people's care needs as they should be. This meant there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. For example, where people were assessed as living with dementia, information relating to how this affected all activities of their

daily living was not recorded.

Daily care records did not reflect or provide a complete picture as to how people using the service occupied their time or how they spent their day. Most entries related to personal care provided and confirmed if people had eaten a meal or had a drink. Other entries provided limited information to evidence staff interventions and the outcomes of observations.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured the service could meet the person's needs and provide sufficient information to inform the person's initial care plan.

People told us any concerns they had would be discussed with a family member, with the registered manager or staff on duty. One person told us if they had concerns, "I'd talk to anyone, I open my mouth and say it." Relatives stated they felt able to express their views about the service and would be listened to by the management team. We found suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. Complaint records showed there had been four complaints since June 2017. A record of each complaint was maintained and there was evidence to show these had been responded to and action taken.

Although no one living at the service was receiving end of life care, the registered manager provided told us people would be supported to receive appropriate end of life care to ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families.

Requires Improvement

Is the service well-led?

Our findings

This was the first inspection of Kimberley Grace Care Home, since being newly registered in June 2017. Since June 2017, there had been changes to the management team of the service. A new manager was in post and they were formally registered with the Care Quality Commission on 30 May 2018. They had previously been employed at Kimberley Grace Care Home as the acting manager since 1 November 2017. On the first day of inspection the registered manager was about to go on annual leave, however we were able to discuss key elements of the inspection with them.

The registered manager had demonstrated the arrangements in place to regularly assess and monitor the quality of the service provided. The quality was monitored through a small number of audits, namely, medication and record keeping [care planning]. This was detailed within a list entitled 'Manager's Office Day' and was confirmed as accurate by the registered manager. The registered manager was asked to evidence how infection control and health and safety issues were audited and the frequency. We were told that these were completed and retained by the service's external consultant. No evidence of these were provided following the inspection.

However, where issues were highlighted, it was not always possible to identify exactly what the issue was or the actions to be taken to make the required improvements. It was also not clear who was responsible for taking the action or the timeframe for completion. For example, medication audits completed on both a weekly and monthly basis showed improvements were required, such as medication records not being completed correctly and people's topical creams not being applied in line with people's needs or information recorded within their care plan.

The registered manager confirmed clinical information relating to the monitoring of peoples' weight loss and gain, incidence of pressure ulcers and lesions and infections were not explored. A record of accidents and incidents relating to people using the service was available, however an analysis of this information was not evident and we were advised this was retained by the registered provider's consultant. Following the inspection, the registered provider wrote to us confirming an analysis of the service's accidents and incidents was available for the period 2017, and completed at the end of each year. However, although an analysis of the information is completed at the end of the year, this does not provide sufficient assurance that effective measures are in place to monitor potential trends at the earliest opportunity.

Although the above systems were in place, they did not identify the issues we identified during our inspection and had not identified where people were put at risk of harm or where their health and wellbeing was compromised. There was evidence to show that because of this some people did not experience positive care outcomes and the lack of robust quality monitoring meant that there was a lack of consistency in how well the service was managed and led.

Where strategies were in place it was evident these were either not working or not being followed. There was little evidence to show that the registered provider's own quality assurance systems effectively analysed and evaluated information to identify where quality or safety for people using the service was compromised, to

drive improvement and to respond appropriately. Although the registered provider wrote to us following the inspection and confirmed audits were analysed by the consultant and a report of their findings forwarded to them, no information was provided or available to evidence this.

It was evident the registered provider lacked oversight as to what was happening within the service and where there were shortfalls. Suitable support had not been provided to the newly appointed registered manager to ensure appropriate arrangements were in place to achieve compliance in line with the registered provider's own policies and procedures and the fundamental standards. This demonstrated the governance arrangements in place were not reliable or effective to ensure a quality service and ensure regulatory requirements were fully understood and managed to make the required improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The views of people who used the service, those acting on their behalf and staff had been sought in 2018. Nine out 17 people using the service, seven relatives, five members of staff and one healthcare professional had completed and provided a response. The majority of comments recorded were positive.

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 Improvements are needed to ensure people using the service receive person-centred care that meets their needs. People's care plans accurately reflect their care and support needs and how these are to be delivered by staff and people receive opportunities for social and leisure activities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks were identified and assessed and improvements were required relating to medication practices and procedures.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Suitable arrangements must be in place to be able to determine whether people's nutritional and hydrational needs are satisfactory and being met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not supported by the arrangements to assess and monitor the quality of service provided. The arrangements

in place were not robust or effective in identifying where improvements were required.