Uday Kumar and Mrs Kiranjit Juttla-Kumar

Cherry Acre Residential Home

Inspection report

21 Berengrave Lane
Rainham, Gillingham
Kent
ME8 7LS

Tel: 01634388876

Date of inspection visit:
14 June 2016
22 June 2016

Date of publication:
12 October 2016

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Good**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

Cherry Acre Residential home provides accommodation and personal care for up to 17 older people. The service had low occupancy levels and had not been fully operational since December 2014. For example, at our previous inspections in April 2015 there were six people and in December 2015 there were seven people living at the service. At this inspection there were six people living in the service, plus one person who was receiving short-term respite care. The seven people receiving care had low needs and were relatively independent and required minimal assistance with their care. The accommodation was arranged over two floors. Staff provided assistance to people like washing and dressing and helped them maintain their health and wellbeing.

The inspection was carried out on 14 June 2016 and was unannounced. We announced a re-visit to the service on 22 June 2016 to meet the manager who was on leave on 14 June 2016.

At a previous inspection on 20 April 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. The breaches were in relation to the safe storage of medicines and the potential risk of accidents through poor maintenance of the premises. Also, the provider was not complying with the condition of their registration with CQC by not employing a registered manager at the home.

We carried out a follow-up inspection on 8 December 2015 to check what actions the provider had taken to meet the regulations. At the inspection on 8 December 2015, we only looked at the safe and well led domains. We found that the provider had taken steps to meet the regulations highlighted in our inspection report of 20 April 2015. However, at the inspection on 8 December 2015 we found further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a continued breach of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The breaches identified on 8 December 2015 were in relation to the fire system not being routinely maintained by a competent person to mitigate the risk of system failure and the lack of an up to date legionella and gas test certificate. Also, the provider continued to be in breach of their registration conditions, as they had not employed a registered manager at the service. We had asked the provider to send us action plans of how they were going to meet the regulations and also they had been required to submit a pre inspection information questionnaire (PIR), but these were not received by CQC. The PIR 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.

At this inspection, we found that the provider had taken steps to ensure the fire system was tested by a competent engineer and they had an up to date legionella test certificate. They had also started the process of registering a manager with CQC as required by their conditions of registration. The provider told us they had sent the Commission their PIR. However there was no record on the CQC system of this being received and the provider had no record of it being submitted. The provider had also sent us confirmation that they

had carried out the required work to meet the regulations breached from our last inspection in December 2015 in instead of an action plan. However, we continued to have concerns about the provider's ability to sustain meeting the regulations after this inspection. We could see that there were still areas of concern in relation to the maintenance of the premises, on-going testing of systems, staff training, the vulnerability of the provider around financial viability and the fact that the provider intended to increase the number of people living at the service after the inspection. This meant that we considered the service had not been fully operational. These issues coupled with the low levels of occupancy meant that we have not been able to gather enough evidence to rate the service at this inspection.

We have made a recommendation about staff training.

At the time of our inspection there had not been a registered manager employed at the home since 24 January 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the home. 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 home is run. However, the provider had appointed a manager who was in day-to-day charge of the service and they had applied to CQC to become the registered manager.

The manager carried out audits and reported on the quality of aspects of how the service was run to the provider. However, the provider had not consistently ensured that issues highlighted during audits by the manager were dealt with. We could see that the same maintenance issues appeared on audits because the provider had not dealt with them appropriately. The infection control audits in relation to the cleaning of the service had not been kept up to date. At the time of the inspection the maintenance issues and infection control did not pose an immediate risk to people and the manager had found some work around solutions to the staff training issues despite not being supported by the provider.

At this inspection we raised concerns with the provider about a potential rodent infestation in the rear garden. We also raised this issue with Medway Council. The provider sent us confirmation that they were taking action. However, Medway Council and the Infection Control Lead from the Local Clinical Commissioning Group subsequently carried out a series of visits to the service and shared their findings with the Commission. We have reported on this in more detail in a follow-up report.
The provider had not consistently provided resources the manager needed to maintain staff training and some staff had not be paid fully.

People we spoke with told us they were secure and safe in the service. Staff understood their responsibilities in relation to protecting people from abuse and showed a good understanding in identifying and preventing abuse.

Staff continued to respond to incidents in the home to maintain people's safety. Incidents and accidents were recorded and checked by the manager to see what steps could be taken to prevent these happening again. Staff understood what changes they needed to make after incidents had occurred to keep people safe and equipment was provided to assist staff to manage risk. People's health and wellbeing was supported by prompt referrals and access to appropriate medical care.

Risks were assessed by staff to protect people and guidance was provided to staff about managing individual risks. People were involved in assessing and planning the care and support they received.

Staff were available to people in the right numbers and with the right skills to meet people's needs. Recruitment policies and procedures were in place that had been followed to ensure only staff suitable to

work with people who needed safeguarding were employed.

There was a policy about how staff should respond to emergency situations. Managers ensured that they had planned for foreseeable emergencies, so that should they happen again people's care needs would continue to be met.

Staff followed a medicines policy issued by the provider and their competence was checked against this by the manager.

The manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. The manager and staff team were committed to the people they provided care to and they were kind and compassionate in their approach and nature.

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

Inspected but not rated

The provider was reactive and did not maintain the premises in a planned way.

Medicines were administered safely. There was sufficient staff to meet people's needs. The manager used safe recruitment procedures.

Staff and the manager knew what they should do to identify and raise safeguarding concerns.

Is the service effective?

Inspected but not rated

The manager planned on-going staff training, but the provider had not always supported this effectively. The Mental Capacity Act 2005 was understood by staff.

People were cared for by staff who knew their needs well. Staff helped people maintain their health and wellbeing and encouraged people to eat and drink enough.

Staff met with their manager to discuss their work performance, and the manager supervised staff to assist them to carry out their roles.

Is the service caring?

Good

The service was caring.

People were treated as individuals and their right to make choices about their privacy was respected.

People had forged good relationships with staff so that they were comfortable and felt well treated.

People had low care needs and mainly directed their own care, but had been involved in planning their care and their views were taken into account.

Is the service responsive?

Inspected but not rated

People were provided with care when they needed it based on assessments about them. Care plans were kept up to date and reviewed.

People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the manager listened to people's concerns.

Is the service well-led?

Inspected but not rated

There was no registered manager in post. The provider was not meeting all of the conditions of their registration and had not always sent the information required to the commission when requested.

Staff said they were supported by the manager. Investment in training, the service premises and staff pay was not well managed by the provider.

Audits were completed by the manager to help ensure risks were identified, but the provider had not always responded to the issues. The provider continued to be reactive not proactive.

Cherry Acre Residential 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 and Care Act 2014.

This inspection took place on 14 June 2016. It was unannounced. We returned to meet the manager on 22 June 2016 as they were on holiday when we inspected on 14 June 2016. The inspection team consisted of one inspector and one expert by experience. The expert-by-experience had experience of using health and social care services themselves and had a good understanding of how these services should run.

Prior to the inspection we looked at previous inspection reports and notifications of important events that had taken place at the service that the provider had a legal duty to tell us about.

We spoke with six people about their experience of the service. We spoke with three staff, which included the manager, deputy manager, and one care worker. We also spoke to the provider who was present on 14 June 2016. We observed the care provided. We also took account of information sent to us by the local authority.

We spent time looking at general records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

Inspected but not rated

Is the service safe?

Our findings

At our follow-up inspection on 8 December 2015, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The fixed fire system had not been maintained to mitigate the risk of system failure and adequate steps had not been taken to mitigate the risk of infection from waterborne illnesses.

At this inspection, we found the provider had made improvements by getting the fire system checked and serviced by an engineer and having the water systems assessed by a specialist firm. There was some evidence of subsequent checks, for example water temperate checks, but there was a lack of information about how the provider would manage all of the risk for parts of the service currently not in use ready for safe occupation. For example, monitoring and regular flushing of taps that were not in regular use.

Staff checked equipment before they used it. We noted that equipment was not used if staff identified any issues with it. The premises were designed for people's needs, but were not well maintained. We were unable to assess if the premises would continue to meet people's needs if the numbers of people increased or their care needs became more complex. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping.

The provider consistently failed to carry out planned maintenance on the premises to maintain people's health and wellbeing. The premises were becoming dilapidated and if this continued, would present a potential risk to people's safety. For example, areas of carpeting were becoming thread bear, the flooring in a toilet near the lounge was damaged so could become a trip hazer or hygiene risk. There was water staining to the wall in the lounge from a leak to the plumbing or the roof. We noted that the provider had not maintained a pest control contract, which had led to rats appearing in the garden of the service. We spoke to the provider about maintenance issues and the problem with the rats. They told us they had plans to replace all of the flooring and that they were taking action to get the rats removed from the garden.

The examples above showed that the premises were not properly maintained to ensure it would remain safe. This was a breach of Regulation 15 (1) (e) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Given the premises looked dilapidated we considered if this presented any risk around cleanliness and infection control. Due to the low occupancy of the service there was no dedicated cleaner in post, care staff were undertaking the cleaning. There was signage displayed in relation to good hand hygiene, personal protective equipment was available for staff, such as gloves and aprons and cleaning mops were identified for different areas. The kitchen looked clean and we saw that a 5 star food hygiene rating had been given to the service in February 2016. Discussions with the member of staff cooking indicated they were competent. At this inspection, taking into account the current provision, we did not find any immediate risks in relation to infection control and did not look at this in detail. However, this issue would need to be addressed as and when more people moved into the service. People told us that they felt safe with the care they received from the carers. They told us that staff were always attentive, asking people if they were okay. We observed

that people were relaxed and comfortable with staff when care was delivered. People said, "As safe as anywhere else. All staff are very nice, very understanding especially when you are not feeling well," and "Yes, I feel okay here; this is my second stay here. I just trust them, got a nice bedroom I feel comfortable."

The low numbers of people using the service when we inspected were protected from harm by staff who understood how to safeguard people. The provider had policies about protecting people from the risk of foreseeable emergencies, such as power failure so that safe care could continue. However, the policies needed further work to make them service specific.

People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. An evacuation drill had taken place on 29 February 2016. Records showed that safety tests were completed.

Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. The manager understood how to protect people by knowing how to report concerns to the local authority and protecting people from harm.

Staff had access to information so they understood how abuse could occur. Staff and the manager understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse happening.

People had been assessed to see if they were at any risk from falls, or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files.

As soon as people started to receive care, risk assessments were completed by staff. Incidents and accidents were investigated by the manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. This minimised the risks to people and protected them from harm.

Based on the reduced levels of occupancy in the service and people's lower needs, current staffing levels were planned to meet people's needs. The manager worked as part of the care team and ensured staff were deployed flexibly and at times where they were most effective. In addition to the manager, there were normally two staff available to deliver care during the day and two staff at night. However, we noted that the cleaning and cooking were also carried out by staff as part of their duties. It was not clear how care levels would be sustained if more people moved into the service or if they had higher care needs. Staff absences were covered within the existing staff team. This ensured that staffing levels were maintained in a consistent way.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed application forms and had been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions, or if they were barred from

working with people who needed safeguarding.

Medicines were available to administer to people as prescribed and required by their doctor. The provider's policies set out how medicines should be administered safely by staff. The provider checked staff competence, as they observed staff administering medicines ensuring staff followed the medicines policy. Staff knew how to respond when a person did not wish to take their medicine. Staff understood how to keep people safe when administering medicines.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service, stored and when required disposed of by staff in line with the providers procedures and policy. Medicines were stored securely at the right temperatures to prevent them from becoming less effective. Temperatures were recorded and monitored. Medicines systems were regularly audited by the manager.

Inspected but not rated

Is the service effective?

Our findings

We observed that staff had the skills required to care and support the people who lived at the service. All of the people we spoke with told us they liked the staff and they got on with them well. One person said, "All the staff are very nice, very helpful, very sociable, very gentle when they help me getting into the bath or dressed." Other people said, "All the staff have a good attitude, always happy and helpful if you want something. I talk to them as much as they talk to me." And, "They are well trained and gentle when they do something for you. I feel well looked after."

The manager told us there was a training programme in place and staff told us that they did get access to the training they required for their roles. This was supported by a training plan, which ensured that staff received an induction and on-going training at the appropriate times. However, the manager had struggled to get the provider to consistently fund training so that they could ensure they could deliver the training they had planned and keep staff training up to date. For example, the manager had asked the provider to purchase 69 training credits in May 2016, but they had not done this at the time of the inspection. Some staff had resorted to paying for their own training or the manager was looking for free training.

There was a potential risk that the provider would not enable face-to-face training to occur when this was appropriate. For example, in relation to moving and handling training. This meant that we could not come to a conclusion about whether the plans for future training would be delivered to a larger staff team as the numbers of people in the service increased. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services.

We have recommended that the provider researches and follows published guidance about enabling staff to receive appropriate training and to maintain and develop their social care skills.

Staff told us that they received supervision and that they were supported in their roles by the manager. Records showed that one-to-one supervision meetings with staff were held with the manager. Staff also had meetings to discuss their progress and any developmental needs required. This meant that staff were supported to enable them to provide care to a good standard.

People said the food they were provided with was good. People said, "The food is very, very nice. I like the roast dinners here, I eat everything, if I don't like something they will get me something else." And, "The food perfect, for breakfast I get what I want I usually I have cereal and prunes followed by toast and marmalade. Dinners good, good cooks here it's like being at home." "I always get a choice of drinks, you can always ask for a drink."

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 services 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. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The manager understood when an application should be made and how to submit them in line with agreed processes and if required. People had consented to having the security keypad door lock on the main entrance for security purposes and it was understood they could leave the premises if they chose to. This ensured that people were not unlawfully restricted.

People were assisted to access other healthcare services to maintain their health and well-being, if needed. People were supported to go to the GP when needed and got help from other health and social care professionals like dieticians. Records confirmed that people had been seen by a variety of healthcare professionals, including a GP and community nurses.

People ate and drank enough to help them maintain their health and wellbeing. People had been asked for their likes and dislikes in respect of food and drink. The manager has assessed the risk people faced in relation to eating and drinking enough, choking, potential skin damage and pressure ulcer risk. People told us they were encouraged to eat and drink and could always ask for refreshments at any time. Staff supported people to avoid foods that contained known allergens people needed to avoid. People got involved in cooking if they wanted to by making cakes. The home cooked food we observed being served was well presented, looked and smelt good and people ate well. People sat and ate together, and staff encouraged people to eat well. People sitting together promoted conversation and made the meal a social occasion. The amounts people ate and drank were recorded and monitored to assist staff in managing people's health and wellbeing. Staff kept a record of people's weights to monitor their health and understood when they needed to contact the persons GP with concerns. We saw that people had who were at risk on admission to the service had gained weight which reduced the risk of malnutrition and the associated health issues. It was not clear at this inspection how the provider would accommodate seventeen people in the dining room due to its size. Therefore, we could not assess if the provider could sustain the current levels of service people received if the numbers of people living in the service increased.

Good

Is the service caring?

Our findings

Positive relationships had developed between people who used the service and the staff. The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences and interests.

We observed good communication between staff and people living at Cherry Acre, and found staff to be friendly and caring. People said, "Oh yes the staff are very caring. They are all very helpful. I have never heard anyone complaining," "All the staff are very nice. They will always help if I ask them. I try to do things myself while I can. They help me wash. When I get in the bath, I stand up first and they hold my hand while I get in. They always stay with me and chat," and "The staff are all caring. Very much so. If something happens and someone needs some help we go straight to a carer, they are all so helpful."

Staff chatted to people when they were supporting them. People told us that they liked having a laugh and joke with staff. The staff knew people's names, nicknames and preferred names. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed that staff were respectful and caring towards people. This showed that staff had developed positive relationships with people.

We observed staff providing care in a compassionate and friendly way. Staff spent time talking with people. People were able to personalise their rooms as they wished. People had choices in relation to their care. People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. People told us that staff were good at respecting their privacy and dignity. Staff we spoke with understood their responsibilities for preserving people's independence, privacy and dignity and could describe the steps they would take to do this.

It was clear from our observations and from what people told us that there was an open and transparent culture between people and staff. The manager delivered care to people as part of the care team. They had an in depth day-to-day knowledge of how people were, who their relatives were and how they liked care to be delivered. People were consistently asked about their views and experiences of using the service. This meant that people had a direct influence on their care and how it was delivered.

Inspected but not rated

Is the service responsive?

Our findings

People told us that staff listened to what they said and respected their views and that the care was focussed on what they wanted. People told us that in the afternoon when they played music in the lounge if someone asked for specific music by so and so the staff would find it and put it on for them. People said, "They (the staff) always listen to what you are saying and will soon arrange things for you. I had my hair set last week and they booked me into the chiropodist to have my nails cut," "Staff always listen, if I need help with putting on my socks they always do it straight away," and "I had flu a little while ago I felt awful. The staff gave me a lot of help to make me comfortable. The carer in charge came and checked on me and arranged for the doctor to visit."

People told us that staff responded quickly to meet their needs. One person said, "Staff now put my buzzer under my pillow as it used to slide off the bed when I moved about, staff are very good at responding, never had to wait. When I get up in the morning I buzz and they come and check if I need any help."

People's needs had been assessed and detailed care plans had been developed on an individual basis. Before people moved into the service, the manager or provider met with people and carried out an assessment of their needs. This confirmed that the service was suited to the person's needs, before they moved in. Assessments and care plans were well written and reflected people's choices. Everything was recorded from people's medical histories, their likes and dislikes to their life stories. Care planning happened as a priority when someone moved in, so that staff understood people's care needs. Staff told us that the care plans were good and provided them with the information they needed to deliver care.

After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. Care plans had been consistently reviewed with people or their relatives and any changes had been communicated to staff. We could see people's involvement in their care planning was fully recorded. Changes in people's care was recorded. We could also see that people's care plans had been updated if their medicines were change by their GP. The care people received could be monitored to ensure it met their needs. Staff records about the care delivered were up to date and recorded in people's care files.

The manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence Nurses and District Nurses. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

People had opportunities to take part in activities and mental stimulation. People told us they enjoyed reading and listening to music. There was a range of activities available for people if they wanted to participate. The activities included, in chair exercises, crafts, cross words, painting and colouring and dexterity exercises. A group of students had been doing an arts and crafts project with people and we saw this had included art work that depicted people's lives and likes. Some people had used these on their

bedroom doors to identify their rooms.

All people spoken with said they were happy to raise any concerns. One person said, "I would speak to a member of staff and I am sure they would sort it out if I was not happy." There was regular contact between people using the service and the management team. People experienced a service that enabled them to openly raise concerns or make suggestions about changes they would like to see. This increased their involvement in the running of the service. There was a policy about dealing with complaints that the staff and the manager followed. Information about how to make complaints was displayed in the service for people to see. There had been no formal complaints recorded so far in 2016.

Inspected but not rated

Is the service well-led?

Our findings

At our follow-up inspection on 8 December 2015, we identified two breaches of Regulation. Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to send us an action plan and a PIR after they had been requested. And, a continuing failure to comply with section 33 of the Health and Social Care Act 2008 by not complying with a condition of the providers registration. The provider had not appointed a registered manager.

At this inspection the existing manager had applied to CQC to register as the registered manager so that the provider would be compliant with the conditions of their registration. However, although the provider had told us that they sent the PIR to CQC, there was no record of this on the CQC system and the provider has not been able to present any formal evidence that this had been received by CQC or provide a copy of their submission. This meant that we could not be confident that the provider would be able to consistently meet their responsibilities and the demands of leading the service as the numbers of people using the service increased. Also, we were not confident that the provider would consistently improve the service provided to people through their own quality assurance processes. We found that improvements had only been made once they had been identified by the commission during the inspections.

Audits within the service were regular, but the provider did not respond to these appropriately. We noted that the cleaning schedules were not being kept up to date. The manager told us that the cleaner this had happened since the cleaner had left and not been replaced. The manager carried out health and safety check walk rounds in the service and these were recorded. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations. However, the manager had repeatedly asked the provider for maintenance work to be carried out to the flooring in some areas of the service, but the provider had not dealt with these issues. Areas of environmental maintenance that were not promptly dealt with could develop into risk hazards for people using the service. The manager had done their best to highlight issues to the provider. However, the provider had not taken the actions needed to support the manager to drive up and maintain quality in the service. This meant the premises, on-going safety checks, policies and staff training had the potential to become a risk to the health and wellbeing of people who used the service.

Other environmental matters were monitored to protect people's health and wellbeing. These included legionella test and water temperatures checks, ensuring that people were protected from water borne illnesses. Firefighting equipment and systems were tested. However, information received from the local authority health and safety and contracts team and infection control lead for the clinical commissioning group highlighted that flushing of unused taps in empty bedroom had not been happening. They had provided advise and action points to the provider and manager. Also, they found instances where specialist contractors had made recommendation to improve safety in the service, but these had not been acted on by the provider. This was further evidence that the provider lacked the skills to respond effectively to concerns raised by others in a timely way.

At this inspection we found the provider has not been able to demonstrate they can fully meet the regulations since our inspection in December 2014 and they have not consistently taken steps to improve the quality of the service through their own internal systems. Before this inspection, the provider sent us evidence that they had remedied the issues we had raised at our 8 December 2015 inspection to ensure people were safe. For example, a legionella water test certificate and fire system test certificate had been sent to us. However not all of the information requested was sent, for example an up to date gas test certificate. This meant that the provider continued to be reactive rather than proactive in their approach to running the service and could not demonstrate they could implement their own systems to ensure they could consistently meet the regulations and legislation applying to their care service.

The examples above showed that the provider, at all times, was not monitoring and operating effective systems and processes to assess and drive improvement. This was a breach of Regulation 17 (1) (2) (b) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and provider were well known by people in the service. The manager and care staff were passionate about delivering person centred care to people. We observed the manager and staff being greeted with smiles and they knew the names of people or their relatives when they spoke to them. The manager had continued their skills development by undertaking a qualification at management level. This was part of the managers development into applying to register as the manager with CQC.

One person told us, "The manager is very good and I like the owner he always comes and has a chat." Other people said, "It is well managed. It is a job I couldn't do, they do it very well. The girls work very hard."

Staff had a clear understanding of what they could provide to people in the way of care and meeting their needs. Staff told us how their behaviours and attitude were discussed with their manager to ensure they delivered the required care. The manager understood the limitations they currently faced within the staff team around the numbers of people they could support and that they could not accommodate people with more complex behaviours and needs. This was an important consideration and demonstrated people who already used the service were respected by the manager. The manager was also aware of the staff limitations in relation to staffing numbers should the number of people in the service increase.

The manager and staff were committed to providing a good level of service to the seven people they currently supported. Staff told us they enjoyed their jobs. Staff spoke about the importance of the support they got from the manager. The manager made every effort to ensure that staff received training and supervision so that they understood their roles and could gain more skills. However, the provider had not supported this by providing the resources the manager needed to plan training updates in advance. For example, we saw from the manager's quality audits that they had repeatedly asked for the training funds to be topped up so that staff could access training, but the money was not provided. They had first requested this on 12 May 2016. The manager told us that some staff were paying for their own training. This situation had the potential to get worse if the provider increased the numbers of staff as we could not be sure any new staff would receive the induction training they needed from the provider.

There were a range of policies and procedures governing how the service needed to be run. These were under review at the time of the inspection as the provider was intending to change the company name. Some policies required further work to make them service specific.

The manager was proactive in keeping people safe. They understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

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 15 HSCA RA Regulations 2014 Premises and equipment The premises were not routinely maintained to ensure it was safe. This was a breach of Regulation 15 (1) (e) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The was not monitoring and operating effective systems and processes to assess and drive improvement. This was a breach of Regulation 17 (1) (2) (f) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.