Gainford Care Homes Limited

Lindisfarne Hartlepool

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?	**Inadequate**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Lindisfarne Hartlepool is a nursing and residential home, although at the time of the inspection it was not providing nursing care. It is registered to provide care for 54 people. At the time of our inspection there were 52 people living at Lindisfarne Hartlepool.

The inspection took place on 24, 26 and 29 February 2016 and was unannounced on the first day. We last inspected the home on 22 July 2015. At that inspection we found training records were not up to date and staff had not received regular supervisions and appraisals. The registered provider advised us after the initial inspection that all these concerns had been addressed.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The provider had not ensured that staff received appropriate training and development to enable them to carry out the duties they were employed to perform. The registered manager failed to identify and take appropriate action in regard to safeguarding concerns. The provider had not ensured equipment was in place to ensure the safety of people who used the service and to meet their needs. Care records did not reflect people's needs and preferences. People were not always treated with dignity and respect. People's confidential information was not held securely. We also found 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.

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

The provider operated a comprehensive recruitment system. All appropriate checks were conducted prior to an applicant's start of employment.

Accidents and incidents were not analysed to identify any patterns or trends.

The home did not have any form of evacuation equipment and staff did not have the appropriate training to safely evacuate people in the event of an emergency.

Two bathrooms were used as a sluice, whilst also being used as a bathroom with a risk of cross-contamination.

Staffing levels were calculated by Head Office and took into account people's needs.

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

When people first moved into the home, the least restrictive options and authorisations for deprivation of people's liberty was not always considered in a timely manner.

The written menus on display did not reflect what was on offer that day. The registered manager told us pictorial menus were available and they repeatedly reminded staff to use them.

People were woken during the night to be given fluids. Care plans did not indicate a clinical reason for either being on food and fluid charts or why fluids were being offered repeatedly during the night.

The provider involved external health professionals when required. For example, the falls team, dietitian, tissue viability nurse and respiratory nurse.

Complaints were not fully investigated and responded to in line with the provider's policy.

26 staff members had not completed dementia awareness training.

The registered manager advised they conducted a daily walkabout. However this had not detected the issues we identified during our inspection and they were not recorded.

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.

The registered manager did not ensure fire drills were carried out in line with the provider's policy or the fire service's recommendation.

Safeguarding concerns were not recognised and dealt with appropriately.

Infection control measures were not considered, placing people at risk of harm with the dual use of facilities.

Is the service effective?

Inadequate

The service was not effective.

Training and development was not up to date.

The provider did not always act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

People's dietary requests were not always met.

Is the service caring?

Inadequate

The service was not caring.

Staff were not trained in equality and diversity.

We noted staff did not always respect a person's dignity. For example placing a plastic apron on a person without asking.

People's wishes and preferences were not always met.

Is the service responsive?

Inadequate

The service was not responsive.

People's care records did not reflect their current needs or preferences.

Complaints weren't fully investigated or recorded and the registered manager did not adhere to the provider's policy for managing complaints.

Activities were limited and did not specifically cater to the needs of people living with dementia.

Is the service well-led?

Inadequate

The service was not well led.

People's confidential information was accessible by people who had no right to access it.

The provider did not have an effective quality assurance processes to monitor the quality and safety of the service provided.

Staff did not always respond to the directions of the registered manager.

Lindisfarne Hartlepool

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 the first day 24 February 2016 the visit was unannounced which meant the provider and staff did not know we were coming. The provider and staff were advised we were returning on 26 and 29 February 2016. The inspection team consisted of one adult social care inspector, one inspection manager and a specialist advisor in
nursing care.

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). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We had received anonymous concerns that people were made to get up early in the morning and were woken repeatedly during the night to be given fluids.

During this inspection we spoke to eight people who lived at Lindisfarne Hartlepool, two external care professionals, the registered manager, the regional manager, two senior care workers, six care workers, two domestics and one cook.

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 eight people's care plans and reviewed 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.

Inadequate

Is the service safe?

Our findings

During the inspection we identified one person's behaviour had been escalating since December 2015. Although the staff and registered manager had made a referral for additional support to analyse the behaviour, we found the incidents had not been considered as safeguarding and appropriate referrals to the local authority had not been made.

We found that although the safeguarding consideration logs had been submitted in 2015, the investigations were varied. We noted that some had a clear audit trail of documentation reviewed and a list of people spoken with and these documented conclusions including recommendations. This was not consistently applied and some safeguarding consideration logs had not appropriately investigated with any recommendations for learning identified. We asked the registered manager for an investigation record into one incident we identified. The registered manager told us they remembered the investigation but they were unable to locate the notes which should have been in the safeguarding log. This meant we were unable to confirm if there had been an investigation into the safeguarding concern which we had identified.

During our out of hours visit we advised the registered manager of the reason for our inspection and outlined the concerns raised. The registered manager told us they were aware of the issues and had initially spoken to the person re their conduct in relation to discussing issues outside of the home. They had failed to identify the matter as a safeguarding concern and had not taken the appropriate action to protect people. The registered manager confirmed that a safeguarding alert had not been made to the local authority or a notification to the Care Quality Commission.

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

Whilst in the home we identified three concerns regarding the building and equipment. This included a door handle that did not open properly, a mattress that was bigger than the bed frame and a bed frame that was broken. These issues meant there was a potential risk of harm or injury. We raised these concerns with the registered manager and all were resolved by our second day of inspection.

We saw each person had a fire evacuation care plan. However, these had limited detail and did not include information on how the person would need to be supported in the event of fire, specifically if an evacuation was required. In the entrance to the home, as well as in the two rooms where the care plans were held, there was an evacuation list which categorised the people living at the home depending upon the support they required. For example, people who were bed bound, required a wheelchair and two staff to transfer, walked with aids or walked with staff support. We noted on the first day of our inspection that the evacuation list was out of date and did not reflect the current people who were living at the home. We provided this feedback to the registered manager and this information was up to date on the second day of our inspection.

The provider did not have a current fire risk assessment in place. The registered manager advised they

would organise one immediately. We saw the last fire safety audit by the Fire Service was conducted in 2013, it recommended night time fire drills should be conducted quarterly. The provider's fire safety policy stated, 'Fire drills are carried out every three months for night staff and six monthly for day staff.' We noted day and night drills had only been carried out yearly. This meant the registered manager was not adhering to the provider's policy or the fire service's recommendation.

We noted the provider's policy also stated in the event of an evacuation, 'Moving and Handling restrictions are suspended, quilts and mattresses to be used.' We asked the registered manager what training staff had received to enable them to safely evacuate people. They advised staff had not received training to evacuate people using quilts or mattresses. We asked the registered manager if other evacuation equipment was available. They confirmed no evacuation equipment was currently available and advised they would look in to the matter.

We saw in two bathrooms there was soiled laundry in three large containers and we noted an odour was present. One bathroom on each floor was being used as a sluice (storing dirty laundry and soiled items) whilst also being used as a bathroom.

All the staff we spoke with advised the bathrooms were used as sluice rooms. We asked if people used the bath and toilet within the bathrooms. Staff confirmed the bathrooms were used to support people for personal hygiene and using the toilet. We noted in the upstairs bathroom/sluice room the door did not have a lock so this posed a risk to people's privacy. In addition people could enter the room with the 'dirty' items as the room could not be locked from entry.

We asked the registered manager about the use of the bathroom. They advised there was a shortage of storage space. They told us, "Staff will wheel the containers into the corridor when people are using the bath or toilet." During our three day inspection the containers remained within the bathrooms. We discussed the risk of cross- contamination due to the dual use of facilities with the registered manager. They advised they would look into the matter. We discussed the matter with the infection control nurse from the local trust who was on site during our inspection who advised it wasn't an acceptable practice.

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

We saw that accidents were recorded and collated on a monthly basis, however we noted the analysis of this information was limited. We found incidents where no harm had occurred were only recorded in people's individual care plans. This meant it was not possible to see any trends or analyse how many incidents had occurred in a set time period.

The provider operated a robust recruitment system. We saw pre recruitment checks were carried out before an applicant was offered a position of employment. All staff files we viewed held an application form, a formal interview record, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults.

We reviewed the staffing rota for a four week period. The day time staff rota varied between eight and nine care staff per day, which included a team leader and a senior carer. Night time staffing levels varied between five and six care staff per night. The provider also employed two activities coordinators who both worked 18 hours per week. They predominantly worked 9:30am to 2:30pm but the regional manager advised they were looking at varying the shifts so the activity coordinators would also work on weekends. The registered manager told us staffing levels were calculated by Head Office taking into account people's needs. They

said, "If I feel I need more staff I just ask, I have no problem in getting staff when needed. I am currently advertising for more staff and a deputy manager."

We examined medicines administration records (MAR) for people using the service. We noted people's MARs were left on top of each of the medicine trolleys which were located in the corridors on each floor. This meant people's confidential information was accessible to others. We alerted the registered manager of this practice. However, when we returned to the home on 26 and 29 February we found MARs were still left unattended on the medicine trolleys. We spoke with the registered manager who told us she had advised staff to secure the information when it was not being used on the medicines round.

The medicines were supplied in blister packs with a 28 day supply for each person, placed on racks and colour coded. The MARs we viewed showed no gaps or discrepancies. Where medicines were not administered it was noted on the back of the administration record sheet.

The clinical room was spacious, clean and tidy. Treatment room and fridge temperatures were recorded although we noted the three days prior to the inspection were blank. The controlled drugs (CD) cupboard and extra medicines were kept in a locked cupboard. The records within the controlled drugs book were up to date and accurate. We saw a weekly check was conducted.

Inadequate

Is the service effective?

Our findings

We last inspected the home in July 2015. We asked the provider to take action to make improvements in relation to the training, supervisions and appraisals that were available to staff. The provider submitted an action plan in September 2015.

The provider's action plan stipulated all training would be up to date within 12 weeks, including training in Mental Capacity and Deprivation of Liberty Safeguards within four weeks and Equality and Diversity training within 12 weeks. During our inspection we saw this training had not taken place. The registered manager confirmed the training matrices provided were up to date. They advised Mental Capacity training was taking place over the next two weeks.

We noted staff had completed a range of eLearning training covering areas such data protection, dignity, health and safety, moving and handling and safeguarding. Also a number of staff had completed NVQ level two and three.

The action plan submitted by the provider stated that all staff would receive one supervision within six weeks of the action plan date. We saw that 31 staff had not received any supervision during this period, despite being employed at the time the action plan was produced. Following on from this date seven staff members had received a supervision bi-monthly as per the provider's action plan.

The provider's appraisal matrix documented that 32 staff members had not received an appraisal in 2015. We saw of those staff members that had not received an appraisal, five had started at the home after August 2015, however all remaining staff were employed before this date and were in post when the action plan was created. At the time of the inspection no one had received an appraisal in 2016. This was despite the provider's action plan indicating that all staff would have their yearly appraisal by the end of 2015 and stating "The Home Manager will then plan appraisals for 2016 so they are completed at a minimum of five per month therefore staggered over the year."

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

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

People can only be deprived of their liberty 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 that where people had previously had a DoLS in place action had not always been taken in a timely manner to ensure that a request for a new application was made. For example, we saw that six people's DoLS had expired in the three months prior to our inspection. No requests for new authorisations were submitted until after the first day of our inspection. This meant that during this time people were deprived of their liberty without the necessary authorisations.

We saw that when people first moved into the home, the least restrictive options and deprivation of liberty was not always considered in a timely manner. For example, one person moved to the home two weeks prior to our inspection. Their care plan had no reference to the person's capacity being considered, however their care was depriving them of their liberty. One staff member we spoke with told us , "Oh no they don't have capacity, the manager is sorting out the DoLS paperwork." We reviewed the paperwork and noted this was completed on the first day of our inspection.

We noted the relevant DoLS paperwork for people being deprived of their liberty without an active authorised DoLS was completed during and after the first day of the inspection. However, the paperwork was not completed in full and appropriate Mental Capacity Assessments had not been completed or documented prior to this.

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

We saw that where people had authorised DoLS in place, a care plan had been developed indicating this and detailing what support individual people required due to their lack of capacity.

We saw that some people had lasting powers of attorney in place. Although this was referred to in the DoLS paperwork we did not see this referenced in people's care plans to ensure that appropriate people were consulted when planning and delivering care.

We observed the lunch time meal in both dining rooms in the home. We found a menu was on display on each floor and had been updated mid-morning to reflect the lunch and evening meal. However the pudding provided to people was not as the menu indicated and people were not communicated of this change. We also noted that pictorial menus were not available to support people with dementia. The registered manager told us these were available and they repeatedly reminded staff to use them.

The upstairs dining room was small and could not accommodate all the people living on that floor if they all wished to sit at a table to eat their meal. Tables did not have condiments and each place setting had a plastic apron on the table. We observed two people were assisted to the dining room and were sat at a corner table which meant they faced the wall. We noted 45 minutes passed before their meals arrived.

We observed people taking their lunch in the lounge. There were periods when no staff were present. We witnessed one person wrap their whole meal in their plastic apron, stand up, walk across the room and place it in the bin. A care worker returned and remarked to the person how they had managed to eat all their lunch.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that where people had specific dietary requirements, including how food should be prepared, this was recorded in their care plans. However, we noted that during our inspection one person was provided all of their meal pureed. We reviewed the care plan for this person and noted that it detailed that only meat needed to be pureed, therefore we could not be sure that people's dietary care plans reflected their current needs. One person said, "The food is terrible and we don't get any choice".

We saw evidence in people's care records that the provider involved external health professionals when required such as the falls team, dietitian, tissue viability nurse and respiratory nurse. The home was part of a NHS GP pilot scheme where a GP made a regular weekly visit and spent an hour with the staff to discuss any on-going issues.

Inadequate

Is the service caring?

Our findings

The first day of our inspection was out of hours as we received anonymous concerns that people were up early in the morning and fluids were encouraged throughout the night. On arrival at 5:30am we saw four people were up out of bed. Three people were up, fully dressed and sat in the lounge, two of them were asleep leaning on the arm of the chair. We observed one person was in their day time clothes but asleep in bed. The care records indicated this person had received personal care at 5am, however we saw the person was still wearing the same clothes at 5pm. We reviewed care records but no one had a sleeping care plan to indicate what was normal for each person.

On arrival we saw one person was dressed and asleep against the arm rest of their chair. We observed they were still asleep in this position three hours later. There was no sleeping care plan available to record if this was normal for the person. Staff we spoke to told us this person regularly didn't go to bed. However, this information and the risks associated with sleeping in such a position were not documented. This meant external support had not been sought to see if other options were available to ensure the person slept comfortably, whether in a chair or in a bed.

A number of people were on food and fluid charts and staff advised that during the night they "pushed" fluids. We reviewed eight people's records and noted all except one received fluids repeatedly during the night. The registered manager advised if people were awake on the two hourly check staff should offer a drink, however we noted people having drinks recorded more frequently than this. For example, one person had drinks recorded at 2:47am (200mls), 2:55am (100mls), 3:47am (50mls) and 4:42am (200mls). Care plans did not indicate a clinical reason for either being on food and fluid charts or why fluids were being offered repeatedly during the night.

One care worker told us, "People on positional changes are offered drinks we flush with fluids." We asked why people would need fluids and were advised that it was if they had lost weight. Care records did not detail the requirement of fluids throughout the night. We asked the registered manager to explain the terms 'push' and 'flush' fluids. They said, "I think staff have picked up the terms from external professionals visiting the home. Staff shouldn't be waking people up and offering drinks. If people are awake its kind to offer."

We found the staff did not always prioritise the needs of people using the service over task related procedures. On the first day of our inspection we noted a number of people were sat in the dining room downstairs as the day shift staff arrived. As the dining room was to be used for handover, people were taken to the main lounge whilst handover took place, and then were supported back into the dining room for breakfast. We observed one person expressing their request for breakfast. The registered manager advised the person they were just about to do handover, and then breakfast would be arranged.

We observed one person requested their cornflakes at 6.27am and 6.33am. We saw staff provided them with biscuits instead at 6.48am. We saw the person eventually getting the cornflakes they requested at 8:55am. We communicated our concerns that breakfast was not available until after 8am when day shift started. The registered manager advised that they would arrange for cereal and bread to be made available on each

floor.

During the breakfast and lunch time meals we saw that everyone was provided with plastic bibs. We observed that rather than give people the choice the apron were placed out at each setting as the table was laid. We observed one person who ate their lunch time independently and without assistance still being provided this. Staff said phrases like "I'm going to put a little apron on to keep your clothes clean" and "I'm just going to put a pinnie on over your jumper please" rather than ask people's permission as to whether they wanted this.

The home did not always consider people's dignity. For example, we observed on a notice board in a corridor 'Please shower and people's initials.' People were bathed and used the toilet in bathrooms which contained soiled laundry. People did not have an independent meal time experience, condiments were not readily available. We observed people were left unattended in lounge areas with little interaction with members of staff. People were not able to have breakfast prior to 8am when the day shift started.

On the last day of inspection we observed a care worker assisting two people with their meals at the same time. We had previously brought this practice to the registered manager's attention during our inspection of June 2015. We discussed the matter with the registered manager. They told us, "I tell staff this is not acceptable I really don't know why they do it."

We saw from one person's care records what their preferred name was, however staff did not use this preferred name when addressing the person.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were knowledgeable about the people they supported. Staff we spoke to described people they cared for in a friendly way and were able to discuss a person's life history and their family structure. We observed staff respected privacy by knocking on people's doors before entering rooms and closing doors on toilets and bathrooms when supporting people.

Inadequate

Is the service responsive?

Our findings

We found that care plans did not always reflect people's current needs and preferences and it was not always clear from care records as to what care and support people received in line with their preferences. For example, a number of people's care plans indicated they preferred to have a bath.
However, we saw on the first floor no one had been offered or received a bath for the month of February. In addition records indicated showers were not consistently offered to support people with their personal care needs.

We saw on person's care plan indicated they preferred a bath on a weekly basis either early in the morning or early in the afternoon. We reviewed the hygiene records for this person and the last bath recorded was June 2015. One staff member we spoke with said, "[Person] prefers a bath but because of the pain in their knees they complain. [Person] is still offered a shower but it is probably not recorded." We noted the care plan did not reference the persons potential pain when receiving personal care.

We saw that one person had a care plan in place for personal safety and risk. This detailed how the person became anxious at times. In a separate part of the person's care plan we saw loose sheets which recorded 17 incidents from December 2015 up to the day before our inspection. These recorded a number of different behaviours, including anger and confrontation, which could pose a risk to others. We noted the person's care plan had not been updated to include the behaviour over the past three months, specifically the trends that were identified.

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

We saw a noticeboard in the upstairs lounge which had a monthly newsletter. However, we noted the content referred to Christmas, advertising Carols and Christmas Fayre and activities. We noted the newsletter was from 2015. The people who were based upstairs were people living with dementia and we concluded this kind of miscommunication could potentially cause people unnecessary confusion.

A hairdresser attended the home on the first day of our inspection. We did not observe any other activities taking place during the three days we were at the home. The notice board in the entrance of the home displayed a small black and white photocopy of the month's activities ahead. These included movie club, craft club, quiz and music. On one day of our inspection we noted it indicated 'Baking'. We asked the registered manager where people were doing the activity. They advised the activity co coordinator was off that day. With the absence of the activities coordinator no member of staff had been allocated to support activities.

We noted a lack of dementia led activities. We did not see any reminiscence activities, memory boxes or encouragement by staff to engage in meaningful activity. Following our July 2015 inspection, we made a recommendation that the registered provider considered current guidance on caring for people living with dementia. This included the provision of meaningful activities.. We noted from training records that one care

worker had completed dementia awareness since our last inspection in July 2015. 26 staff members including the registered manager had not completed the dementia awareness training. We did not observe any improvements in the activities designed for people living with dementia.

The provider had a complaints policy. A picture complaints policy was on display throughout the home. It indicated complaints would be investigated and a written response would be given within 28 days. We reviewed the complaints recorded and saw one complaint was of a safeguarding nature. The investigation notes and written responses were not present. The registered manager told us they had completed the investigation and the notes should have been in the file. They also advised they did not always give a written response as outlined in the provider's policy.

We found the staff communication book had recorded that one person had complained, and the action that was required by staff, however we noted this was not recorded as a complaint.

Inadequate

Is the service well-led?

Our findings

During the July 2015 inspection we identified concerns relating to staff training. The provider produced an action plan and outlined that by December 2015 they would be compliant. During the three days of this inspection it was evident that the provider had not completed the work detailed in their action plan.

We saw the information gathered from safeguardings, accidents and incidents and general audits were not used to drive improvement. For example, an investigation dated 16 November 2015 into a safeguarding incident stated an action was, '[The registered manager] to organise falls training for the care team.' We saw from training records this training had not taken place. We saw within 'Dining experience audits' the lack of condiments on dining tables was identified twice. Whilst condiments were in dining rooms they were not made available for people to use.

The registered manager did not maintain an oversight of the home. For example, we found requests for DoLS applications had not been made in a timely manner which meant a number had expired. Accidents and incidents had not been analysed to identify trends or patterns. Training requirements had not been monitored and fire drills had not been conducted in line with the provider's policy.

The provider had a quality assurance system which included the monitoring of care plans, accidents, incidents, medication experience, safeguarding and health and safety. Records showed these had not been regularly conducted. The registered manager told us, "I know the audits aren't up to date." The dining experience audit had only been completed five times since our last inspection seven months ago. The providers care documentation audit indicated three care records to be audited per week. The registered manager confirmed this number had not been achieved.

The registered manager advised they conducted a daily walkabout. We questioned the effectiveness of the walkabout with the registered manager as issues with the premises and equipment we found on the first day of our inspection had not been identified. We saw records of four daily walkabouts. The registered manager told us, "I don't always record it. I always attend the handover meetings."

We discussed with the registered manager our concern that previous conversations regarding issues from our first day of the inspection had not been addressed. They told us, "I have spoken to staff, I don't know why things haven't been done."

The registered manager had not followed the provider's own policies in relation to safeguarding reporting, dealing with complaints and the monitoring of the quality of the service.

People's confidential information was not always protected. We noted throughout our inspection people's medicine records were left unattended on medicine trolleys in corridors. Although we had brought this practise to the attention of the registered manager on our first day of inspection we continued to see this information left unattended. We found copies of people's medicine prescriptions left on a window sill in the downstairs lounge. We saw people's confidential information was displayed on whiteboards within the

registered manager's office and in the senior's offices. In one senior's office the board was visible through a window so people visiting the service were able to view the information. We also identified that the whiteboards were not always accurate, for example, one person had a 'dot' to indicate they had diabetes. When questioned the staff advised this dot was from a previous person's details.

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

We looked at what the provider did to seek relatives and people's views about the quality of the service. A relative's survey was conducted in June 2015, 49 relatives were provided with a survey with 15 responding. Comments included, "I have always found staff efficient, friendly and caring" and "Although I visit at various times of day my mother is always just sat in a chair." We noted the last relatives meeting was held in October 2015. The registered manager advised they were about to display a list of forthcoming relative meetings. We also saw a staff survey had been conducted in June 2015, this had a poor response with only 16 staff taking part out of 46 staff members. In reply to the question "Do the residents have a meaningful day six staff answered "Most of the time" with 10 staff answering "Sometimes." Comments included, "The manager is supportive." And "Not always supported."