Cleggsworth Care Home Ltd

Cleggsworth Care Home

Inspection report

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06 December 2016

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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

This was an unannounced comprehensive inspection, which took place on 29 and 30 November and 6 December 2016. We brought forward this inspection because we had received information of concern and we wanted to be sure that the service was meeting the regulations.

Cleggsworth Care Home is registered to provide personal care and accommodation for up to 38 people. It caters for both long term and respite stays. The home is located in Smithybridge village, which has a variety of shops and other amenities close by. It is near to public bus routes and the train station is in close proximity. At the time of the inspection there were 25 people living at the service.

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. The registered manager of the service was available and participated in the first day of the inspection.

We found five breaches in the Regulations relating to the management of the home, recruitment procedures, staff training, deprivation of liberty safeguards and the premises.

The provider had not carried out the required recruitment checks to ensure that staff were safe to work with vulnerable people.

We found that an authorisation was not in place in relation to deprivation of liberty safeguards for one person who lived at the home.

Staff had not received all the training the provider required to help ensure that people were safely and effectively supported.

We found that the property was tired in parts and improvements were needed to help the overall appearance of the home and some of the furnishings.

There were numerous quality assurance systems in place, however although they gave evidence of shortfalls the identified action needed to make improvements was not always taken.

We recommended that a review of activities is undertaken. This needs to be done to ensure that opportunities are made available to people to participate in activities to help promote their emotional and social wellbeing.

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

People and the visitors we spoke with told us that they generally felt safe at the service. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

There were sufficient staff on duty to meet people's personal care needs.

There were procedures in place to ensure people received the appropriate support to manage their medicines. Systems were in place to help prevent and control the spread of infection.

The atmosphere at the service was relaxed and friendly. We saw many examples of good interaction between people and staff, however both people who use the service and some staff said there were a small number of staff who were unreliable and not using their initiative.

There was a system in place for handling and responding to complaints. People told us that they were confident that the registered manager would deal with any concerns that they raised.

People and staff spoke positively about the registered manager and thought that the service had improved whilst they had been in charge of the running of the home.

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.

Recruitment processes were not sufficiently robust to ensure that only suitable staff were employed.

Staff understood their responsibilities in relation to safeguarding and whistleblowing if they witnessed poor practice by colleagues.

The home looked tired in parts and further improvements needed to be made.

Is the service effective?

Requires Improvement

The service was not always effective.

Although systems were in place to monitor deprivation of liberty safeguards, we found that the service had not applied for the renewal of authorisation for one person who lacked capacity.

Staff had not received all the training they needed to help ensure they carried out their role effectively and safely.

People had access to healthcare professionals.

Is the service caring?

Good

The service was caring.

The atmosphere at the home was friendly, calm, relaxed and inclusive.

Visitors told us they were made to feel welcome at the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There were few activities available for people to be involved in if they wished. Activities help to promote people's health and emotional wellbeing.

Care records we reviewed contained information about people's health and social care needs.

Systems were in place to respond to any concerns or complaints people wished to make.

Is the service well-led?

Requires Improvement

The service was not always well led.

We found that although there were systems in place to monitor the health and safety and quality of the service, however action was not always taken to make the required improvements and repeated themes had emerged.

People, relatives and visitors spoke positively about the registered manager and the improvements they had made since they started at the service.

Care Quality Commission

Cleggsworth 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 an unannounced inspection, which took place on 29 and 30 November and 6 December 2016. This was a comprehensive inspection, which was brought forward because we had received information of concern.

The inspection team comprised of two adult social care inspectors on the first day and one adult social care inspector on the second and third day of our inspection.

Before our inspection, we looked at the information we held about the service such as notifications. A notification is information about important events, which the provider is required to send us by law. We contacted the local authority commissioning and safeguarding teams in relation to the concerns raised. Because we brought forward this inspection, because of concerning information, we had not requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with five people who used the service, nine visitors, the registered manager, the nominated individual and one of the directors of the registered provider. We also spoke with two senior care staff, four day care staff and two night care staff.

We also carried out observations in communal areas of the service of the care provided. We looked at three care records, three staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed.

Requires Improvement

Is the service safe?

Our findings

We saw personal protective equipment (PPE) was available for staff and was used appropriately. We saw that the home had recently appointed a new housekeeper and another housekeeper was due to start at the home in the near future. The new staff member said, "The staff have been lovely, so helpful." They told us they had a cleaning schedule to work to but thought there was a lot to do and so were concentrating on the important tasks as well as ensuring infection control. We saw that cleaning schedules were in place.

People who used the service, visitors and staff thought the home would benefit from some refurbishment. We were told by the registered manager that a number of improvements had been made to the premises since our last inspection. These included eight vacant bedrooms, which had been redecorated, four bedrooms had been 'refreshed', a new carpet had been fitted on the landing in the extension and two new showers had been purchased. We were also told that the commercial washing machine and dryer were also new. The maintenance person was seen to be fitting new flooring and also painting the downstairs lounge on the final day of the inspection. We talked to the director and the registered manager about the vacant rooms that appeared to be in better condition than some of those in use. We were told that this was because rooms were refurbished as they became free and it was disruptive to people to move bedrooms.

Some lounge and dining chairs were dirty. We saw that they were difficult to keep clean because they were covered in fabric, which was not able to be easily wiped down. There were many unwanted items seen around the property that needed to be disposed.

There was a noticeable difference between the room temperatures upstairs, where windows had to be opened to help reduce the temperature and downstairs, particularly in the dining room that no longer had a radiator, which was significantly cooler. The provider is looking to reinstall the radiator in the dining room.

We saw some bedding on people's beds was worn. Some towels were seen to be thin and worn and were also in need of replacement. Although hand wash was available staff did not always have access to it because the dispensers did not operate effectively. We saw an insert was missing to a toilet seat raiser. This meant the communal toilet was potentially ineffective when used or flushed because there was a gap between the raised toilet seat and toilet bowl. This reduced the effectiveness of infection control procedures.

We raised concerns about the security arrangements to the back door on 'corridor one' which had a bolt to the top of the door but the main lock was ineffective. A downstairs bedroom window restrictor was found not to be working. We saw that 'keep locked shut' doors were not always locked.

We saw that there was an area of damp to the upstairs lounge. The provider told us that this had happened due to problems with the roof. The provider told us that work to the roof had taken place and that the decorating would be addressed once the area had dried out. There was also damp ingress to some downstairs bedroom windows facing the garden and to the upstairs lounge from the roof.

The failure to ensure that premises were secure, clean, maintained and suitable for purpose is a breach of Regulation 15 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements for criminal record checks from the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps protect people from being cared for by unsuitable staff.

We saw from records we were shown by the registered manager that DBS Adult First checks were being undertaken for new staff. The DBS Adult First check is a service provided by the DBS that can be used in cases, where exceptionally and in accordance with the terms of the Department of Health guidance, a person is permitted to start work with adults before a DBS Certificate has been obtained. This applies to care homes where DBS Certificates are required by law. The DBS Adult First is not a substitute for a DBS Certificate and providers must take care when making recruitment decisions prior to receiving a full DBS Certificate. DBS Adult First checks should only be used in exceptional circumstances and when absolutely necessary.

Records we saw showed that seven staff members were working at the home with only a DBS Adult First check in place. One of the seven staff had started work in May 2016. The registered manager told us they had asked the staff member to bring in their DBS certificate on two occasions but confirmed that they had not seen it. Two other staff started work at the home in September 2016 and four staff from the end of October to the beginning of November 2016. Records showed that for long standing members of staff requests had been made to them by the registered manager to bring in copies of their DBS certificate.

We looked at the recruitment records for three members of staff. We found that one set of records were complete with the documents required by law, which included identification, an application form that contained a full employment history with no gaps in the employment history, appropriate references and DBS certificate information. However, we found shortfalls on the other two recruitment records of staff, one of whom had been appointed more recently, which included the lack of DBS Certificate on one and an incomplete employment history on an application form and no written references. No risk assessments were in place about how the staff were to be supervised to carry out their roles until the DBS Certificate confirmed their suitability to work at the home. One new staff member told us that they were working in an unsupervised capacity around the home.

This was a breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

Staff confirmed that they had recently received safeguarding training and knew what action to take if they witnessed or suspected abuse or poor practice by colleagues. The staff training record for November 2016 still showed a number of gaps in safeguarding training particularly for new staff. Staff told us that since the recent safeguarding allegation was made they now felt confident in speaking to the registered manager if they had any worries or concerns. We saw that information about safeguarding and the procedure to be followed was displayed in the home.

The registered manager said as a result of the on-going safeguarding investigation they had ensured that staff read and sign that they understood the safeguarding, whistleblowing, mobile phone and use of social media policies and procedures. They had also purchased lockers for staff so that their mobile phones could be locked away during their shift. However, the registered manager was still waiting for keys so that the

lockers could be used. We were aware that the nominated individual for the service had taken action to investigate this incident.

A staff member said, "We have been through a very difficult time lately and we have been short staffed so it's been stressful but the new starters are coming in now and they are good." The rotas we saw confirmed that this had been the case.

Both the registered manager and the nominated individual told us that they thought there were enough staff on duty to support people. We were shown the dependency tool used by the service and completed by the registered manager that helped to determine staffing levels at the service. Staff said they thought there were enough staff available to meet people's needs when the home was fully staffed. However, we saw that some staff had multiple roles within the home. For example, the administrator was also responsible for activities and cooking. This had had an impact on their ability to ensure activities were provided.

Staff rotated and worked both upstairs and downstairs. Staff said, "I know everyone and their likes and dislikes." We noted that there was a low use of agency staff. This meant that staff who knew them well supported people. The registered manager told us that they were always on-call to offer advice and support in cases of an emergency.

Some staff said that although they thought the situation had improved since the alleged incident there was a small number of staff still letting the team down because they were not always reliable and did not use their initiative. However, the registered manager told us that they were was now addressing this situation through the disciplinary procedure.

We saw records that showed the maintenance person carried out a range of health and safety checks, which included, fire safety checks, hot water, nurse call bells and cleaning showerheads.

We were told that there were no-one using bed rails at the home. We saw that footplates on wheel chairs were always used when transferring people to prevent injury to people's feet. We saw that were people were being transferred by use of a hoist into a chair appropriate action was seen to be taken. We were told that were a person had difficulty maintaining good posture that a new reclining chair and a moulded wheelchair were being sought.

A person told us, "I do get my tablets but what they are for I don't know." We looked at the medicines management systems for the service. We saw that the room were medicines were stored was only accessible via the office.

We were told that there was always a senior on duty during daytime hours who was authorised to administer medicines and night staff were authorised to administer pain relief. There was a record of signatures available to assist when auditing medicines. Medication administration records we saw were seen to be up to date.

We checked the control drugs cupboard. We found that the amount of controlled medicines stored were accurately recorded in the controlled drug book. We were told that one person was being given their medicines covertly, which means without their knowledge and consent. We saw that written authorisation was in place from their doctor to do this. We saw that the boxes that contained, for example, eye drops were dated when opened.

We were told that there was only one person who used medicines 'as required' to help manage anxiety and

distress. We saw that this medicine was not given routinely and had only been administered on three separate occasions over the past month. We were told that homely remedies were rarely used at the home and contact with the person's doctor would be made if a person became ill.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that most staff had recently received training in the MCA and DoLS in September 2016. We asked staff whether they had understood this training. We had a mixed response and some staff felt that they would benefit from further training in the future.

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 looked at the records available for DoLS. We found the records and audits available were not well organised and this made it difficult for us to evidence how many people living at the service had a DoLS in place and that they were within date. Initially we could not find authorisation evidence for three people. However, one was eventually found and the nominated individual was able to evidence that an application for renewal had not been made within the timeframe. We could not find any evidence to support that a person who's DoLS had expired on 12 September 2016 that an application for renewal had been submitted to the local authority.

This was a breach of Regulation 13 (7) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff spoke positively about each other and staff particularly praised seniors. One staff member told us, "It's a really good senior team." We spoke with a new member of staff. They told us they had worked three days shadowing existing staff to enable them to get to know people and the running of the home. They said, "I have settled in okay and made to feel welcome." Established staff said that, "It's been better due to the changes in staff and team work has definitely improved in recent months," "Things have settled down again now" and "We have an excellent night staff team who work well together."

The registered manager was responsible for the training and supervision of staff. We asked the nominated individual to check whether the registered manager was suitably qualified to train staff. We saw that the registered manager held a Level 3 Award in Preparing to Teach in the Lifelong Learning Sector, which had been awarded in March 2009. The nominated individual was not clear whether the registered manager was suitably qualified to train social care staff to carry out the role and they agreed to look at this matter further. We were told by staff that the registered manager was also the safe moving and handling trainer for the home. However, the certificate that confirmed this expired on 12 February 2012 and there was no other evidence on file to support updated training. We also saw that the registered manager had undertaken a First Aid Instructors and Assessors course in February 2009. We saw that the certificated stated that the

validity of the qualification was based upon the professional development and the delivery of training. There was no information available to support this had happened.

We were shown a copy of the November 2016 training record for the staff team. This record showed significant gaps in training. We identified that senior staff had not received all the basic health and safety training the provider expected staff to have to carry out their roles safe and effectively, for example, fire safety, basic first aid, infection control, food hygiene and nutrition. There were also similar gaps in training within the care staff team. The shortfalls included 10 care staff had not received health and safety training, seven care staff had not received fire safety training, 13 care staff had not received basic first aid training, 11 care staff had not received infection control training and 14 care staff had not received food hygiene training. Furthermore, six care staff had not received safeguarding training, nine care staff had not received Mental Capacity Act training and 11 care staff had not received DoLS training.

We saw that a Quality Credit Framework (QCF) assessor was visiting the home and carrying out an assessment on a care staff members practice.

We looked at the supervision records for staff. We saw records that showed most staff had received one to one supervision in April 2016 and again in November 2016 as part of an action plan following the alleged incident. We saw on the supervision records for November 2016 that most of the action plan/agreed expectations in supervision related to staff completing mandatory training, as identified above.

The lack of evidence to show appropriate training supervision and appraisal of staff had taken place to enable them to effectively support people who use the service was a breach of Regulation 18 (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us mixed responses about the food. They said, "You can't grumble about the food" and another said, "It's lovely." However, other people thought that it was repetitive and the menu was not always followed. We saw that there was a four weekly rotating menu in place and the menu was seen to vary on the first two days of our inspection.

We looked at the arrangements for food. We saw that the kitchen was clean, tidy and well organised. The kitchen had received a 5 star rating from the national food hygiene rating scheme which meant they followed safe food storage and preparation practices.

We arrived at the home at about 7.15am on the first two days of our inspection. We found that cooked breakfasts had already been prepared and the dinner had also started to be cooked although it would not be eaten until four hours later though it was being kept warm. We raised concerns about the nutritional impact on the food and on the quality and freshness of the meal received by people who use the service. The nominated individual said they would look into this matter.

We saw that choice was offered to people at meal times and meals were eaten. We also sampled chicken curry, which was very tasty. We observed lunch in the downstairs dining area. We saw that people were offered support as needed. Sufficient amounts of food were given to people to eat. The atmosphere was calm, quiet and relaxed during the mealtimes. Interactions between staff and people were seen to be respectful but there was limited general conversation between them throughout the meal.

The cook knew what people's dietary needs consisted of and which people were prescribed fortified drinks. Night staff had access to food during the night if people wanted a snack. People were regularly offered drinks throughout the day.

We saw that the nominated individual had checked people's weights were undertaken and this was recorded in their November 2016 audit. The audit found that four people had significant weight loss since the July 2016 audit. The updated progress report showed what action had been undertaken by the registered manager to refer people to the appropriate healthcare professional.

A person said, "I have a doctor, optician and a chiropodist and I go to the dentist if I need to see one." The registered manager said the difficulties accessing a dentist had been raised at the local safeguarding forum. Records showed that people had routine appointments with healthcare professionals as well when required. Visitors we asked told us that they were kept informed about any changes in people's health.

Good

Is the service caring?

Our findings

When we arrived at our inspection at 7.15 am, we saw that six people were up and dressed. All were well presented and women had their handbags with them and wore jewellery. The night staff told us that they were under no pressure to get people up. The atmosphere at the home was relaxed and unhurried.

We saw that the administrator arrived with newspapers, magazines and other items from the local shop. We also saw on one morning that a relative who lived locally and a person who used the service had been out to take the visitor's dog on a short walk.

People told us, "It's lovely here," "There is no place like home but it's alright here. The staff are alright" and "Some staff are very good but some don't seem to use their initiative." Staff said, "This is a really good home, there is more offering of choice here and dignity than in my previous experience."

We saw that people who used the service got on very well together and saw many incidents of more able people speaking kindly and offering encouragement and support to those less able than themselves. There was good camaraderie between people. Visitors told us that they were made to feel welcome by staff at the home.

From our observations, we saw that some staff stood out as having very good communication skills and the majority of staff smiled and showed good interaction with people.

We saw that one person living with dementia had been able to recreate similar circumstances to those they had at home. They sat by the upstairs dining room window, which gave a good view of the surrounding community and people passing who would on occasion wave to them.

We saw that the service had already started to prepare for Christmas and had bought chocolates, presents and toiletries. The home had started to be dressed with Christmas decorations.

We saw that there were pictures of staff available to help identify them. There was a picture of the staff member of the month who had been recognised for their service to the home.

We saw that there was information displayed about the local advocacy service and this included how to contact them. We saw a cabinet that had awards received by the service from the palliative care passport organisation.

Plans were in place to make improvements to the hairdressing room and also make the flat on the top floor available for family and friends to use when their relative was poorly or at end of life.

We saw many thank you cards on the notice board. Comments included, "Your staff were all marvellous, you should be very proud" and "Thank you for looking after my dad and making him so happy in his final years."

Requires Improvement

Is the service responsive?

Our findings

People told us that they used to have more activities, for example, cheese and wine parties and singers coming into the home. Staff said that they would like to be able to do more activities with people but often people did not want to join in. We saw that a quality assurance exercise, which was undertaken in February 2016 with people that covered activities, which supported that some people did not want to participate in activities. Comments included, "I have done enough in my life I just want to rest now," "I prefer to watch TV" and "I don't like activities."

We were made aware that a University student had been coming into the home to spend time with some residents carrying out reminiscence work. We saw information on the notice board about a recently held clothes party. Some women had also had their nails painted by staff.

We saw that a residents and family meeting had been held on 20 September 2016 at which the menu, activities, staff morale, staff attendance on the floor and maintenance at the home were discussed. We also saw that a trip out had been discussed at this meeting to a Christmas performance or to Blackpool. However, this was yet to be arranged. No activities were seen to take place during the first two days of our inspection.

We recommend that they access further information on activities for older people and review the dual role of the administrator/activities person to check whether this is working effectively. This needs to be done to ensure that opportunities are made available to people to participate in activities to help promote their emotional and social wellbeing.

We reviewed three people's care records. We saw that the records contained a care plan and risk assessments that had been reviewed were up to date. However, a report by an independent mental health advocate that showed that they had checked the record and found the record had not been reviewed

We looked at a care record for one person, which was undertaken on 15 August 2016. The nominated individual carried out a detailed person centred audit for the same person on 10 November 2016 and found shortfalls in the records. The shortfalls, which included the falls risk assessment not being kept under review, lack of direction to staff on how to support the person and also lack of information about the person's personal preferences.

Audits carried out by the nominated individual showed that people's records were not always kept under review or up to date. The registered manager told us that they were in the process of simplifying people's records and changing the current care plan and risk assessments to those used by another home within the brand group of homes.

We saw that there was a staff handover between night and day staff coming on shift. The night staff talked about each person explaining how they had presented during the night and information about health care visits that were due to take place that day.

We saw that staff were responsive to people's needs. For example, we saw a person come down for breakfast. The person was told by staff that they would need their tablets first, which were given and could have their breakfast at 8.30am. We saw the person was given their breakfast at that time. A new staff member said, "It's a nice home they respond quickly to people's needs."

We saw that a copy of the complaints procedure displayed in the entrance hall, which had information about who to contact and that complaints would be responded to within 28 days. We checked the complaints log and saw that the file contained monthly records of any written complaints received and records were maintained.

Requires Improvement

Is the service well-led?

Our findings

A registered manager is a person who has registered with the 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. There was a manager registered for the service and they were available on the first day of our inspection.

People said, "[Registered manager is a very nice person and I could speak to [registered manager]," "[Registered manager] isn't bad though a lot of staff have left" and "It's better but it could be a lot better." Relatives said, "It has been better with [registered manager] they have turned it around." Staff said that they thought the registered manager was approachable and supportive.

We were aware that there had been an alleged incident that had resulted in the local authority undertaking a safeguarding investigation, which was still on-going at the time of our inspection. The registered manager told us they had reflected on their role in this incident to help ensure that lessons had been learnt to prevent a repeat of this type of incident in the future.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

Under the regulations an organisation is required to nominate an individual to act as the main point of contact with us. The nominated individual must be employed as a director, manager or secretary for an organisation and have the authority to speak on behalf of the organisation. They must also be in a position, which carries responsibility for supervising the management of the carrying on of the regulated activity.

The nominated individual for the organisation in this case is a manager employed by the organisation. We saw that they undertook regular checks at the service and produced reports of their findings and action plans to be completed by the registered manager of any shortfalls found. The director for the service told us that they carried out regular unannounced spot check visits to the service, which included late night visits though there were no records maintained to evidence this.

The registered manager told us that there were a wide variety of quality assurance and governance audits in place that they completed on either a weekly or monthly basis. We saw that the audit system had made the link with the Regulations, which are the fundamental standards.

We saw that the nominated individual carried out quarterly quality monitoring visits at the service, which included a full and detailed person centred audit. The nominated individual produced a report and action plan for any shortfalls found. The audits we saw for April, July and November 2016 were detailed and had recently identified significant shortfalls in the service provided. They also showed recurring themes,

particularly around auditing. This included audits not being carried out in the previous quarter to the July 2016 visit, for example, accident tracking and response audits and weight audits.

The nominated individual said that they had made the decision prior to our inspection to increase quality monitoring visits to once a month until they were satisfied that improvements had been made and would look deeper into the action taken in future.

Records we saw showed that in October 2016, there had been 33 accidents recorded and in November 2016, there had been 15 accidents. These included some people who had been involved in multiple falls. None of these accident/incident report forms used by the provider evidenced that they had been reviewed and signed off by the registered manager or what action had been taken to help ensure measures are put in place to prevent further accidents.

We saw on one care records files that we reviewed information that indicated that the records had been completed retrospectively. Although we were able to find records in other places for example, the weights book, it was not clear where the additional information had come from at the time of our inspection.

We identified that whilst the audit and quality assurance systems were sufficiently robust in finding shortfalls in areas of service delivery however, action to undertake improvements did not always happen and repeating themes had emerged.

We saw copies of the minutes for the last four staff meeting that had taken place in 2016 that suggested otherwise. The staff meeting minutes for 15 January, 11 March, 17 June and 21 September 2016, showed repeating themes about the day-to-day operation of the service. These themes included, staff morale, attitude and attendance, incomplete paperwork, levels of cleanliness, staff training etc.

Although the records show that the registered manager was encouraging teamwork, the language in which the minutes were recorded did not appear to be having the desired effect and there was no recorded input from those staff attending the meetings. The registered manager told us that they thought that staff morale at the home had improved though completion of paperwork was still a problem.

Failure to have effective health and safety and quality assurance systems is a breach of Regulation 17 (1) and (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People who use services were not protected against the risks associated with unsafe systems relating to restrictions of the service users liberty of movement whether the service user resists or not. Regulation 13 (7)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate cleanliness, security, and maintenance. Regulation 15 (1)(a)(b)(e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services were not protected against the risks associated with unsafe recruitment procedures. Regulation 19 (3)(a) Schedule 3

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care	People who used the service were not protected against the risks associated with unsuitable safe care and treatment because staff had not received all the training and supervision they needed to carry out the duties they were employed to perform.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People using the service were not protected against the risk of unsafe care and treatment because the system in place to monitor the health and safety and quality of the service provided had identified areas of the service that required improvement but had failed to take action to do so.

The enforcement action we took:

We issued warning notices to the registered provider and the registered manager with a timescale for completion by 28 February 2017.