

Four Seasons Health Care (England) Limited Manor Park Care 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?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Manor Park Care Home provides nursing care for older people, some of whom are living with dementia. It is registered to provide care for 49 people. At the time of our visit there were 35 people living at the home.

This inspection took place on 18 January 2016 and was unannounced. This meant the provider did not know we would be visiting. A second day of the inspection took place on 19 January 2016 and was announced.

We conducted a focused inspection in August 2015. We found care plan documentation did not always reflect people's individual needs and were not always reviewed in a timely manner. People did not always receive care and treatment with dignity and respect. Systems for protecting people from abuse were not always in place and investigation of safeguarding incidents were not timely or documented appropriately. Sufficient skilled and experienced staff were not always deployed in the home. The provider advised us all these concerns had been addressed.

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

During this inspection we found the provider had breached a number of regulations. Risks to the health and safety of people who used the service, staff and visitors, had not been appropriately assessed and actions had not been taken to minimise those risks. Staffing levels were not sufficient to safely meet the care needs of the people who used the service as the assessed needs of people used when determining staffing levels were not always accurate. Staffing levels were not increased following the changing needs of people living at the home.

The registered manager did not ensure care and treatment was provided with the consent of the relevant person. Staff were not familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and were not able to apply those when appropriate, for any of the people they were caring for. People were not supported in making decisions about their care and well-being.

The registered provider did not ensure staff received appropriate training and development to enable them to carry out the duties they are employed to perform. The registered provider did not ensure equipment was in place to ensure the safety of service users and to meet their needs. Care records did not reflect people's needs and preferences. The provider did not assess people's nutritional and hydration needs. People's choices were not respected in relation to their nutrition. There were inadequate support facilities and amenities provided for the number of people using the service. We also found the registered provider did not have effective quality assurance processes to ensure that people received appropriate and safe care.

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

Personal Emergency Evacuation Plans (PEEPS) were in place but were found to be out of date and did not contain information pertinent to people's mobility and ability to leave the premises safely.

The provider had a comprehensive recruitment process with checks in place to ensure safety and suitability was explored prior to offering employment to staff.

From mealtime observations we saw people were not always encouraged to maintain their independence and appropriate equipment was not used to ensure this.

People's medicines were managed safely. The provider had effective systems in place for ordering, obtaining and checking medicines upon receipt into the home.

Staff demonstrated a general knowledge about people's likes and dislikes, however they were limited in their understanding of people's needs and how to support them.

We saw evidence in care records of co-operation between care staff and healthcare professionals including social workers, community psychiatric nurses, occupational therapists, and GPs to ensure people received appropriate care.

Where people had no family or personal representative, we saw the home provided information about advocacy services.

Relatives told us they were always made welcome by the staff and the registered manager.

People did not receive sufficient engagement or stimulation. No specific activities were available for people living with dementia.

The Provider used an iPad feedback point called 'Quality of Life' to capture views about the quality of the service from people, relatives, external professionals and staff.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Adequate systems were not in place to evacuate the premises in the event of an emergency. Fire drills were completed at the same frequency each test and did not capture and assess the competency of all staff.

Staffing levels were not sufficient to safely meet the care needs of the people who used the service.

Systems were in place for the management of medicines so that people receive their medicines safely.

Is the service effective?

Inadequate ●

The service was not effective.

Staff did not receive training that was relevant to the needs of the people who used the service.

Staff did not understand the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which means they are failing to work within the law to support people who may lack capacity to make their own decisions.

People's choices were not always respected in relation to their nutrition.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The provider did not ensure equipment was in place to ensure the safety of service users and to meet their needs.

We noted staff addressed family members in a friendly manner and were on first name terms. We observed staff in many interactions with people who lived there. We saw that they were friendly and caring.

Where people had no family or personal representative we saw

the home provided information about advocacy services and provided assistance to use the services when required.

Is the service responsive?

The service was not responsive.

Care plans we viewed held conflicting and inaccurate information about people.

We found people did not receive sufficient engagement or stimulation. We observed people spent a long period of time sat in lounge areas.

The provider had a complaints policy and procedures were in place. People and relatives told us they knew how to raise a complaint.

Inadequate ●

Is the service well-led?

The service was not well-led.

The provider had a comprehensive process for monitoring the quality of the service. However the completed audits had not identified the areas of concern we discovered during our inspection.

We noted all care records and medical information were kept secure.

The provider ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

Inadequate ●

Manor Park 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 over two days. The first visit was on 18 January 2016 and was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 19 January 2016 which was announced.

The inspection team consisted of two adult social care inspectors.

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. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). None of those organisations raised any concerns about the home.

During this inspection we spoke to seven people who live at Manor Park Care Home, three family members, an external professional, the registered manager, regional manager, two nurses, five care workers and two support staff.

We carried out an observation 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 seven people's care plans and people's medicines records. We examined six staff files including recruitment, supervision and training records. We also looked at other records relating to the management of the home.

Is the service safe?

Our findings

Friends and relatives we spoke with told us of concerns they had around sufficiency of staffing levels. One relative spoke with us about specific concerns they had in relation to their relative and another person living at the home. This information led us to complete safeguarding referrals to the local safeguarding authority for investigation.

The registered manager utilised a dependency assessment tool (implemented by the registered provider) to determine the staffing levels within the home. On the day of the inspection we found there were seven members of care staff on duty, plus the deputy home manager who was providing clinical leadership across the home. There was also a Care Home Advanced Practitioner (CHAP) on duty. This person was a nurse but at the time of our inspection was not able to carry out nursing practice as their professional registration had not been verified by the home.

The deputy manager calculated that 14 people needed 2 staff to support them to mobilise. From a review of seven sets of records we found that there were inconsistencies in people's assessed needs. For example, we saw one person was assessed as independently mobile. From our discussions with staff, the person and from observations we found that this person actually required the assistance of two people to mobilise. We also found that one person had been assessed as requiring several hours of 1:1 care throughout the day in order to ensure their safety. This was within the 'Cameron' unit of the home, where two staff were allocated and where a total of nine people lived. Staffing levels had not been increased in order to meet this person's need for 1:1 care. This meant assessed staffing levels were not sufficient to safely meet the care needs of the people who used the service as the needs of people used when determining staffing levels were not always accurate. Staffing levels had also not been increased following the changing needs of people living at the home.

A relative we spoke with said that they felt staffing levels had improved since the management changes in the home. However, they did raise concerns about the visibility of staff adding that they had to intervene at times due to concerns that people would fall when staff were not around. We observed this happen on the first day of our visit whilst there were no staff members present in the communal area. This meant people's safety was placed at risk due to a lack of supervision from trained staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative discussed with us how their relative was reluctant to receive assistance from staff whilst showering as they were a very independent and a private person. They advised the option of using a bath had not been available since September 2015. They told us they supported their relative with personal hygiene to ensure their relative remained well after discovering their relative had developed a sore area. We spoke to the regional manager who advised a purpose built bath was getting built and would be in place by February 2016. This meant people using the service had limited choices available for bathing and washing.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

We saw that 87% of all staff employed by the service had completed and held current and up to date training in the safeguarding of vulnerable adults (SOVA). Staff we spoke with demonstrated good knowledge and understanding of safeguarding procedures. They were able to identify different forms of abuse and spoke confidently of the procedures they would follow if they had any concerns.

We spoke with the registered manager and looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw certification and documentation identified relevant checks had been carried out on the boiler, water tanks, fire extinguishers and portable appliances (PAT) available throughout the service. We also saw there was a maintenance log which staff could report maintenance issues in. We noted issues raised in this log were actioned in a timely fashion by the maintenance person in order to minimise any potential risks within the environment.

We saw emergency equipment, such as fire extinguishers were serviced and up to date. Fire alarms were tested at regular intervals and fire safety features such as fire doors were in place around the home. On the first day of our inspection we noted one fire door, situated at the top of the first floor staircase failed to close shut on at least six separate occasions when staff used it. We reported this fault to the registered manager, who was unaware of the issue despite staff using the doorway for access throughout the morning. Once we raised this issue corrective action was taken by the registered manager to ensure the door was fixed.

We saw evidence fire drills were carried out at frequent intervals. However, from a review of records and from discussions with staff we found that they were done on the same day each week and the same time (mid-afternoon). This meant the drills did not assess the competency of all staff that it could reasonably be expected might be involved in carrying on of an emergency evacuation of the premises.

From the five sets of care records we looked at we saw that personal emergency evacuation plans (PEEPS) had been created. PEEPS provide staff with information about how they can ensure people's safe evacuation from premises in the event of an emergency. We found the records didn't reflect people's current needs and were unclear on the number of staff required to mobilise people. We noted in one person's evacuation plan it stated the person was 'independently mobile.' However within the person care records it indicated they were 'unable to mobilise and was now hoisted with two carers.' This meant that staff did not have accurate information to ensure people could be safely evacuated in the event of an emergency.

We saw there were effective recruitment processes and checks in place to ensure safety and suitability was explored prior to offering employment to staff. We saw the provider had a recruitment policy and that in line with that policy, checks to ensure people were safe to work with vulnerable adults, called a Disclosure and Barring Check, were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We looked at the recruitment records of six members of staff who had been recruited to the service in the past six months. There were checks on their identity, references from previous employers and details of the interview process in place. We saw that each of these members of staff had completed an induction prior to working unsupervised in the service.

People's medicines were managed so that they received them safely. We saw there were appropriate arrangements in place for ordering, obtaining and checking medicines received into the home. There were

appropriate and robust processes in place for the management of controlled drugs. We observed the clinical lead receipting medication into the home during our inspection and found they followed the procedures in full. Medication was correctly stored; room temperatures and fridge temperatures were recorded daily. Medicines were managed by designated staff members, namely qualified nurses and the clinical lead. When we spoke with these staff they spoke with confidence about the procedures they followed in relation to medicines management and described the ordering, checking, administering and disposal processes.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

We found a number of DoLS in place relating to people being restricted from leaving the home alone. We noted these authorisations had, in the first instance, been supported by mental capacity assessments and best interests of the individuals had been considered.

The service was going against the fundamental principles of the Mental Capacity Act 2005 which assumes capacity to make decisions until appropriate assessment demonstrates otherwise. We asked the registered manager if anyone within the home was receiving covert medicines. We were informed one person was. Following a review of the records pertaining to the covert administration of this person's medicines, we found the need for covert administration was as a direct result of this person's refusal to take their medication. There was an authorisation from the person's general practitioner (GP). However there had been no mental capacity assessment carried out to determine if the person had the capacity to make an informed decision to refuse their medication.

From observations around the home we identified one person had a safety gate positioned across the doorway of their bedroom. We looked at the care records relating to this person. We found no evidence a mental capacity assessment had been carried out, nor had any best interest discussions taken place to ensure the restriction was in the best interests of the person concerned. There was also no discussion or exploration the safety gate would be the least restrictive option to meet the needs of this individual.

Another person's records identified they had received the seasonal influenza vaccination following discussion between their relative and GP. There was no discussion relating to the capacity of the individual although it was clear the best interests of the person had been considered. There was no decision specific capacity assessment carried out relating to the capacity of the individual to make this decision.

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

People were not cared for by staff that had the appropriate skills and knowledge to deliver effective care to meet their assessed needs. We reviewed the training records relating to Mental Capacity and DoLS and found only 22% of staff had received appropriate training in this area. No staff currently employed at the service held current and up to date training focused on the person centred care approach. Only 4% of staff (one nurse and one senior care assistant) had completed training in tissue viability and only 13% of care staff had completed training relating to care planning. We found no staff members had completed dementia care training; one member staff had completed an external, self-funded course in dementia care.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During one of the SOFI's carried out on the Wynyard unit we observed hot meals were served within a hot lock (a trolley designed to maintain food at an optimum temperature for serving and eating). The hot lock was not plugged in and therefore people's meals were not served at an appropriate temperature. We observed food being served up for people and being left on the bench. For example, we saw food being served up to 25 minutes after it had left the kitchen by which time it was cold. We noted people were offered a choice of main meals, however that choice did not seem to be an informed choice with people eating curry and not realising that it was vegetable curry. Others chose sausage casserole. This was served with the sausage cut into chunks for everyone despite people having the ability to eat their meals independently. This meant that people were not encouraged to eat independently and maintain their cognitive abilities.

People asked what the dessert choices were. Staff told people they were receiving apple crumble and custard. When the dessert was served people were actually served cherry cake and custard and the difference was not explained. People did not have access to food condiments such as salt and pepper. This meant people's choices were not respected in relation to their nutrition.

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

We observed a further two mealtimes; we saw people being offered better choice. Assistance was provided with their meals only when it was required. People were encouraged to eat independently and were offered extra portions when they had finished their meal. People had access to condiments to complement their meals.

In discussions with the registered manager we identified that the home had concerns about a person's nutritional intake and weight. We found the home had involved dieticians and the person had been prescribed nutritional supplements. This meant people had access to healthcare professionals and that the home routinely monitored people's weight and intake and took appropriate action as necessary.

We found staff received regular supervisions and annual appraisals. Staff we spoke with told us that they felt more training was being to be offered to them than it had been previously, with courses booked for the coming months.

Some of the people who lived at the service had problems with their memory. This meant some people found it difficult to recall past memories and events, or in some cases have discussions with us.

Is the service caring?

Our findings

Whilst staff demonstrated a general knowledge about people they supported they were limited in their understanding of people's needs. On one occasion we approached two care workers to discuss a person's moving and handling requirements, neither were able to discuss how to support the person. We noted the two staff were responsible for caring and supporting that person on the day we visited. This meant staff did not have detailed knowledge on how to support the needs of the people they cared for.

We observed in the upstairs lounge a care worker was sat on the floor watching people we noted there were adequate seats for the care worker to sit and engage with people. We discussed this practice with the registered manager who addressed the matter immediately.

During our inspection a visitor to the service raised concerns about a person's care. We spoke to the person who stated they had not been assisted out of bed since the weekend. They expressed they were uncomfortable and sore from being in bed and had asked to be assisted to get up but staff had ignored their request. Staff had not ensured practical action was taken to relieve people's stress and discomfort.

We sought to seek assistance for the person. Two care workers we spoke with were unable to advise why the person remained in bed. A third staff member told us a new hoist sling was required as staff weren't confident in assisting the person. We were unable to establish from the daily records which days the person had remained in bed. We noted the equipment request for a sling and wheelchair had been made in December 2015.

We discussed this matter with the registered manager; they advised it was their expectation for the role of the moving and handling co coordinator to follow up such requests. We noted in the professional records no entries relating to the chasing up of the requested equipment. The registered manager advised they would address the matter.

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

Over the two day inspection we did observe a number of good relationships between staff and people living at the home. Staff we spoke with were knowledgeable of people's likes and dislikes however they were unfamiliar of people's needs. Staff had passing moments of banter with people as they performed their duties.

We saw staff anticipated people's needs and offered support in a manner that was respectful and dignified. For example, we observed changes in the behaviours of one person. Staff recognised these changes as a prompt for support and provided assistance. Staff called people by their preferred names and we observed a lot of laughter and joking between people within the home.

Visitors we spoke with told us they were always made welcome by the staff and the registered manager. We

observed one care worker offered a visitor a cup of tea and chatted with them about their last holiday.

We observed a handover walk around the home. The registered manager advised the previous manager had introduced a new handover document. Staff received complete information about people who used the service. We noted during the walk around staff knocked on doors before entering and said hello to people and enquired how they were. The nurse delivered a full account of how the person was and alerted the day staff to any concerns raised during the night.

We noticed signs were present around the building describing 'Dignity Do's' and declared zero tolerance of all forms of abuse. Staff we spoke with were able to describe how they maintained a person's dignity. One care worker said, "I ask if people need a hand and explain what I am going to do." Another said, "I knock on the door before going in to people's rooms."

We did not observe staff assisting people with personal care, however we did overhear one care worker assisting a person up in the morning. The conversation was a happy friendly one enquiring how the person was. They discussed the plans ahead for that day and asked what they wanted for breakfast. The care worker was reassuring and patient with the person telling them to take their time getting up.

Where people had no family or personal representative we saw the home provided information about advocacy services. We viewed the information displayed outlining the support available and detailing the local advocacy service on noticeboards throughout the home. The registered manager told us currently no person was using the service and advised if anyone required an advocate they would be fully supported to obtain help.

Is the service responsive?

Our findings

Care plans we reviewed contained a short guide booklet which contained details about a person's choices, sleeping and dressing preferences. Support plans were in place covering areas such as consent, medication, mobility, nutrition, continence, personal hygiene and communication.

We examined seven care plans we noted four contained conflicting information. One care plan contained inaccurate information about a person's mobility, it referred to the person being 'independently mobile' within the PEEPs document. However within care records it read 'Unable to mobilise and is now hoisted with two carers.' No information was available on how to assist the person or the use of the specific sling and hoist.

We saw within daily records dated 11 December 2015, 'ordered a new sling and wheelchair.' We spoke to the manual handling facilitator who initially was unclear if a sling had been ordered. We asked if enquiries had been made for the sling since December she replied no. We spoke to the registered manager about the matter. They told us, "It is my expectation that the manual handling facilitator should ensure requests are monitored." We noted no further enquiries had been made in relation to the wheelchair or sling.

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

Care plans held contradictory information about people's cognitive abilities for example, 'Continues to make non-complex decisions and choices regarding care'. However a mental capacity assessment reported the person 'lacks capacity.' Another stated, 'After discussion with [relative] is happy for staff to act in best interest for [person] on day to day decisions.' Although within the consent support plan it stated, '[Person] is able to make non-complex decisions relating to their day to day care.'

Manual handling profiles reported 'requires one or two carers to transfer.' No further information was present on the correct number of staff required and how to assist the person. We noted in one person's care plan it stated, 'To be monitored while sitting in lounge as [person] tries to get up.' We observed on a number of occasions this person was sat in the lounge with no staff members present. On one occasion an external professional assisted the person as they appeared to be falling forward out of their seat.

The registered manager told us they reviewed care plans and explained how they used the provider's tracker tool. We noted whilst reviews were being conducted they did not identify the issues we had highlighted.

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

During the inspection we did not see any meaningful social activities being undertaken within the home. The National Institute of Clinical Guidance (NICE) states within its quality statement 30, 'It is important that people with dementia can take part in leisure activities during their day that are meaningful to them. People

have different interests and preferences about how they wish to spend their time. People with dementia are no exception but increasingly need the support of others to participate. Understanding this and how to enable people with dementia to take part in leisure activities can help maintain and improve quality of life'.

We noted a lack of dementia lead activities; we did not see any reminiscence activities or encouragement by staff to engage in meaningful activity. The registered manager acknowledged the lack of stimulating activities and specific activities for people living with dementia. They told us they were attending a sister home which had recently been refurbished and where a dementia friendly environment had been created. They told us staff had recently cleared a room to be used as a dedicated dementia friendly room. One staff member told us staff were raising funds to purchase bean bags, specialist lighting and projectors which displayed images of night and underwater scenes.

A noticeboard was visible in the main entrance of the building it displayed the date, the weather for that day and the activities to be held. We noted on the first day we inspected a hairdresser was available and a number of people used the service. Other activities for that day were dominoes, cards and board games. We did not observe any other activities taking place during our visit. One person told us, "I like keeping myself to myself." A relative said, "There isn't a lot going on." Another said, "I tend to take my [relative] out, people don't get out."

We were advised that the home had a pet rabbit which people enjoyed seeing in the summer months however the pet had been taken into the staffroom for the winter. A personal activity leader (PAL) had introduced a mobile tuck shop and people had chosen the snacks and drinks to be sold. We observed one person assisting; they clearly enjoyed running the shop and drumming up business.

People and relatives we spoke with were aware of the complaints procedure and knew how to raise concerns. We saw a complaints policy and procedure was in place. One relative told us she had raised an issue with the previous manager and things had improved for a short period. The registered manager advised complaints were recorded electronically and analysed by the provider. They also advised a 'find and fix' process was in place to ensure immediate action was taken to resolve any problems.

Is the service well-led?

Our findings

During our inspection in June 2015 we identified concerns relating to care plan documentation. Care plans did not always reflect people's individual needs and were not always reviewed in a timely manner. The provider produced an action plan and outlined by November 2015 they would be compliant with the regulations.

The Provider also submitted weekly updates from August to November 2015 in relation to their action plans, which included reviewing all care plans and ensure they meet everyone's needs. All actions were marked as complete in November 2015. During the two days of our inspection it was evident the provider had not completed the work detailed in their action plan.

The provider had a process for monitoring the quality of the service which included care plans, incidents and accidents, safeguarding incidents and medication. However, throughout our inspection we identified areas of concern which had not been identified in the completed audits. For example: fire doors did not close properly; care plans held contradictory and incorrect information and staff that were under performance management were allowed to work together in a leadership role without supervision. The registered manager advised they had reviewed all care plans and the regional manager had reviewed a sample of care plans. We noted care plans we examined had been through this process however areas of concern we identified had not been picked up.

This meant that the provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

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

We looked at what the provider did to seek people's and relative's views about the quality of the service. We saw the provider had an iPad feedback point called 'Quality of Life' in the main entrance to the building. The registered manager told us they encouraged all visitors including family members and external professionals to use the system. Staff were also required to give feedback daily. We saw from staff feedback morale had improved since the registered manager had been in post.

The 'Quality of Life' programme enabled the provider to have constant and up to date feedback. The registered manager advised negative feedback was immediately forwarded to them on their iPhone and if needed further escalated to the next line of management. This allowed the provider to take instant action with their 'find and fix' process. We discussed with the registered manager and regional manager the limitations of the system for example the lack of different formats available for people to give feedback and the ability of ensuring feedback from a range of sources. The registered manager advised people were supported to use the equipment if they wished.

The registered manager told us, "I have an open door policy for residents, relatives and staff." Staff told us they were happy to approach the registered manager and deputy manager for support. We viewed a notice

board which detailed 'Know how we are going' which displayed outcomes relating to the service. This was displayed in an understandable format using 'smiley faces.'

We saw the registered manager held monthly residents, relatives and visitors meetings. We noted following one meeting the home took up a suggestion of drinking stations. We saw these had been introduced and were positioned around the home.

The registered manager had consulted with people who used the service to choose the new colour for the upstairs dining area. They told us staff had developed their own 'vision' for the home and this was visible around the home. They said the home had clear key objectives for 2016 which included mandatory training, person centred care training and good team work and communication.

We asked the registered manager how they monitored the quality of care delivered. They told us they conducted "walkarounds" at least three times a day. We discussed with the registered manager the issues we had identified on our initial walkaround the premises which included a fire door which did not close properly and a plug socket which was not to be used had no sign advising staff and people of that fact. Also on our second day we found two staff members who were on performance management supporting people together without supervision. The registered manager was not aware of the issues we identified until we brought them to their attention, we questioned the effectiveness of the walkarounds.

We saw they had introduced clinical governance and health and safety committees. We noted in the minutes of a recent clinical governance committee the Mental Capacity Act was discussed and further training was recognised as useful. We saw training was arranged for the following month.

At the time of our inspection the registered manager had been in post for two and a half months. The regional manager told us the registered manager had brought extensive knowledge and experience to the managerial role and they were confident they would do well in the post. The registered manager told us they felt supported by the regional manager and the provider.

They said, "The managers from all three local homes work together, we support each other." And, "We now have a strong clinical team in place."

We examined all the policies and procedures relating to the running of the home. All were reviewed and maintained to ensure that staff had access to up to date information and guidance. We noted confidential documentation relating people and administration of the home were held securely with access limited to only those who needed the information to perform their duties.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities and is open and honest when the inspector of the service makes enquiries regarding the home.