Sirona Care & Health C.I.C.

Charlton House Community Resource Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 29 and 30 January and was unannounced. At the last inspection the service was rated as Good. At this inspection we found that improvements were needed relating to the key questions of safe, effective, responsive and well-led and the service was rated Requires Improvement overall.

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

Charlton House Community Resource Centre provides accommodation and nursing care for up to 30 older people in a purpose built building across two floors known as Abbey Park and Somerdale. At the time of our inspection there were 27 people living at the service.

The registered manager had recently left the service. A new manager had been employed but had not yet applied to be registered. 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.

The provider had not ensured that effective systems were in place to monitor the service consistently to maintain the quality and safety of the service. There had not been consistent management in the home since it opened. There had been a succession of different managers. This had led to inconsistency in the management of the home. The provider's systems to manage quality had not always been used which meant the provider had not identified the issues we found at this inspection. The provider had not identified the lack of use of these systems. However the new manager had started to identify shortfalls and areas for improvement and was developing an action plan. We will be asking the provider to keep us updated with the progress of this action plan.

Staff did not always record the amounts of controlled drugs or account for their disposal properly. This meant that they could not be sure that these medicines had been managed safely at all times. Medical equipment used to measure blood pressure and blood oxygen levels had not been tested. This meant that staff could not be sure this equipment worked effectively. Staff had ordered new medical devices but had not identified which were old and which new so could not be sure of using the correct device. There had been no systematic audit of medicines management within the service for several months.

The provider had not always dealt with concerns effectively through the complaints system.

Whilst staff knew how to raise a concern about a person's well-being this had not always been followed up according to the provider's safeguarding policy. Some incidents and concerns had not been notified to the

relevant safeguarding adults' team.

Staff had not received regular supervision for many years to support them in their work. The new manager had recently begun to meet staff for supervision. Staff received an induction and training in subjects the provider considered necessary for them to carry out their role safely.

People and their relatives were complimentary about the staff team and the quality of service they received. People felt safe, supported and respected. Staff were caring and the regular members of staff knew people well. Care plans were well written and identified people's preferences for the way their care was delivered.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was poor practice in the management and recording of controlled drugs.

Medical equipment had not been serviced or calibrated regularly. However hoists and lifts were serviced regularly.

Staff were aware of the processes in place to help make sure people were protected from the risk of abuse and were aware of safeguarding procedures. However, these concerns were not always reported to the local authority.

Assessments were undertaken of risks to people who used the service and staff. Plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected from the risks associated with poor staff recruitment because a full recruitment procedure was followed for new staff.

There were usually enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received regular supervision for a number of years.

Staff received an induction and training in subjects the provider considered mandatory.

Staff communicated well with other services such as the GP and district nurses.

People's rights were respected, and the service was following the best interest's framework of the Mental Capacity Act (2005). People's choices were supported.

Is the service caring?

Good

The service remained caring.

People were cared for by staff who were patient, respectful and kind.

People's preferences and choices were respected.

Staff maintained people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Complaints were not dealt with effectively.

People had clear care plans which contained their preferences and care needs.

People received end of life care that met their needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had no clear vision or strategy in place to develop the service.

Systems to monitor the safety, effectiveness and quality of the service had not been used.

Staff morale was poor with a lack of support through staff meetings or regular supervision.

The provider had not been able to learn and improve as the systems to do this had not been used consistently.

Charlton House Community Resource Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 January 2018 and was unannounced. The inspection team comprised two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with six people living at the home, five relatives and seven staff members, this included senior staff, and the manager. We also spoke with two health professionals. We reviewed 15 people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Requires Improvement

Is the service safe?

Our findings

We found that medicines were not always managed safely, in particular there were failings in the management of controlled drugs. Controlled drugs (CDs) are a group of medicines that have the potential to be abused. For this reason, they are 'controlled' by The Misuse of Drugs Act 1971 and the supporting regulations that include setting how these drugs should be recorded, administered and stored.

The procedures for recording the use, administration and disposal of CDs were not always followed by the service. We looked at records for one person which recorded five ampoules of a drug had been received. The book then recorded that an ampoule had been 'found in the cupboard'. This additional ampoule had not been added to the total in stock or recorded as having been administered. Staff did not complete an incident form to alert the provider to the appearance of an ampoule which was unaccounted for. The provider's controlled drugs policy states any CD discrepancy must be reported and brought to the attention of the line manager for investigation.

Records were not completed correctly when CDs were returned to the pharmacy. We saw records which showed one person had five ampoules of a drug. The record in the home's CD register did not record correctly how many ampoules had been returned to the pharmacy or by whom. This meant the provider was unable to be sure that CDs had been correctly returned.

The provider did not have a clear system to audit and check CD stocks. The clinical lead had undertaken one audit but had recorded the stock check in a separate folder rather than in the CD book. However this audit did not identify the incorrect recording of stock totals in the CD record book when medication was returned to the pharmacy. This meant there was no clear correlation between the amount of CDs in stock and the amount in the CD book.

The provider had not ensured that CDs were safely locked away at all times. We found a number of examples of poor storage arrangements. We brought these issues to the attention of the manager who provided an action plan which detailed what actions would be taken immediately to improve the safe management of controlled drugs.

Emergency arrangements had not been consistently implemented to keep people safe. Fire drills had not taken place with the last one being in January 2016. This meant that the provider could not be confident that staff knew the procedures to take in an emergency evacuation. The provider had identified this and actions were being taken to address this. People's personal evacuation plans were not up to date or detailed enough to inform staff how to support people safely in an emergency situation. An overview directed staff to room numbers, rather than being clear who the plan referred to. Brief details were given around people's mobility, vision and hearing. We found the information regarding the occupation of rooms was not accurate. For example, the information for a particular room indicated it was vacant when it was occupied. This meant that staff may be given and pass on inaccurate information in an emergency situation.

The provider had not ensured that all equipment used in the provision of care was safe to use. Medical

devices such as blood pressure and blood oxygen testing equipment had not been tested or calibrated. This meant staff could not be sure it was working accurately. Nursing staff told us the provider had purchased new equipment due to this. However, there was no system in place to distinguish the new equipment from the old. There was a nebuliser machine in the clinic room which had a due date for checks of October 2016. There was no sticker present to confirm any check had been carried out. The provider sent us an 'audit of medical devices' which had been completed in August 2017. This audit did not list which devices were in use, which had been checked and did not identify any actions needed.

The previous registered manager carried out the last health and safety check in June 2017, the provider had determined that checks should be undertaken quarterly. Some actions had been identified with target dates but there was no information about the completion, or not, of these actions. The provider did not send us evidence of any other environmental risk assessments.

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

We found that some environmental risks had been safely managed. A fire risk assessment was in place and was due to be updated the week after our inspection. The manager sent us this fire risk assessment for the home following the inspection. Regular checks of fire equipment had been conducted. We reviewed records which showed that regular checking and testing of equipment had been completed. This ensured equipment was maintained and safe for the intended purpose such as mobility aids.

We observed the administration of medicines on both floors of the home. Staff never left the medicines trolley unlocked whilst it was unattended. People's records contained information about how they liked to take their medicines and staff adhered to this. Staff demonstrated kindness and patients when administering medicines. They bent down to eye level with people and explained what they were doing. We looked at the records for one person who had medicines administered covertly. There was evidence of good practice. The provider had ensured a best interest meeting was held and recorded, the GP and pharmacist had also been consulted. Staff had completed medicines administration records (MARs) correctly.

People told us they felt safe. One person said, "I feel safe, I would recommend it to a friend. There is always somebody around to help". Comments from relatives included, "It's safer here than home", another said, "Could not ask for a better place, he loves it here, looked after very well and is safer here then living at home. He is always clean and looks tidy when we have visited."

Staff had completed comprehensive risk assessments for people. People had plans in place to guide staff how to manage their risks safely with the minimum restriction. Staff noticed and moved a footstool that had been left in the dining room and was a potential trip hazard. The corridors were clear from hazards and people walked around the corridors during the day.

A relative told us, "Hygiene is really good, it's always a clean environment". The home was clean and free from odours. Staff had access to protective equipment such as gloves and aprons to minimise the risk of cross infection. We observed the environment to be clean, however, there was no cleaning rota in place to ensure all areas were regularly cleaned. One person had a mattress at the side of their bed as they were at risk of falling out. There were visible stains on this mattress. As there was no cleaning rota we could not check if this was included in the cleaning tasks. The provider carried out cleaning audits but these were more suitable for a hospital environment and did not include checks of the bedrooms.

The provider had followed appropriate recruitment processes in place before new staff began their

employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. We did highlight to the provider that some staff's DBS checks had not been reviewed for considerable periods of time in line with the provider's policy. Recruitment overviews documented renewal dates for DBS checks every three years but these had not been conducted.

There were enough staff on duty to provide for people's physical care needs. However, staff were very busy and had little time to stop to chat with people. On the first day of our visit a senior member of staff was so busy they had to speak with us whilst carrying out their tasks, and for most of the day were too busy to do this. Staff on Somerdale told us they were one member of staff short due to sickness. Staff told us that there was a lot of bank and agency staff use but that regular staff filled these shifts. Rotas confirmed this.

Staff knew how to identify potential risks to people's well-being and safety and who to report this to. However, we found that one safeguarding concern that should have been reported to the local authority was not. We brought this to the attention of the manager. One person had an on going dental condition, originally identified over a year ago and this had still not been resolved. However, action had now been taken to address this.

Requires Improvement

Is the service effective?

Our findings

Supervisions were not being conducted in line with the provider's policy to enable staff to be supported in their role. The policy confirmed that staff should receive supervision every six to eight weeks. Supervision is where staff meet one to one with their line manager to discuss their performance, development and training needs. Supervision records demonstrated that supervision had not been occurring regularly. For example, one member of staff had last received supervision in 2015 and another who started in 2013 only received supervision in 2016 and 2018. One member of staff told us, "I haven't had supervision since I've been on the bank", another member of staff said, "Supervision has gone to the side. I've had no supervision as I've had no line manager". One member of bank staff who worked at the home regularly told us they had not received supervision for over four years. The provider could not demonstrate that any staff had received regular supervision. The new manager, who had been in post three weeks at the time of our inspection, had begun to book in and conduct supervision with staff.

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

Records in regards to people's healthcare had not always been accurately kept. For example, one person had been identified as having ill-fitting dentures in January 2017. No other records had been kept in regards to the person's dental care, despite them recently having received dental treatment. Staff did not always record health visits consistently. Staff completed a form following a professional visit, however, each person had more than one copy of this form located in different parts of their care file. This meant that the records were not sequential and important information about a health visit could be missed.

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

Staff completed assessments to determine people's nutritional risks (MUST) and risks to skin integrity (Waterlow). Part of these assessments was to monitor a person's weight. The provider had recently introduced a new system. The previous system recorded people's weights by room number and did not calculate any change in their weight. This meant staff could not determine if a person had lost or gained weight.

The provider had changed the registration of the home in August 2017 to become a care home with nursing. The provider had employed registered nurses to provide nursing care within the home. The home was currently in a transition from providing personal care to nursing care. The provider had recruited nurses with experience as district nurses who were able to undertake a wide range of nursing tasks. Nursing staff told us they had been in post nine weeks and continued to work additional shifts in the community to ensure they kept their skills up to date.

However, at the time of our inspection only two people living at the home were funded for nursing care. This meant that the registered nurses only provided nursing specific tasks for these two people. Other people

who required nursing care had this delivered by community nurses who visited the home.

We spoke with two community nurses visiting the home and a tissue viability nurse. All three told us they had a good opinion of the quality of care. Staff made timely and appropriate referrals. Nursing staff told us there was a good relationship with the GP who attended the home regularly. One professional visitor told us, "One of the best homes around, always appears to be well managed and never gets communication mixed up- seems to be on the ball when people need appointments, always a chilled place to come, I like visiting people here". Other professionals told us, "It's a good home, they are quick at referring and understand people's needs" and, "The nurses know exactly what's going on. They make timely and appropriate referrals". We were also told that the staff were always expecting professionals and knew when they were visiting.

Staff attended a handover at the start of their shift. The nurse in charge of the shift on Abbey Park completed the handover sheet which included information about people's nutrition, tissue viability, communication and any updates for staff to be aware of.

People did not benefit from a stable staff team. The provider used high numbers of bank and agency staff. Rotas showed that on some shifts there were no permanent members of staff. On three occasions within a ten day period in December a shift was understaffed. Staff had reported this as an incident which had impacted on the delivery of care to people. The records were incomplete and had not always recorded if shifts to be covered by bank staff had been had been filled. During our inspection the staffing level was in line with the assessed dependency of people. However, we noted that staff were extremely busy and had little time to pause or chat with people.

People were supported by staff who had received appropriate training. Staff received an induction and training in subjects the provider considered necessary for them to carry out their role safely Staff training was recorded on the provider's training matrix.

People were supported to eat and drink enough. People were supported to the dining room by staff and we observed the lunchtime. People had a varied experience of lunchtime. There was limited choice available which, during our observation, was limited to a choice between boiled or mashed potatoes and which vegetables people wanted. One person needed help to eat and we noted staff served everybody else first. This meant that some people had finished their meal before they began theirs. Staff told us that people often complained about the food. One member of staff described this as 'moaning'.

People and their relatives made a range of comments about the food such as, "Standard has gone down" and "food looks basic, there is always enough" and, "not so good lately, food has gone downhill". People also told us, "the food could be better, the quality of produce is good but the cooking is not very good. I don't think the chef is experienced. "Another person said, "it's nice, always enough, "and, "I don't go hungry, I get all the food I can eat." A relative said "it appears nice".

Staff told us how people chose meals. The menus were on the noticeboard which was a typed list with no food choices. Staff said it was difficult for people as they didn't really know what was being offered and could never remember what they had ordered.

The building was purpose built, light and airy. However it did not have a homely feel throughout and specific adaptations made full use of to help orientate people. For example, one area had been furnished with a sideboard, ornaments and two easy chairs. Staff had placed large orange signs on each wall beside this stating 'fire zone 4'. These signs detracted from the homely feel and gave an institutional feel. People were

able to personalise their bedrooms if they wished and had brought some furniture from home. On some people's doors there was a photo of whose room it was, but not on all. Memory boxes were also outside people's room. People could put items of significance or items they would recognise outside their room. However, this was not consistently done for everyone living at the service

We highlighted to the manager that some agreements to consent were being made by family members. These were on behalf of people who potentially lacked capacity to consent in this area without following guidance on the Mental Capacity Act (MCA) 2005 or an appropriate best interest decision, for example in photographic consent. The manager said the documentation would be reviewed.

However people's legal rights were mostly protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff recorded any capacity assessments in people's records.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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. No authorisations currently had conditions in place. An overview was in place to monitor when applications had been submitted and received.

Good

Is the service caring?

Our findings

People living at the home were complimentary about staff. People told us, "Staff are very kind, they do everything for me. I am very happy here, I get up and sit in my chair where I can see everything that goes on." Others commented, "Everyone is so kind they really make sure you are happy when they leave you", and "it's a good atmosphere here". A relative told us, "I feel like it's a family. If you asked me what it's like to live here I would give it 10 out of 10". One person's friend who was visiting said "I always find the home clean and tidy, rooms are always spotless. Staff are always polite, welcoming and kind and they are always around, I would live here" and "my friend told me they are kind people here".

The provider held a meeting at the home for both Abbey Park and Somerdale in November 2017 which was attended by four family members and no people who lived at the home. Minutes of the meeting recorded, 'One family member asked a question re engaging his mum in cooking activities: his mum was a great baker.' The chef who was at the meeting said this could be done in the new year. There was no evidence that this was planned or had been discussed further.

Staff protected people's privacy and dignity. They always knocked on people's doors before entering. Staff told us they always closed bedroom and bathroom doors before delivering personal care. People told us staff checked before carrying out any care tasks. One person said, "The staff always knock before entering my room." One person's records contained detailed information about their withholding of consent to night checks. This was clearly recorded and respected by staff.

Staff supported people to be independent. People living at the home told us, "They leave me to be as independent as possible, which I like". Another person said "I am independent and the staff encourage me to do this". At lunchtime one person approached us and said, "The best thing about this place is the staff". People's care plans identified what people could do for themselves and what they needed support with.

We observed staff delivering care and support to people. Staff spoke kindly and respectfully with people. People were supported to make choices and given time to respond. Staff made sure they had eye contact with people and spoke clearly. One staff member was busy but stopped the task they were engaged in to take somebody's hand and suggest they came along to help.

Staff spoke warmly about people they cared for and were able to describe their needs. All staff we spoke with told us that they were proud to deliver person-centred care.

Requires Improvement

Is the service responsive?

Our findings

People were not consistently supported to participate in activities that met their individual needs and preferences. People had limited access to activities. Staff had not updated the activities noticeboard which contained only the hairdresser and chiropodist. Some people went to attend an activity on the second day of the inspection in the resources centre. People were asked if they wished to go. The activities organiser was funded for 15 hours a week across both Abbey Park and Somerdale which worked out at seven and a half hours per week for each unit. Some people did not want to take part in group activities and we were told they had one to one time. However, with the limited time available this meant that it could not be provided regularly.

There was an activities room at the home but at the time of our inspection it was being used for storage. There was a cupboard in the dining room full of cuddly toys, balls and jigsaws. People told us, "I like the scrabble, I join in with that," another said, "I always go down to the service on Sundays," and, "I like the jigsaws I try and do them but I do need help to start me off. " A relative told me "they do fair amount of activities but [relative] likes to watch." During our inspection three people went downstairs to the day centre to play bingo and on the second day people played Scrabble with staff on Abbey Park. Volunteers had begun a gardening club which was to restart in the spring.

There was an activity folder in which each service user had a front sheet with a photo and a description of what they liked. One person liked to go to the park to feed the ducks or have a day trip, have her nails done, sing songs and have one to one time with staff. Records showed in the last year they had received nine nail sessions, which included their one to one time and went to Sunday service. There was no evidence they had left the home or gone outside in the last year. Other profiles in the folder were of people who no longer lived at the home.

The manager acknowledged that activities was an area for the service to develop. This had been identified in the manager's action plan.

The provider had not acted on concerns and complaints promptly. Concerns raised with the service had not always been recorded through the services' complaints system. This meant that actions had not always been taken promptly and had to led to formal complaints being raised. Recent complaints made had been revisited to ensure these had been investigated thoroughly and a suitable outcome sought. The provider had met with complainants to discuss the concerns raised and had apologised that previous concerns had not been investigated thoroughly at the time or as promptly as expected. Actions had been taken by the provider to ensure this was not repeated by information being communicated to staff, training for team leaders and managers and feedback questionnaires being devised to gain insight into the experience of people and relatives using the complaints system.

Care records described people's background, significant events and areas that were important to them. For example one care record we reviewed described the person's childhood, their past employment and named all their family members. However, several care records we reviewed did not have their, 'My Life Story'

section fully completed. Care records had been regularly reviewed and any changes noted.

Care plans contained information about people's preferences and routines. The service had adapted to take account of people's wishes For example, one person's care record said, 'I do not like to be disturbed overnight and my door is locked. I have a spy hole which has been turned around so you can check on me without disturbing me.' Another care record said, 'I prefer watching people rather than taking part.' Or another example 'Preferred drinks are blackcurrant, coffee and hot chocolate in the morning.'

People's preferred method of communication was detailed in care records. For example one care record said, 'Able to express thoughts and feelings verbally.' Observations had been made and recorded in regards to people's preferences. For example, for one person their reactions to different foods had been noted to inform staff of their observed preferences. However The menu was displayed on the noticeboard in the dining area but not in an accessible format to enable people with different communication needs to understand this.

We observed staff respond when a person demonstrated they did not like the food on offer at a mealtime. Alternatives were offered to them and they chose what they would like. A staff member noted that a person was struggling with the cutlery they were using. The staff member offered the person other options and this supported the person to be able to eat their meal independently

People who were living with dementia had documentation in place to guide staff in how this may impact of the person. This enabled staff to be sensitive and supportive to a person's needs. For example, one care record described how the person could be suspicious of people. It directed staff to respect the person's space and not to invade their privacy.

Décor of the environment had been considered in line with people's support needs. For example, the walls of the corridor had been painted in contrasting colours. There was clear signage on rooms and doors, with pictures used. A quiet lounge was available to people which had vintage items which people may identify and recognise from particular periods of time. For example a sewing machine, a record player, lamps and ornaments. However, in other parts of the service it was not so homely. For example, at a mealtime tables were bare except for cutlery. The manager had identified that the home was a 'mixture of clinical and residential' on their action plan as an area for improvement.

End of life wishes were documented in care records where people had expressed these. For example, who to contact and when and the person choices around funeral arrangements. Staff worked closely with district nurse services when a person approached the end of their life. People were supported to be comfortable and pain free. One person's plan for end of life included their wishes, "To be kept clean and treated with respect. It is important that people talk to me and not over me".

Requires Improvement

Is the service well-led?

Our findings

Senior management at the service had been inconsistent for many years, with frequent changes of registered manager. This had a big impact on consistency and continuity. Staff told us they felt unsupported and, 'just left to get on with it'. The provider had recruited a new manager following the departure of the previous registered manager who had been absent from the service for some time. The new manager had been in post three weeks at the time of our inspection. A relative told us, "There has been several managers", and, "They use a lot of bank staff, but all are good."

The provider did not have effective audits in place to monitor and review the quality of the service. Audits currently in place were for medicines, cleaning and meals. Medicines audits were not completed regularly and were not effective. They had not identified errors in the recording of controlled drugs. The provider was unable to demonstrate there had been any systematic audit of medicines management within the service for several months. A systematic audit would have identified shortfalls in medicines practice. The provider's systems had not identified that supervision had not taken place for a number of years but action had not been taken to rectify this until shortly before the inspection. The provider had failed to identify other shortfalls highlighted by the new manager.

The process in place to identify, report and follow up safeguarding concerns had not been operated effectively. We found evidence that one person had been wearing the wrong dentures. This should have been reported as a safeguarding concern but had not. We looked at incidents for two other people. These had been reported as safeguarding but it was difficult to track what was now in place as there was no system to track the progress of safeguarding.

We received a copy of the medical devices audit dated June 2017. This audit did not identify which medical devices were in use. The audit confirmed devices had maintenance stickers to identify next maintenance due date, however none of the blood pressure testing equipment had this information. The provider sent us a health and safety audit which had been undertaken in June 2017. We noted some actions identified but there was no information to confirm these had been followed up.

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

The manager was taking steps to make improvements and had identified a number of shortfalls in the service provision. Weekly bulletins had recently been introduced by the manager. This communicated updates and information to all staff members. We saw areas such as a recent food hygiene rating, meal audits, sickness reporting and upcoming meetings had been mentioned.

The manager confirmed team meetings had not been held regularly. We asked the provider to send minutes of any meeting and received one set of minutes dated August 2017. The provider did not provide any further evidence of staff meetings. This meant staff did not have a formal opportunity to provide input into the running of the service or to receive updates about changes in the service. The new manager was introducing

bi-monthly staff meetings with one arranged for the week following our visit. Staff could add items to the agenda for discussion.

A verbal and written handover was in place. This had been introduced by one of the staff members who had recently joined the service. This communicated key information about people so that staff were up to date on care and support needs.

Staff completed a daily task list which had been introduced recently. Tasks included fridge temperatures taken and controlled drugs checks by night staff. These were not being consistently completed. Controlled drugs checks, if carried out, were not recorded in the controlled drugs book so it was not evident any checks had taken place.

A new manager had been in post from January 2018. Staff were positive about the new manager and told us they were approachable and supportive. The manager had developed an action plan which included improving activities, care plan reviews, mealtimes, staff supervision and maintenance. The plan demonstrated that the manager had identified the majority of the shortfalls we identified during our inspection. However, prior to the new manager conducting this assessment the provider had not identified any of these issues, some of which had occurred over many years.

The provider sent us further information following the inspection. People had been asked some quality questions about their care but only six responses had been obtained which was not enough to gain a good picture of how the majority of people felt about the service. We received minutes of a meeting for people who lived at the home, however, nobody living at the home had attended. The provider did not send more than one set of minutes so we were unable to determine how people who lived at the home had any opportunity to comment on or be involved in how the home was run.

Staff morale was poor. They told us the frequent changes of manager had been unsettling. Staff were also concerned about the service changing to a nursing home as they were concerned they would be busier and have less time to spend with people. However, staff were very positive about their colleagues and felt well supported within the team. They told us it was a friendly place to work and they were proud they delivered individual care in the way people liked.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe use of medicines due to incorrect recording. People did not always receive their pain medication. Not all safeguarding incidents had been reported to external agencies. Medicines keys were not stored safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance The provider did not assess and monitor the quality and safety of services. The provider did not maintain an accurate and complete record in respect of health professional visits. People's records were not stored securely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff received supervision in line with their policy.