

Bupa Care Homes (CFChomes) Limited

Argyles Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Argyles Care Home 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. Argyles Care Home accommodates a maximum of 50 people; there are communal areas located on the ground and first floor with bedrooms and communal bathrooms situated on both floors. The home provides care and support to people who are assessed as having personal care and support needs. There were 42 people living at the home at the time of the inspection.

This comprehensive inspection took place on the 10 December 2018 and was unannounced.

At the last inspection on the 25 and 26 May 2016 we found the overall rating of the home to be Good. The service was found to be Requires Improvement in effective with all other domains rated Good. At this inspection we found that the service was rated Requires Improvement in the domains of safe, effective, responsive and well led. The service remains Good in caring. Therefore, the overall rating of the service has changed to Requires Improvement.

The service had a registered manager in post. However, they were not in the service at the time of inspection and it was not clear whether they would be returning. 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.

Risks to people's safety, health and welfare were not always managed in line with their care plan. We could not be assured that people were receiving the care and treatment they required in relation to managing skin integrity. Personal emergency evacuation plans were in place but did not clearly identify people's needs in the event of an emergency. People's personal information contained in the home's "fire box" that would be used in the event of an emergency evacuation was conflicting and did not reflect current residents living in the home. The management team were unaware this was not up to date but promptly updated this on the day of inspection. There were procedures in place in relation to safe recruitment. However, we found that records did not always have all the information as required under schedule three of the Health and Social Care Act. We could not be assured that staff were recruited to ensure they were safe to work with people. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Processes were not always followed in line with the Mental Capacity Act 2005 to ensure decisions were made in people's best interests. Care records lacked information around people's ability to consent and where authorisations placed restrictions on people to keep them safe, they were not understood by staff. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Records showed people's needs were assessed and regularly reviewed. However, we found that some

people's records had conflicting information in relation to their needs. People told us and records indicated that they were not being engaged in a range of activities according to their interests and preferences. People told us and records indicated they did not always receive care that they wished for or needed such as regular bathing. Records supported this. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. However, we found that these were not always effective and some concerns highlighted in the body of this report had not been identified through the quality assurance monitoring system. We saw where people had provided feedback through a survey these had not always been reviewed or responded to appropriately. Incidents and accidents were recorded but had not always been investigated or reviewed to identify patterns and trends to prevent recurrence. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Policies and procedures were in place to ensure people were protected from the risk of abuse and avoidable harm. Staff told us they had safeguarding training, and they were confident they knew how to recognise and report potential abuse.

Steps had been taken to help protect people from the risks associated with infections. Staff understood and followed infection prevention and control measures.

Staff spoke highly of the training that they were offered and undertook. People were being supported with catheter care by staff who had not always received the necessary training, however, no harm or risk of harm had occurred. Specialist training required by staff supporting people with catheter care was arranged by the provider following the inspection.

People's medicines were managed in a safe way. Medicines were stored in a locked trolley and staff who administered medicines had received the appropriate training.

We found people who lived at the home were treated with respect and their privacy and dignity was consistently promoted. People looked happy and comfortable in the presence of staff. We observed some positive interactions by staff members with those who lived at the home.

People received support with eating and drinking and their healthcare needs were met. Appropriate referrals were made to community health and social care professionals, to ensure that people received appropriate support. People told us they were generally happy with the meals provided to them. Choices were available to people and where specialised meals were required these were provided.

We saw the complaints policy was available to people and visitors. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

People using the service and their relatives said the home was well kept and clean. The building was well maintained and regular safety checks were carried out on equipment and utilities used at the service and a record of the checks were maintained.

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?

The service was not always safe.

Risks to people relating to pressure care was not always managed safely to meet people's individual needs.

Fire evacuation details for people included in the providers "fire box" was not up to date.

People told us they were not always responded to in a timely way. Call bell records supported this.

Recruitment procedures were not always robust and staff were not always deployed in an effective way.

Staff understood their responsibilities regarding safeguarding people from abuse.

People's medicines were managed in a safe way and medication prescribed 'as required' had appropriate guidance in place.

People were protected against the risk of spread of infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not have a good understanding of the Mental Capacity Act. Some people had restriction and limitations in place without evidence of best interest meetings being held.

The home was clean and light. However we found the design and layout of the premises was cluttered in places.

People's needs were assessed prior to them being admitted to the home.

Staff received induction training that formed part of the Care Certificate.

Staff supported people to maintain a health balanced diet and stay hydrated.

Requires Improvement ●

People were supported to access appropriate healthcare services, where needed.

Is the service caring?

Good ●

The service remained caring.

People and relatives told us staff were kind and caring. We observed positive interaction between staff and people that were compassionate and met people's emotional needs.

People were treated with dignity and respect. Relatives and healthcare professionals spoke positively about staff's approach to privacy.

People were supported to be as independent as they can be.

Confidential information was managed and stored appropriately.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care records were not always person-centred and some had conflicting information on people's needs.

People told us and records indicated their wishes, wants and needs were not always fulfilled in relation to bathing and activities on offer in the home.

People were supported to access appropriate healthcare professionals and the provider was continuing to improve their working relationships with external agencies.

Staff and management meetings were held regularly.

Complaints were recorded and responded to appropriately.

End of life care was provided when necessary and staff had received training in how to support people as they neared the end stages of their life.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems for monitoring and quality assuring the delivery of the service were not always effective. Accidents and incidents had

not always been reviewed to identify trends, themes and patterns to prevent recurrence.

People told us they had not always been approached to feedback about the service. Quality assurance surveys had not always been reviewed and responded to appropriately.

The provider had a clear vision and values for the service. Staff felt the interim management was more approachable.

Records showed the service worked in partnership with a variety of external agencies.

The service clearly displayed their current CQC rating at the time of inspection.

Argyles 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 was a comprehensive inspection which took place on 10 December 2018, the inspection was unannounced. The inspection team consisted of two 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 service.

Before the inspection we reviewed the information, we held about the service which included previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We reviewed the completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection. We spoke with four health and social care professionals as well as contacting the local authority safeguarding team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed interactions between staff and people living in the home throughout the day, both whilst giving support and during general interactions.

During the inspection we spoke to 12 people who use the service and observed interactions between them and the care staff. We also spoke to six relatives of people who use the service. We spoke to 14 members of staff including nurses, care workers, the activity coordinator, chef, maintenance person, housekeeping, regional support manager, regional director and a manager from another home who was supporting Argyles Care Home.

We looked at 12 people's care records and associated documents including people's medicines records. We checked eight staff recruitment files, including the most recently recruited staff. We also looked at staff

training records, quality assurance audits, compliments/complaints and accidents/incident records.

Is the service safe?

Our findings

People's needs were assessed using nationally recognised assessment tools to identify people's risk of malnutrition and developing pressure ulceration. Care plans had been devised in relation to the outcome of the assessment and equipment was in place, to minimise identified risk. This included pressure relieving mattresses and cushions. However, records showed those people at risk of pressure ulceration did not always have their position changed as required, in line with their care plan. For example, one person's who was at "very high risk" of pressure ulcers has a care plan in relation to the management and prevention of pressure ulcers. The care plan stated the person should be repositioned every 3 to 4 hours. We spoke to staff who also confirmed this. We reviewed their repositioning chart and saw that on 9 December 2018 there were instances where the person had not been repositioned for 5 hours and 15 minutes and another at 6 hours and 25 minutes. We discussed this with the management team and staff who were unable to assure us that the person had been repositioned in a timely manner in line with their care plan. We could not be assured that they were receiving the care and treatment required to meet their needs and keep them safe from risk of harm.

We saw that the home had a number of staff vacancies. We were informed by the provider that these hours were covered by overtime from current staff and agency staff. The provider attempted to use the same agency staff for consistency of care however this was not always possible. We observed during the lunch period one member of staff assisting someone with eating. They left during the care being provided to attend a call bell and returned. People told us that they did not always feel there was enough staff to respond to them in a prompt way. Comments we received included, "Sometimes I have to wait a while but they come when they can", "Quite often a shortage of staff" and "Sometimes [I] wait 25 minutes". A relative told us, "Our main concern is that there are not enough staff." We informed the management team who advised they would look into the deployment of staff.

We found that records evidenced that call bells were not always responded to in line with the provider's policy. For example, we reviewed the homes call bell audits and found that they evidenced call bells were not always responded to in a timely way. The provider advised that call bells should be responded to within 9 minutes (unless it is an emergency call bell which would be responded to promptly). However, we saw that the audits suggested that one person's call bell on the 14 November 2018 had not been responded to for 43 minutes. The audit indicated that there had been an emergency at this time in another person's room and this is why it was not responded to in a timely manner. We reviewed daily records, incident and accidents and health professional involvement for that person however saw no evidence indicating an emergency. This meant that we could not be assured people's needs were being met in a timely way to keep them safe and reduce risk of harm.

There were fire safety plans in place to ensure people were evacuated safely in the event of an emergency. Equipment was tested regularly including alarms, firefighting equipment and emergency lighting. Personal emergency evacuation plans were in place which identified the level of support people would need if they had to be evacuated from the service. However, these plans did not identify specific detail on each person as to what equipment they might need to support them to evacuate or the specific level of mobility. The service

kept a "fire box" behind the reception area that would be used in the event of a fire evacuation. This contained items such as foil blankets, emergency contact numbers and a high visibility jacket. The "fire box" also contains people's one-page profile, which detailed information such as the person's room number, medical and mobility needs, next of kin contact details, GP information and a photo of the person. However, we found that this was not up to date. At the time of the inspection there were 42 people living in the home, 19 of the one-page profiles did not have the correct person's information. Some of the one-page profiles were for people who no longer lived in the home. The management team were unaware of this until the inspector raised it during the inspection. It was promptly amended to ensure it reflected the people who were living in the home.

A staff recruitment procedure was in place. This included pre-employment character checks and checks with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. When recruiting staff to work in vulnerable settings there is clear guidance under schedule three of the Health and Social Care Act of what is required. The personnel files we looked at did not always include all the required information. We looked at eight staff files and found that two staff files did not have a full employment history with gaps in employment remaining unexplained. Three of the staff files did not contain a recent photograph. We therefore could not always be assured that the provider was following safe recruitment practices. We shared our findings with the provider at the time of the inspection who agreed to address this.

We saw that accident and incidents had been recorded and records included what initial actions had been taken. However, we saw that records did not always evidence what investigation had taken place or identify patterns and trends to help prevent reoccurrences. It was not always clear what actions were being taken to manage the risk of incidents happening again. We spoke with the management team who agreed that this needed to be improved.

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

Staff had received safeguarding training and knew how to identify, prevent and report abuse. Staff had access to phone numbers for the local authority safeguarding team and were aware of how to contact them should the need arise. We saw examples of when the management of the had liaised appropriately with the local authority in respect to safeguarding.

People's medicines were managed in a safe way. Staff took their time and followed procedure when giving people their medicines. However, the staff member initially conducting the morning medication round had completed the night shift and appeared tired. We observed that a staff handover took place during the morning medication round where another staff member would take over the administration of medicines. We discussed this with the management team who advised they would review this to ensure that there was no risk when administering medications.

Staff had appropriately signed the medicine administration record to show they had administered the medicines. Where people were prescribed 'as required' medicines (PRN), there was a clear protocol in place for staff to follow to ensure that the medicine was administered appropriately and they were aware of the expected outcome. All medicines were supplied and delivered by a community based pharmacy. They were stored safely in locked trollies in dedicated medicine rooms on each floor. These provided a safe storage facility where staff were able to maintain safe temperatures for medicines. Staff ensured that any medicinal allergies were recorded and highlighted appropriately. Where people required short term antibiotics, appropriate care plans were in place to ensure this was managed safely. People who were insulin dependent had their blood sugar levels tested daily.

People were protected against the risk of the spread of infection. The home environment was clean with no malodours. The provider conducted regular audits of infection control which resulted in appropriate action plans. People's clothing was regularly cleaned and systems were followed that reduced the risk of cross contamination. Staff were observed consistently washing their hands before and after supporting people. Staff were also observed using personal protective equipment (PPE), such as gloves, before providing care to people. Hand sanitizer was also available throughout the home and we observed staff making use of it.

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the inspection we found that staff did not always follow the guidance of the MCA. This was because during the inspection we found that relatives had made decisions about people's care without holding the correct legal powers. People's legal rights were not protected because staff did not always follow the guidance of the MCA. Staff were not always able to explain to us how the MCA and DoLS related to their work. One staff member told us, "Well it is a grey area". We found examples where restrictions and limitations had been placed on people without any DoLS being made or best interest decision meetings being held. For example, one person had restricted access to specific drinks. Staff informed us this was a decision made by a relative. Although this was based on their health and wellbeing, the restrictions were in contravention to the MCA principle that people have the right to make unwise decisions. This person was deemed to have capacity and no MCA assessment had been completed in relation to this particular decision. We saw that some consent forms were signed by a relative of the person despite the person having capacity to sign for themselves and there was no clear guidance on why a relative may have signed on their behalf. We did observe instances where staff asked people's consent before providing care. This showed consideration to people's right to consent to day to day decisions. The provider had recently identified this as a concern and had provided training on the MCA and DoLS to staff. The management team advised they would continue to review this to embed the learning with staff and ensure that they were working within the principles of the MCA.

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

We found the home to be clean and light. There were lounge areas that had ample seating and a conservatory that looked onto a garden that we were advised was made use of more so in the summer. The garden areas were well maintained and accessible to residents. However, we found the home to be cluttered in areas. For example, we found a commode next to a bookshelf, some bathrooms were being used as storage areas for equipment. We found a chair, dustbin and boxes outside the activity store room on the first floor.

Records we reviewed showed a pre-admission assessment had been completed before people entered the home; this helped to ensure people's needs could be met in Argyles Care Home. The pre-admission assessment was then used to formulate a set of care plans to meet each individual's identified needs.

Staff received an induction when they began working at the service. In addition to this they also spent time

working alongside more experienced members of staff. Staff had received a range of training to help them do their job effectively. This included training deemed mandatory by the provider and other topics related to people's needs. Records showed new staff were supported to complete the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. However, we found that specialist training to support people had not always been undertaken. For example, we saw that some people living in the home required catheter care. The provider confirmed that not all staff who delivered catheter care had received the appropriate training. They promptly arranged for training to be delivered.

Staff understood the importance of supporting people to have plenty to drink. Hot and cold drinks were available at all times and staff continually encouraged people to drink. The people we met who chose to spend most of their times in their rooms had cold drinks within easy reach and staff visited them regularly offering tea, coffee and other hot and cold beverages. We observed staff supporting a person to drink. During breakfast and lunch, we saw tables in the downstairs dining area were nicely set with crockery and cutlery. Menu choices for the day were on display in a number of areas of the home. We observed staff treating people with kindness, engaging in light-hearted conversations, whilst supporting people to eat their meals. However, we noted the dining area on the first floor was less organised in their approach to supporting people with their meals and the environment was not welcoming. The dining room on the first floor was cluttered with items placed in the corner. The lighting was dim and tables did not have any condiments on them. We discussed this with the management team who told us they would ensure monitoring of people's experience during meal times took place and any actions required would be taken forward in relation to dining experience. They advised they were looking at moving the dining room to the upstairs lounge area which would provide a more open room with a more welcoming environment.

Staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and speech and language therapists. All food was made daily on the premises from fresh produce. There were established arrangements in place to ensure the chef was fully aware of people's dietary requirements and all diets were fully catered for.

People who were being cared for in bed were supported to eat in a dignified way on a one-to-one basis. Some people needed their meals and drinks prepared in a special way to meet their needs and we saw these were provided consistently. A choice of meals was offered in advance, but people could change their mind at the point of service if they wished.

Is the service caring?

Our findings

People and their relatives told us that staff were caring and kind and treated them with compassion. One person said, "[Staff are] caring and gentle". A relative told us staff were "really nice." It was clear from our observations that staff understood people's needs well and there was a mutual respect. Staff were kind and caring towards people who used the service and were seen engaging in conversations and meeting people's individual needs. We observed staff sitting with people throughout the day in the lounges and chatting with them. We observed staff being patient and answering repetitive questions or statements from people in a friendly manner. We observed one person who was visually impaired was transferred safely into a chair in the lounge. Staff kept her informed of everything that they were doing. Staff made known to her who else was in the lounge, who was sitting next to her and advised her as to where her things were such as her walking aid.

We observed that people who lived in Argyles Care Home were encouraged to maintain relationships with family and friends. We saw there were no restrictions placed on visiting and relatives told us they were made to feel welcome in the home.

Confidential information was stored securely in lockable offices that was in line with the General Data Protection Regulation (GDPR) responsibilities. The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Staff were considerate of where they discussed people's personal information. When one person began to shout across a room about their personal medical information a member of staff crossed the room to speak to them quietly about the matter.

We saw staff respected people's privacy and promoted their independence. We observed staff were discreet when asking people if they required assistance and knocked on people's bedroom doors, identifying themselves when before they entered. People's bedroom doors were closed with notices that read "Care in progress, please come back later" to ensure people's privacy and dignity was maintained when delivering personal care. Relatives we spoke with shared this view and told us staff were discreet and respectful.

We observed staff supporting people in a dignified manner, explaining what they were doing when delivering care so that people were informed and understood. People were dressed appropriately for the weather and were of clean and well-kept appearance. However, we received feedback from people that they were not always given the opportunity of having a bath when they would like. We discussed this with management who said they would look into this and ensure people's preferences were being met.

People were encouraged by staff to remain as independent as possible in all aspects of their day-to-day routines. One person told us, "They help me to do things for myself". Staff demonstrated a clear understanding of the importance of maintaining people's independence to assist in improving their overall well-being. People were free to spend time in their own rooms or elsewhere in the home as they pleased.

Is the service responsive?

Our findings

People's care plans contained detailed information for staff about what actions were required if people's needs changed. We saw that whilst care plans identified people's needs, they were not always person-centred. For example, one person's care plan stated, "daughter would like [name] to be showered". It did not detail what the person needed to meet their own interest or need. We found that some people's care plans contained conflicting information. For example, one person's care plan stated that they were "immobile" and "chair bound". It then went on to say they can "walk short distances". The provider advised that they would review care plans to ensure they were reflective of people's needs ensuring responsive care and treatment was provided.

We looked at records relating to people's regularity of bathing and saw that records showed that some people had not had a bath for a significant period of time. One person's record illustrated that they had not had a bath since 02 November 2018. A relative raised concern about their family members regularity of bathing. They told us that staff often give reasons why he cannot be bathed such as, the "bath chair is too small" or "the water is not hot enough". They advised they were told by staff "Nobody else gets a bath". People told us they did not receive a bath despite wanting one and instead received bed baths. We discussed this with the management team who advised they would look into the concerns and address the issue appropriately to ensure people were received personal care in line with their needs and wishes.

Activities were held in-house and facilitated by an activities coordinator who was sometimes assisted by care staff. People did not always receive activities that were responsive to their person-centred needs. We found that there were few activities each day for people to take part in. Each person had a folder which detailed the activities they had taken part in for each day. In one person's folder, their activity for the day stated, "one to one" and that the person was "resting". Another person's file said, "one to one...chatted to [name]". We found in other people's records it stated, "family visited" and "feeling sleepy". There was a lack of activities tailored to people's interests. Where people's care plans described hobbies and interests, it was not clear if staff had taken action to encourage them to participate in them. One person told us, "I find the level of activity rather lower in intelligence than I need".

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

People received care by staff who demonstrated a good awareness and understanding of people's individual needs. The service was responsive to people's changing health needs. Records showed that when people's health deteriorated, the service referred people to appropriate health care professionals. A relative told us, "We are confident he gets all the professional help he needs". One healthcare professional told us, "Relationships need improving and more of the nurses/carers need to understand how other agencies can support them." The management team noted that this was still an area that needed improvement and that they were working with local GP surgeries and other healthcare professionals to improve this.

We looked at what the service had done to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's

communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

Staff meetings were held regularly between various groups of staff. They included senior staff, general staff meetings and shift handover meetings. During the inspection we attended one of the morning meetings as a guest. The atmosphere was relaxed and the meeting was attended by a number of senior staff. We noted there was discussion about people in the home with relevant information being highlighted for staff to be aware of. Throughout the meeting staff appeared relaxed and confident to make comments and suggestions.

There was information for people and their relatives about how to make a complaint and the service kept a log of any complaints received. We looked at the complaints log and noted eight complaints had been received in the last 12 months. We saw that these complaints had been investigated and a response given to each complainant within the specified timeframe.

End of life care was provided where necessary and staff had received training in how to support people as they neared the end stages of their life. Staff worked with other care professionals to provide palliative care for people if the home was their preferred place of care and if the appropriate care could be provided.

Is the service well-led?

Our findings

The provider had a clear vision to provide care, centred on people's individual needs and reinforced within the statement of purpose. The registered manager was not present for the inspection, and it remained unclear if they would be returning to their post. 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.

The provider had arranged for appropriate management cover during this time. Staff told us they had not felt that the registered manager was always approachable. One staff member advised that the interim management team was "easier to talk to". During our inspection we found the management team in place to be open and transparent. We observed good leadership from them and an inclusive and empowering approach to supporting people and staff.

We looked at documents relating to the system for monitoring and quality assuring the delivery of the service, and found these were not always effective. The provider visited the service regularly to get an overview of the service provided and identify areas requiring improvement. This was recorded in a "Quality and Compliance Internal Inspection Report". The last was completed in November 2018 highlighted a number of the concerns we found during the inspection. However, not all issues raised within the inspection were identified. The registered manager had conducted call bell audits however we found that records indicated call bells had not been responded to in line with the providers policy. Staff has signed that they read and understood the policy however some staff we spoke to were not clear on the providers policy to respond to call bells. One nurse who managed one of the floors, "Couple of minutes... minutes I think."

We found that accidents and incident reports were not always reviewed to identify trends and themes or to prevent recurrence. A provider internal inspection conducted on the 26 and 27 of November 2018 identified that "Incidents are not always being investigated". We found at the time of inspection that investigations were still, not always being undertaken. This meant that actions were not in place to ensure a continuous approach to improvement or to reduce the risk to people's safety in the home.

We discussed surveys and feedback obtained by the home about people's views. We were advised that a survey was currently being undertaken with people and their relatives that would be reviewed to improve the services being provided. However, we saw survey responses that had been gathered earlier on in the year had not been reviewed or actioned. There were no other quality assurance surveys available. One person when asked if they had been approached for feedback about the home responded, "No". The management team were unaware of this and advised they would look into this and ensure they were responded to and reviewed appropriately.

There was a lack of robust processes being utilised effectively to monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

Records showed that resident's and relative's meetings were being held. This enabled any relevant information to be disseminated and allowed participants to discuss any topics of interest, concerns they may have or areas of good practice within an open forum

We saw some evidence that the service worked in partnership other agencies. These included, GPs, speech and language therapists and dietitians. The provider recognised that there was a need to improve partnership working. This will help to ensure that people had support from appropriate services and their needs were met. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on the notice board in the reception area.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not always ensure that people received appropriate care and treatment that met their needs and reflected their preferences. Regulation 9 (1)(2)(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered person failed to consistently provide care and treatment to people with the consent of the relevant person. The registered person failed to ensure they were working in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not always ensure that care and treatment was provided in a safe way, ensuring that they did everything that was reasonably practicable to mitigate risks to service users. Risks to service users were not always assessed to ensure their health and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person failed to assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Records were not always accurate. Audit and governance systems were not always effective. Feedback from relevant persons and other persons on the services provided was not always acted on in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)(f)</p>