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Four Winds Residential Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 21, 22 and 28 October 2015 and was unannounced. We last inspected the service on 21 April 2015.

We completed an unannounced comprehensive inspection of this service on 3 and 5 February 2015 and found the provider was failing to meet legal requirements. Specifically the provider had breached Regulations 9, 13, 18, 23 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our February 2015 inspection we concluded people were not being protected against the risks of

receiving care that was inappropriate or unsafe.

Assessments of the needs of people were not current so did not meet their individual needs or ensure the welfare and safety of people.

People were not protected against the risk of the unsafe use and management of medicines. There was no safe system in place for the recording and administration of medicines. The registered managers did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to the care provided for them in accordance with the Mental Capacity Act (MCA) 2005. People were cared for by staff

Summary of findings

who were not always supported or trained to deliver care safely and to an appropriate standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We undertook an unannounced focused inspection on 21 April 2015 as part of our on-going enforcement activity and to confirm that they now met legal requirements but we found continued breaches of legal requirements. Specifically this related to Regulations 12, 17, 11, 9 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In summary the provider did not have effective systems in place to identify, assess, mitigate or manage the risks to the health and safety of people who used the service and others. The provider did not ensure the safety of the premises. The provider did not ensure the proper and safe management of medicines. The registered managers did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of people in relation to the care provided for them in accordance with the Mental Capacity Act (2005). People were not protected against the risks of receiving care that was inappropriate or unsafe. Assessments of the needs of people were not current so did not meet individual needs or ensure the welfare and safety of people. People were cared for by staff who were not always supported or trained to deliver care safely and to an appropriate standard.

Four Winds Residential Home is registered to provide residential care to 26 people some of whom are living with dementia. At the time of our inspection there were 17 people living at the service.

The home had two registered managers who had been registered with the Commission since June 2014. 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.

There were not enough staff on duty overnight to ensure a safe evacuation of people in the event of a fire. There were inadequate fire precautions including a lack of external emergency lighting; defective fire doors and no

smoke detectors in the electrical cupboard and medicine cupboard. Some work was needed in relation to damaged asbestos in the boiler room and a self-closing mechanism needed to be fitted to the smoking room.

Environmental risk assessments were in place but these were dated 2011. They had been signed as being reviewed on an annual basis but there was no written record of what the review involved.

Portable appliance testing (PAT) had been completed however a portable heater, which had failed the test on three occasions, was still in use, even though records stated it had been put in the bin.

There were some risk assessments in place for people and others were integrated into the care plan document. Documents did not effectively identify risks or specify how they should be managed.

Medicines were not recorded or managed in a safe way. Medicine administration records did not correspond to information in people's care records so people were at risk of receiving an incorrect dose of medicine. We found out of date vials of medicine with no record of when the person had last received this medicine or whether it was still prescribed for them.

Not all accidents and incidents were recorded as such and so were not investigated appropriately.

Inspectors identified concerns of a safeguarding nature which the registered managers had not recognised.

We found a lack of understanding of the Mental Capacity Act (2005) Code of Practice. One person had been assessed as having capacity to make a certain decision yet a best interest decision had still been made on their behalf. Care records documented that relatives acted in people's best interest but we saw no documentary evidence to support whether relatives had a legal right to do this.

Where people had formal Lasting Power of Attorneys the provider had failed to ensure they had a copy of this paperwork.

People had access to health care professionals. The advice they gave was not always followed up on and information was lost within professional records sheets as care plans hadn't been updated to reflect the new information.

Summary of findings

Some care plans did not contain specific information on how to reassure, divert and orient people.

Audits were completed however they had not been effective in identifying the concerns we identified during the inspection. The operations director said, "The current audit isn't robust enough" in response to concerns raised about medicines administration.

Quality assurance systems were in place but questionnaires and surveys were sent to people, relatives and stakeholders on a frequent basis. A low return rate was received which meant the value and effectiveness of the system was difficult to assess.

Care plan audits did not effectively assess the quality and timeliness of information contained in care plans. They failed to identify where care plans needed to be updated in response to changes in strategies, changes in medicine administration and in general care needs.

The registered managers did not have effective systems to keep up to date with best practice and relied upon staff being their, "Eyes and ears to new ideas." One of the registered manager's said, "Staff don't come forward with suggestions."

One registered manager told us they liked to be part of the staff handover but it was not logged. They said, "I like the seniors to come to me so I don't lose track of what's happening in the home." It is the responsibility of the registered managers to ensure they are up to date with information pertaining to the safe management of the home. We concluded that the registered managers did not have effective systems in place to support and enable them to do this effectively.

Staff training was up to date, although we noted that some training was still to be booked such as equality and diversity.

Staff were receiving regular supervision and an annual appraisal and they said they felt well supported by the management of the home.

Complaints were investigated and recorded and action was taken in response to concerns, however the action did not lead to a review and update of care plans so information was lost.

We observed warm relationships with people but staff did not understand the significance of specific equipment, such as red plates, and how these should be used to support people living with dementia.

An activities coordinator was in post who was enthusiastic and knowledgeable. They had identified the need to develop activities for the men living in the home and were currently researching this. They had introduced pet therapy and reminiscence sessions and were bringing in external people to support activities, such as the knitting club and memories from the war era.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent

enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Medicines were not managed in a safe way.

There were not enough staff at night to ensure a safe evacuation in the event of a fire. Fire safety precautions were not adequate.

Safeguarding concerns were not managed effectively.

Procedures for recruiting new staff were appropriate.

Inadequate



Is the service effective?

The service was not effective.

The Mental Capacity Act (2005) Code of Practice was not being followed and was not understood.

Staff were failing to follow up on suggestions and referrals from health care professionals.

Staff supported people with their nutritional needs in a sensitive way.

Inadequate



Is the service caring?

The service was not always caring.

Care staff had warm relationships with people.

Some equipment was available for people living with dementia but staff did not understand the significance or importance of its use.

Requires improvement



Is the service responsive?

The service was not always responsive.

Care plans did not always contain the detail needed to ensure people received the care and treatment they needed in a person centred way.

Complaints were investigated and recorded but this did not always lead to a review and update of care plans.

The activities coordinator was motivated and knowledgeable. They had researched activities to meet people's needs and had introduced pet therapy and reminiscence sessions.

Requires improvement



Is the service well-led?

The service was not well led.

The registered managers did not operate effective systems and processes to assess the quality of the service or to drive improvement.

Inadequate



Summary of findings

Audits were not effective at identifying or monitoring areas for improvement.	
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Four Winds Residential 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 over three days on 21, 22 and 28 October 2015 and was unannounced which meant the provider and staff did not know we were coming.

The inspection team consisted of two adult social care inspectors and a specialist advisor in electrical installation.

Environmental health conducted inspections of the building and the kitchen and nutrition on 21 October 2015.

The Fire Service also conducted an inspection on the 21 October 2015 at the request of the provider's buildings manager.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During this inspection we spoke to five people who live at Four Winds Residential Home. We also spoke with the registered managers, three senior care staff, the cook, the activities co-ordinator, the area manager, the operations director and one care staff. We also spoke with the buildings manager.

We carried out observations of meal times using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook general observations of how staff interacted with people as they went about their work.

We looked at four people's care records and six people's medicines records. We examined five staff files including recruitment, supervision and training records. We also looked at other records relating to the management of the home including building safety, health and safety, quality assurance and complaints.

Is the service safe?

Our findings

During our inspection the fire service were completing a fire audit at the request of the buildings manager. The fire service identified there were not enough staff present in the building overnight for them to complete a safe evacuation. They instructed the registered manager to increase staffing at night. The fire service also found there was inadequate emergency lighting to the exterior of the building; no smoke detector in the electrical cupboard or the medicine room and a number of fire doors were defective. In response to these concerns the fire service issued a notification of deficiencies. A notification of deficiencies is a schedule of works to be carried out to comply with the regulatory reform (fire safety) order 2005.

Records indicated that fire drills had been completed in June and August 2015. However we noted the records stated there was, 'No simulated evacuation.' It was recorded that, 'All staff present displayed excellent knowledge of the procedure to follow in the event of a fire.' We saw no evidence that staff had received training in the use of the specialist evacuation chair and how to use this equipment in the event of a fire.

During the inspection and the fire service audit it was found that a number of fire doors were defective. The buildings manager told us, "All the doors have been audited, the fire alarm and emergency lights checked and done and certificated." The fire door audit dated 11 October 2015 stated, 'All doors leading onto escape routes have been inspected and where required adjusted to ensure they close properly.'

The buildings manager added, "Work is being done in the loft to replace the tank because of legionella. There's no C1's and C2's to do just C3s to be fixed by 15 January 2016." The electrical installation report had been completed on 11 October 2015 and stated the installation was satisfactory but had identified 13 C3s. The C3's had been identified in a previous electrical installation report completed on 28 February 2014 and had not yet been completed. C3's are defined as 'improvement recommended.'

Environmental health completed a building check during our inspection. They served a health and safety improvement notice giving 28 days to undertake improvement works. The work required was to remove or encapsulate the damaged asbestos in the boiler room.

They also recommended a self-closing mechanism be added to the door in the smoke room and more detailed health assessments for night workers. Environmental health discussed with the registered manager the need to implement controls for the risk management of legionella. This included effective showerhead cleaning, how often, by whom and the procedure to be followed; temperature recording and monitoring of water temperature and cleaning schedules.

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

Risk assessments were integrated into care plans but did not effectively identify risk or how it should be managed. For one person the risk assessment in relation to mobility, which was included in a care plan dated 22 April 2015 stated, 'I am at risk of falls which could result in serious injury if the above care plan is not followed.' This did not effectively identify risks and how they should be managed. Another person's risk assessment for personal hygiene recorded the risk as being 'Laundry items and shaving of facial hair as can refuse to shave.' It was unclear how laundry items presented an actual risk to the person. There was no record of whether the person liked to wet shave as this could present risks of cuts and shave rash which had not been identified.

Risk assessments were in place for a range of potential risks, such as dehydration, falls from height, slips and trips. We saw these were all written in 2011. Risk assessments were signed as being reviewed on an annual basis but there was no evidence to indicate how the assessments had been reviewed and whether the risk had changed. This meant the registered managers were not assessing and mitigating risk.

Portable Appliance Testing (PAT) had been completed. We saw that a portable heater had been 'Put in the bin' due to failing the test. We noted a free standing portable heater was still in use and was turned on in a person's room when no one was present in the room. There was no guard around the heater which was too hot to touch and the heater was adjacent to the person's bed. The heater was plugged into an extension cable behind the bed and the plug had three PAT test fail stickers on it, the last one dated March 2015. The registered manager said, "I know there should be a risk assessment, it will need to be done." We concluded an unsafe heater was being used in a person's bedroom; the registered managers initial response was to

Is the service safe?

risk assess the heater not to remove it as it had failed the PAT test. The registered manager and the buildings manager confirmed this was the portable heater that should have been placed in the bin as indicated on the PAT test document. This was confirmed by checking the PAT numbers on the plug which they had failed to do previously.

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

Records did not support the safe administration of medicines. We checked people's Medicine Administration Record's (MARs). We could not distinguish between staff signatures for administration and the coding system used to indicate if people had refused their medicines. There was no consistent completion of the rear side of the MAR charts in relation to the coding so it was not always clear if people had been administered as and when required medicines or if they had not needed them, or had refused them. Hand written entries on MARs were not clearly legible and had not been signed by two staff as a correct record. Medicines received and who by had not always been completed on the MAR or the quantity of medicines carried forward or destroyed.

Medicines audits were completed but did not identify the concerns we noted. For example, on the second day of inspection it was noted there was a malodour in the medicine room which had not been picked up by staff. We also found a tablet on the floor of the medicine room which the registered manager picked up with un-gloved hands. They indicated that she would dispose of it, commenting that it wasn't an easily recognised tablet as it had no markings.

Three people's medicines records contained discrepancies in relation to the medicines prescribed. We found out of date medicines in the fridge relating to one person. There was no current information on when the person last received this medicine, the reason why they had been prescribed it or any change to the prescription. We asked the registered manager to explain this to us and they were unable to. Two people's medicines records contained conflicting and contradictory information as to whether one medicine was to be taken routinely or whether it was as when required. There were also discrepancies and

contradictions as to the dosage, frequency and the reason for administration. We asked the registered manager to explain the current medicines for these people and they were unable to do so.

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

We found that duplicated information was recorded in accidents and incidents files which related to the same issue. There was no clear guidance on what situations should be recorded as an accident and which as an incident. For example, one person had had some wool wrapped around their foot which was recorded as 'Caused by equipment.' Another person had attended the fracture clinic after staff had observed bruising to their thumb and elbow on 19 October 2015. There was no accident or incident form completed for this and no investigation as to how it occurred. The registered manager said it should have been completed by the night staff but confirmed it hadn't been. They did present a body map recording the bruising which was kept in a separate body map file. We received no confirmation of how this incident had occurred but the registered manager said, "I'll make sure they do an incident form."

We saw no evidence of investigation in terms of describing the event and assessing how it happened and how it could be prevented. Analysis was completed but this was in relation to the times of falls. It was noted on the document that lessons learnt needed more detail and would be discussed in senior meetings. However there had been no team meeting since July 2015. The analysis didn't identify trends or actions to be taken as result of the analysis.

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

A safeguarding log was in place, with five incidents recorded. This had been completed on 15 October 2015 but included safeguarding concerns that had occurred previously so was completed retrospectively. There was no record of thorough investigations having taken place, outcomes of safeguarding's were not completed other than a recording of 'no further action.' There was no monthly analysis completed and no evidence of any lessons learnt.

At the time of our inspection we alerted the registered manager to three safeguarding concerns that needed to be

Is the service safe?

alerted to the local authority and the Commission. Three days after the inspection the registered manager was still unable to provide appropriate documentation in relation to safeguarding investigations for these concerns.

The registered manager told us that some family members manage people's finances and should bring their relative a set personal allowance per week. Records indicated that people were not routinely receiving their entitled money, and the registered manager was unable to confirm what action had been taken to rectify this. The registered manager said, "There's no timescales for invoices; some people send cheques to [sister home] and there's no record to me." They added, "There's no system of banking money if it amounts to over £200. We don't record who gives us the money just record it as personal allowance received."

We asked if safeguarding were aware when people did not receive their weekly entitlement and the registered manager said no.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had attended safeguarding training and were able to describe the principles of safeguarding.

Although we found concerns with the safety of the premises some environmental risk assessments were in place, such as for some buildings work that had recently been completed.

We saw the fire detection and alarm system inspection and servicing report had been completed on 07 July 2015. The emergency lighting periodic inspection and testing certificate was dated 08 July 2015. Neither of the reports identified any faults with the systems.

Individual dependency tools were completed to identify the level of support people needed and these were combined to give an overall staffing level for the home. One of the registered managers told us the current staffing levels were a senior, three carers and two domestics during the day and two staff at night.

Recruitment files contained two staff references and appropriate Disclosure and Barring Service checks had been completed. Where concerns had been identified a risk assessment had been completed to assess the person's appropriateness to work with vulnerable adults. We noted that bank staff from sister homes were being used within the service. The registered manager was initially unable to produce recruitment files for the two requested staff they had to source them from a sister home. We found that one of these staff had out of training and the other had an out of date DBS check. The providers DBS policy stated checks should be renewed on a three yearly basis but this had not happened. Therefore the registered manager had breached the homes own policy leaving people in potential risk of receiving care from a staff member who was not suitable.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

We noted one person's capacity care plan stated, 'I would struggle to make all major decisions or complex decisions, my [family member] helps with all of these types of decisions, they know my personal view and would ensure that the decisions made are in my best interests. [Family member] also helps me with my finances as I now struggle to understand the value of money.' We asked one of the registered managers if this family member had a lasting power of attorney or appointeeship in place to enable them to make these decisions on the person's behalf as there were no records in the file. The registered manager showed us a letter received on the second day of inspection from the office of the public guardian that stated a deputy had been appointed but it didn't state who it was. The registered manager was unable to confirm who the attorney was.

We saw one person had a mental capacity act/best interest decision determination form in place which had been completed by staff at the home. The form assessed that the person had capacity to make the decision however staff had completed a best interest decision on their behalf which meant the person had been deprived of their right to make the decision for themselves. We asked the registered manager to talk us through it. They said the person had a learning disability and for the more difficult decisions consultation was made with the person's sister. We asked whether the relative had a lasting power of attorney in place and they said, "Yes, for finances, we don't have copies of any LPA's." We asked why as they may impact on the care and support people received. We were told, "We sent a letter asking if they were in place but not for a copy. Moving forward we will be asking for copies at pre-admission for new people."

In cases where attorneys have been appointed providers have a legal duty to report any concerns over financial

mismanagement to the Office of the Public Guardian; as the registered manager confirmed that they do not have copies of any persons Lasting Power of Attorney they would be unable to fulfil this legal duty if the need arose.

For another person we saw a relative had signed a consent form for medical vaccination. If a relative does not have Lasting Power of Attorney for health and welfare they have no legal grounds to do this, instead they would be consulted as part of an overall best interest process.

Care records often referred to relatives as being 'the decision maker' in peoples 'best interest.' Consent forms for photographs and medicine administration were often signed by relatives however we saw no formal record of the legal power relatives had to do this.

The registered managers were not following the principles of the Mental Capacity Act (2005) Code of Conduct.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Authorised Deprivation of Liberty Safeguards were in place for some people and the registered manager understood what this meant for the care people received.

We saw staff were completing 'Challenging behaviour charts' for one person. We asked the registered manager who analysed these charts. They said, "We fill them in and they are monitored by the ICLES team." (Intensive Community Liaison Service). We asked to see this analysis but the registered manager said, "They look at them when they come in, we don't do any analysis, just do the behaviour care plan following the instructions of the ICLES team." We asked to see these instructions and the registered manager explained that this would be recorded in the professional contacts sheets. There was no formal communication from the ICLES team. The professional contacts included the following entry dated 5 May 2015, '[Persons name] re sleep pattern. [They] will speak to ICLES re getting a rummage box. Also may try an activities wrist band to see how long [the person's] active for or maybe increase [name of medicines]'. We asked if these had been put in place and the registered manager was unsure. We asked if there had been any follow up. The registered manager confirmed that this hadn't been followed up and the rummage box and wrist band were not in place. This meant the person had been referred for professional input but no follow up action had been taken for over five months.

Is the service effective?

We saw records were kept of appointments and visits made by doctors, district nurses, community psychiatric nurses and optician and chiropodists. However changes made by some health care professionals were not always followed up on or easily recognised within people's care notes in terms of changes to care and treatment.

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

The induction process was a tick box record of areas covered, including the premises, but there was no assessment of competency and quality of the knowledge of staff.

Some staff training was up to date; we noted that safeguarding adults training was delivered April, May and June 2015 after our last inspection. Pressure care training was delivered in May 2015 to ten care staff; diabetes was delivered to six staff and was booked for further training. Challenging behaviour training had been sourced but no dates had been confirmed. Dementia training was delivered in April 2015 and July 2015. Equality and diversity training needed to be booked as only eight staff had

completed it in 2012. Moving and handling training was up to date. Staff had attended MCA and DoLS training in April and August and was due to be refreshed on an annual basis.

Staff appraisals had been completed in January and April 2015. Supervisions had been held in August 2015 and October 2015 and were up to date. Senior care staff completed the supervisions for care staff and kitchen staff. We asked the registered manager if declarations were requested in relation to any cautions or convictions in between the three yearly DBS checks. The registered manager initially said, "No." Then the area manager said, "Yes, we talk about it in each supervision, don't you recall?" They then looked through personnel records to show inspectors that these were discussed.

We observed meal times and saw the care staff were attentive to people's needs and offered the time and encouragement people needed to support them with eating a meal of their choice. Drinks were readily available for people throughout the day and care staff encouraged people to maintain their fluid levels.

Is the service caring?

Our findings

One person said, "It's lovely here, we are well looked after and cared for." They added, "I don't know what's for tea, but it's normally lovely."

We saw that the tables were nicely set with flowers, condiments, cutlery and crockery. Some people used their own personal crockery.

We observed warm and compassionate relationships between care staff and people. Care staff and the activities coordinator spent time with people chatting and offering reassurances if needed.

On the morning of day three of the inspection we were downstairs and heard a person shouting from upstairs. We went to see the person who was standing by their room door in their night clothes shouting. We observed there were no staff present so went to see the person who was confused and disoriented. We noted there was a strong malodour in the room, and the person needed some support. One inspector stayed with the person whilst the other inspector went to seek a member of staff to support.

We observed tea time on day one of the inspection and saw one person seemed distressed and disoriented. One staff member noted this and spoke to the person in a warm, gentle and caring manner. They reminded the person where they were and offered gentle and patient reassurances.

During another mealtime we observed one person was brought their meal, they mentioned that they thought they

had ordered a salad. The staff member said, "No you didn't." Then added, "No you asked for shepherd's pie." The person discussed this with their friend who they were sitting with commenting that they were sure they had ordered a salad. We asked the person if they would like a salad and they said yes. We spoke to staff and the chef prepared a salad for the person.

Inspectors noted that some people received their meals on red plates. Inspectors asked staff what the red plates were for. One staff member said, "We have small plates for people with small appetites." We spoke to the area manager who explained they had bought them for people living with dementia. We noted that the plates were randomly given to people and weren't used for specific people.

There was information on advocacy displayed around the home but we saw no evidence that people had been referred to advocacy services, rather it was recorded that family members acted on peoples behalf. As mentioned in the effective domain we saw no legal documentation to support this.

Residents meetings were held monthly by one of the registered managers. Each meeting included reminding people about making complaints and concerns and safeguarding. Minutes also noted that the fire evacuation procedure was covered. Reminders were given to people that they needed to press the buzzer as often as they needed support when one person mentioned that they didn't like using it at night.

Is the service responsive?

Our findings

One person's care plan stated they had been prescribed medicine 'For when I am aggressive.' The procedure in the care plan was to offer the medicine, 'If after reassurance and leaving me a little while to calm down and the changing of the member of staff helping me has not worked and the task to be completed must be done in my best interest.' The protocol for as and when required medicines stated the medicine was to be given, 'If intervention is required in the person's best interests and the person is aggressive.' It did not provide the detail of the care plan and therefore gave staff a different strategy to follow for the use of the medicine. We asked the registered manager about this and they said, "It's prescribed for involuntary movement and the subsequent challenging behaviour." We asked for confirmation about the reason the medicine had been prescribed. The 'as and when required medicine protocol' recorded it as being for challenging behaviour. One of the registered managers said, "The information would be in the care record." Neither the challenging behaviour care plan or the medicine care plan records that the medicine is for involuntary movements, it states that medicine is for challenging behaviour; the medicine care plan does not record that this medicine should only be used on an as and when required basis. We concluded the information in relation to the strategies and medicines used to support this person were contradictory and unclear, leaving the person and others at risk.

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

One person's care plan read, 'I would like the staff to be aware that at times I can have episodes of challenging behaviour, this usually displays itself as me hitting out at staff when they are trying to help me.' It went on to record, 'I don't always understand that this is wrong.' We felt this statement was unprofessional, judgemental and showed limited understanding of challenging behaviour. It was identified on the care plan that waking the person from sleep was a trigger for challenging behaviour. So staff were to try not to wake the person. It went on to say the person responded to some staff more than others.

Care plans recorded that staff should 'reassure people' and use 'distraction' but they did not always describe how to do

this. Nor were they always sufficiently specific and did not detail the strategies staff should follow to support people who may present with behaviour that may challenge the service.

One person's care plan for 'Mental health' stated, 'I can become upset or a little agitated, if I have got something wrong or forgotten something.' This person's risk assessment for mental health stated, 'I am at risk of being disorientated and upset. I would like the staff to reassure me and keep me oriented.' We noted there was no information on how to orient the person or what this meant for them. We asked the registered manager about this care plan, they said, "It's a work in progress going through them."

We saw a letter from the memory service for one person which suggested rummage boxes be used. We asked the registered manager if these had been put in place to which they said, "We tried them once but [person] wasn't interested. [Person] responds to one to one intervention and the activities coordinator tried to engage with her." Later in the inspection we again asked about the rummage box and the registered manager told us it was not in place.

Another person had a mobility care plan dated 04 June 2015 which stated, 'I have developed a jerking movement to my body.' It went on to state, 'These jerky movements take me completely by surprise and these movements have caused me to start to suffer from frequent falling.' There was no description on the care plan of what the involuntary movements looked like so staff could identify them, nor did the care plan describe how to support the person when they experienced these movements. It was noted that the care plan stated, 'I have had a referral made to the falls team and they have arranged for me to be seen by the OT (occupational therapist), the OT visited and has arranged for me to be seen at the falls clinic and the rehab unit.' It was also recorded, 'I prefer that the staff ensure that any advice from the falls team or other health professionals are followed.' This care plan had been evaluated on a monthly basis but there was no evidence of any advice or guidance from the falls team, nor was there any follow up information from the falls clinic or the rehabilitation unit.

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

Is the service responsive?

One person's care plans had been updated in May 2015. They were written in the first person with information on area's they were independent, where they needed support and where family members offered support.

All care plans had notes attached to them on a monthly basis which provided a summary of the month and an update on the person's care.

Some people had one to one meetings with the activities coordinator which included a discussion around meals and activities. It was noted that not every person had had the opportunity to engage in a one to one meeting. This meant the views of all people living at the home had not been taken into consideration.

An activities coordinator was in post who was enthusiastic and motivated. They had also just become a dementia friend and were keen to look at sensory stimulation for people. Pet therapy had been arranged and the activities coordinator said for every visit the therapist was reminded that there were two people who didn't like dogs.

They had researched the War and encouraged people to share their memories; arranging for a reminiscence session

to be held which included a memory display of identity cards and ration packs together with a war-time sing along session. We observed a knitting group which was being led by someone from a local knitting shop. One person told us they were making a handbag.

They had also identified that the activities offered within the home were mainly focused around the women who lived there so they were supporting one gentleman to go to the pub and were beginning to research activities for the men living in the home.

Information on raising complaints was displayed around the home and discussed in residents meetings so people were aware of how to make complaints. We saw that three recent complaints had been fully recorded and investigated; with complainants being offered a follow up meeting to discuss actions taken. Complaints were closed only at the point where complainants were satisfied with the outcome.

Actions had been taken in response to complaints however this had not led to a review and update of relevant care plans.

Is the service well-led?

Our findings

At the time of the inspection there were two registered managers in post. Only one registered manager spoke with us and answered questions, offering explanations and clarification on findings. The other registered manager did not actively engage in the inspection process. The area manager told us that this registered manager was stepping down from being one of the registered managers.

There was no evidence of team meetings having been held since 01 July 2015. A further meeting had been arranged for September but this had been cancelled. The registered manager said, "I'm in the process of getting meetings arranged." They added, "[Other registered manager] was off for six weeks." This meant formal opportunities to update staff and share ideas for improvement were limited.

Quality assurance systems were in place and questionnaires were sent to a sample of people, visitors and stakeholders on a monthly basis. A three monthly analysis of questionnaires was completed however the registered manager had written that the response rate was poor. This meant it was therefore difficult to assess the value and effectiveness of the system.

A notice board was used to update people and visitors on the outcome of quality assurance and the action taken in response to people's comments. It was noted that meal times were often the focus for updates alongside activities.

Medicines audits were completed but as detailed in safe they were not effective in identifying the concerns raised during the inspection. The area manager said, "The audit has been changed following findings on day one of inspection. The existing audit looks for missing signatures on MARs, handwritten instruction for counter signing. Extra steps now include hand written instruction checks [against] medication and looks at the photocopied prescription." The operations director said, "The current audit isn't robust enough." They added, "Everyone needs a check of medicines." They then added, "Some people could go six months without being audited. The [existing] medicines audits started in July and need to be tweaked till we get it right." The area manager said, "We need to train all seniors on the medicine audit system."

The registered manager told us the fax at a sister home was being used as the fax at the home was broken. They explained that this included prescriptions and information

in relation to people's medicines. We expressed concern about this due to the sensitive nature and confidentiality of information. The registered manager initially said it was going to the fax machine in the registered manager's office of this home. They later said it was going there because that was where the head office was based. There was no protocol in place to ensure only authorised people saw this confidential information or how this would impact on information being transferred in a timely manner.

Monthly senior carer care plan checks were completed. We noted these contained ticks to state care plans checked, monthly review of care plans completed, weight and MUST charts completed and a water flow in place. There was space to record any action that was required and when this had been completed but we saw little evidence of any records of action being noted.

One person's care records contained a sheet dated 27 May 2015 which stated, 'I have read and understand the update care plan for [person]' which was signed by staff. Underneath this it stated 'I have read and understand the nutritional care plan for [person].' This referred to a different person and stated their name yet it had been signed by the four staff mentioned on the document. There was no evidence that staff had commented that this referred to a different person, nor was there evidence that this had been noted during audit or monthly senior carer checks which had been completed on 30 July; 30 August and 30 September. We brought this to the registered manager's attention.

Another person had a monthly senior carer care plan check list but this had not been completed since August 2015. It was noted that the overnight risk assessment needed to be completed but there was no action completed date recorded however we noted that this risk assessment was in place.

Policies and procedures were in place. However we noted that they continued to have no version control. As identified in previous inspections they were signed as being reviewed on an annual basis but we saw no evidence that information had been updated to ensure policies were in line with current legislation.

We asked the registered manager about care plan audits. They said, "I've started to try to do 4 – 5 files per week so

Is the service well-led?

everyone's audited each month. I will be looking at consent, signatures, updated information and responsive care plans." We did not see evidence that care plans were being audited on a monthly basis.

We found there was no effective system in place to ensure updates from health professionals, complaints or changes in care needs were transferred to people's care plans in a timely manner so some people were being placed at risk of not receiving the most appropriate care and treatment. The registered manager confirmed there was conflicting information in care plans.

We found there was no effective system in place for the safe management and recording of people's personal finances which left people vulnerable to exploitation. The registered manager said, "It's been identified recently and we are putting things in place." They added, "In process of refining the whole process of finances. Records need to be robust to manage potential abuse."

We asked the registered manager about health and safety checks they completed. They said, "I do room checks and security checks. They aren't logged but they are done." We concluded that these checks were not effective as we found health and safety risks, such as appliances which had failed PAT tests still in use and the use of extension cables which had not been risk assessed.

The registered manager told us they kept up to date with best practice by, "Attending training with staff." They added that they, "Take direction from CQC, Commissioners and their managers." Through the course of the conversation they said they looked at emails which were sent through on dementia awareness and shared it with the staff. They said they were, "Open to suggestions." We asked how they included staff and they said, "During staff meetings and senior meetings. They are my eyes and ears to new ideas." We asked what new ideas staff have come up with and were told, "Staff don't come forward with suggestions." We concluded that there were no effective systems in place to ensure the registered manager and the staff team were kept up to date with best practice and new developments.

The registered manager told us, "I like to be part of handover but it's not logged. I like the seniors to come to

me so I don't lose track of what's happening in the home." We concluded that the registered manager relied on staff members keeping them apprised of the home rather than having an active presence in the running of the home and the systems in place to ensure they knew what was happening on a day to day basis.

We noted that staff from another home had been working at Four Winds Residential Home. The registered manager explained, "We would transfer them within the group. It would have been a verbal handover." They added, "I didn't have the file in place to check their DBS." After showing the registered manager the information on this staff members DBS they agreed it was out of date at the point they were working at the home. We asked who was accountable for this and the registered manager said, "I have taken the manager of my sister home as credible." They added, "I'm a new manager coming in, no experience, I was deputy manager at [a sister home] in name only." They added, "I'm currently completing my NVQ5. There's more knowledge I need to know. [Name of the second registered manager] is stepping down which may be of benefit to me so nothing will get by me."

Both registered managers were registered with the Commission on 18 June 2014 and at the time of the inspection had been in post for 16 months so were not new managers. Both registered managers were also involved in the two previous inspections of the home so were aware of previous breaches.

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

One staff member told us, "The rota could be produced earlier so have more notice." They added, "The girls work well together and get on with each other. They are friendly, approachable and we help each other out." We observed the care staff worked well together with minimal direction from the management team. During the three days of inspection we only observed a registered manager offering direct support to people on one occasion which was when an inspector raised that a person was in need of support.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered manager's did not ensure care and treatment was provided in a safe way.</p> <p>The registered manager's failed to assess the risks to the health and safety of people and failed to do mitigate such risks.</p> <p>The registered manager's failed to ensure the premises was safe.</p> <p>The registered manager's failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(b)(d)(g)</p>

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The registered manager's did not ensure care and treatment was provided was the consent of the relevant person.</p> <p>Regulation 11(1)</p>

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered manager's failed to protect people from abuse and improper treatment.</p> <p>Systems and processes were not established and operated electively to prevent abuse.</p>

This section is primarily information for the provider

Enforcement actions

Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse.

Regulation 13(1)(2)(3)

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered manager's did not establish and operate effective systems or processes to ensure compliance.</p> <p>The registered manager's failed to assess, monitor and improve the quality and safety of the service. They failed to assess, monitor and mitigate risks relating to the health, safety and welfare of people and others who may be at risk.</p> <p>The registered manager's failed to maintain an accurate, complete and contemporaneous record in respect of people, including a record of the care and treatment provided to people.</p> <p>The registered manager's failed to maintain securely other records in relation to the management of regulated activity.</p> <p>The registered managers failed to evaluate and improve their practice by ensuring their audit and governance systems remained effective.</p> <p>Regulation 17(1)(2)(a)(b)(c)(d)(ii)(f)</p>

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers</p>

This section is primarily information for the provider

Enforcement actions

The registered manager's failed to demonstrate the necessary competence, skills and experience to manage the carrying on of the regulated activity.

Regulation 7(2)(b)

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered managers did not ensure the care and treatment or people was appropriate; met their needs and reflect their preferences.

Regulation 9(1)

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.