

Pinner Court (Harborne) Limited

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Inspection report

313 High Street
Harborne
Birmingham
West Midlands
B17 9QL

Tel: 01214264554

Website: www.retirementsecurity.co.uk

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 03 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service [care at home] and we needed to ensure that there would be someone available to give access to care records for review had we required them.

Pinner Court are registered to provide personal care. They provide domiciliary care to people who live in their own homes within a retirement complex (The providers housing scheme). There were 11 people using this service at the time of our inspection.

At our last inspection in July 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not benefitting from a service that was well led, or operating effective governance systems. This was because quality audit systems in place were not effective at identifying and managing risk or driving up improvements. There were no effective systems in place to analyse trends when accidents had been reported to prevent the likelihood of further occurrences for people. Some care plans lacked detail of risk assessments that would potentially minimise the potential of harm to people. There were no effective systems in place to ensure recruitment processes were safe. There was a lack of systems in place to check that staff competency had been assessed to provide some assurance that people were safely supported. There were no effective systems in place to ensure staff were supported, received regular training or their performance appraised to ensure that they provided a consistent service that met people's needs. Some care records did not contain current information in relation to people's individual needs. The registered manager was not aware of changes to regulations and some key developments and requirements in the care sector. The failure to keep their knowledge current, meant that there was a risk that people would not be provided with support and care that complied with the regulations. In addition, whilst people's views had been sought, the information gained had not been captured for analysis or used to support with the continual drive of improvement. Following the inspection the registered provider submitted an action plan detailing how they would improve to ensure they met the needs of the people they were supporting and the legal requirements.

We undertook this announced inspection on 03 August 2017 to check that the registered provider had followed their own plans to meet the breach of regulation and legal requirements. Although the registered provider had addressed some of the concerns that we had identified at our last inspection, the systems and records in place to ensure the quality and safety of the service were still not effective and this inspection identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance and was not meeting the standards required by law in an additional regulation.

A newly recruited registered manager had been in post since May 2017. They were present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated

regulations about how the service is run.

Recruitment processes were not robust and failed to provide assurance that people were supported by staff who were suitable and adequately skilled to meet their needs. We saw evidence that some staff had started providing care to people before suitable checks had been completed. People were not always protected from the risk of unsafe practice because risks associated with their health conditions had not consistently been assessed and staff did not have sufficient guidance on how to support people safely. The management of medicines was not robust and we could not consistently determine from some records that people received their medicines as prescribed. People felt safe when receiving support from staff. There were a suitable amount of staff available to meet people's needs in a timely manner.

Staff told us that they had the appropriate knowledge and skills to meet the needs of the people they were supporting. However records identified that not all staff had completed training in key areas and staff had not been observed to ensure that their learning had been put into practice. People told us that staff asked their consent before providing care and support. Staff we spoke with had a good understanding of the Mental Capacity Act (2005) and what it meant for the people who used the service. People were supported, when necessary, to eat and access food that they enjoyed. Staff worked with other professionals to ensure that people received the health care that they needed.

People told us that they were treated kindly and had developed positive and caring relationships with the staff who supported them. People were involved in making decisions in all aspects of their lives. People described how they were supported with dignity and respect. Staff described examples of how they promoted independence and maintained confidentiality when supporting people.

People were supported by a consistent and responsive staff team who had a good understanding of people's needs and individual preferences. People's care plans demonstrated that they were supported to have maximum choice and control of their lives. People were involved in developing and reviewing their care plans and support needs. People could be assured that appropriate action would be taken if they raised concerns or complained.

The registered provider had not implemented an effective system to monitor the quality of the service, although they had agreed they would do so after our previous inspection. They had not taken all reasonable measures to ensure records minimised risks to people's health and wellbeing. People, relatives and staff consistently told us that the appointment of the newly recruited registered manager had resulted in a positive impact on their experiences at Pinner Court.

We identified that there was a continued breach and one new breach 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?

Requires Improvement ●

The service was not always safe.

Recruitment systems were not robust and would not prevent the employment of unsuitable staff which placed people at the risk of harm.

The management of medicines was not consistently robust.

Risks for people in regard of their health and support needs had not been consistently assessed.

Staff understood their responsibilities to report any suspicions of abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not received all the training they required to meet the needs of the people they were supporting. Some staff had not received an induction when they started to work for the service.

Staff providing care and support were clear about how to support people in line with their rights.

People were supported to eat and drink when necessary. People were supported to maintain their health and were referred to healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People who used the service described staff as kind and attentive.

Staff supported people to express their own wishes to how they wanted their care and support provided.

People's dignity, privacy and independence was promoted and maintained.

Is the service responsive?

Good ●

The service was responsive.

People were receiving care that met their individual wishes.

People were encouraged to take part in the planning and reviewing of their care and support needs.

People felt able to raise concerns and complaints. They were confident these would be heard and action taken.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered provider had not ensured an effective quality monitoring system was implemented.

An action plan developed by the registered provider had not been effective in addressing the on-going breaches of regulations and driving forward improvements.

People told us that the management and leadership of the service had significantly improved since the appointment of the new registered manager.

The registered manager had begun to mitigate risks within the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 03 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service [care at home] and we needed to ensure that there would be someone available to give access to care records for review had we required them. The inspection team consisted of one inspector and an expert by experience who spoke to people who used the service and relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of our visit we asked the provider to complete a Provider Information Return (PIR). This is a form on which the provider gives some key information about the service, what the service does well and improvements they plan to make. This was received within the necessary timescale. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our visit we spoke with four people who used the service. As part of our inspection we also spoke on the telephone with two people who used the service and three relatives. We spoke with the newly recruited registered manager, the service manager, one duty manager and four members of staff. We looked at records including four people's care plans and medication administration records to see if people were

receiving their care as planned. We sampled two staff files and the way the provider had applied their recruitment process. We sampled records maintained by the service about training and quality assurance to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

At our last inspection in July 2016 we rated the registered provider as 'Requires improvement' in this domain. This was because risks to people's well-being were not safely managed. The recruitment process in place was not robust to ensure that people were supported by suitable staff. Systems were not in place to monitor and ensure the safe management of medicines. At this inspection in August 2017, we found whilst some improvements had been made, the registered provider had not ensured that recruitment practices were safe and was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in August 2017, we found the required improvements had not been made and they were now not reaching the standards required by law. One of the two newly recruited staff files we looked at did not have a (DBS) available. This was received following our inspection. The Disclosure and Barring Service (DBS) is a national agency that keeps records of criminal convictions. One of the two staff files we looked at did not have a completed or signed application form to confirm there were no gaps in their employment history. Both of the staff files we looked at did not contain references to ensure the staff recruited were suitable for their roles. Further evidence we received following our inspection identified that an additional seven members of staff had started working unsupervised and without the appropriate risk assessments in place before the results of checks on their suitability for the role had been completed. Staff we spoke with confirmed that they had provided contacts for references prior to them starting. We found that not all references had been obtained. The registered provider stated in the provider information return (PIR) 'New staff are recruited using safe recruitment practices, and will complete an enhanced DBS [Disclosure and Barring check] and will have a comprehensive induction.' We found that the registered provider had not minimised risks to people's safety through their recruitment process. Whilst the records of recruitment showed that some checks had been made on staff before they were offered a position within the service, the registered provider was not able to demonstrate they consistently followed safe recruitment procedures. The service manager advised us that they were carrying out an urgent and responsive review to our concerns raised and staff without the appropriate checks would cease work immediately.

The registered provider had not ensured recruitment practices were safe. This showed that people were being placed at risk as checking processes to establish that prospective staff were suitable and safe to provide support and care for them had not been undertaken. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the provider managed medicines. Those people who required support to take their medicines said they were happy with how staff assisted them. One person told us, "They [the staff] help me with my tablets. They give me a drink so I can swallow them and then it's written up in my notes. I always get them on time." One relative told us, "Mum has help with her tablets four times a day. As far as I'm aware, she always has them on time and they write in the records to confirm she's taken them afterwards."

During our inspection in July 2016 we found improvements were required in the registered provider's management of medicines. During this inspection in August 2017, we found the required improvements had

not all been made and further improvements were needed. There was guidance and information for staff in people's care plans about their medicines, however this was not always clear. Information did not always state when people's prescribed topical creams should be applied. One person's care records stated that staff were to, "Apply cream as directed," but it did not specify what cream, where it was to be applied and when. Some people were prescribed medicines 'only when required'. There were no protocols in place and care plans did not give any direction to provide staff with enough information to know when the medicine was to be given. Whilst staff we spoke with knew when to administer medicines there was a risk that when agency staff were working people might not always be given their medicine consistently, and at the times they needed them.

We saw that there were some staff signature gaps in administration records and no reason why the staff signature was missing. This highlighted that the Medicines Administration Records (MAR), in use did not confirm that people were being given/or prompted to take their medicine as it had been prescribed. It was unclear if people had received their prescribed medicines because the codes recorded were inconsistent. We found the provider had not established strategies for those people who were refusing their medicines. For example, on one person's care plan we saw that they had refused their prescribed cream for 22 days and their doctor had not been consulted about the risks posed to this person. Although there was no evidence that anyone had been harmed by these errors and procedural lapses we saw improvements were still required in the system to ensure people got their medicines as prescribed. Staff we spoke with confirmed they had received medication administration training but had not received observations of their practices by senior staff. The management of medicines had not been audited; therefore the shortfalls we found had not been identified. Discussions with the registered manager confirmed there were plans in place to commence audits and undertake observations of staff to ensure that they were safe to administer medicines.

At our inspection in July 2016 we found improvements were required in the registered provider's assessments of risks to people. At the inspection in August 2017, we found some improvements had been made but further improvements were needed. People were supported by staff that had a good understanding of their risks and how to manage them. Staff could describe people's individual risks and the actions they would take to keep people safe. However, people's care plans were not always updated accurately to reflect people's changing needs. For example, one person's care plan said they were underweight and required a food supplement but there was no evidence of this in the person's risk assessment. On another person's care plan we saw they were prescribed topical creams that are considered a 'flammable hazard', there was no evidence of this in the person's risk assessment. Care records contained details of people's specific health conditions. They did not however contain detailed assessments of the risks associated with each person's condition and how staff were to protect them from harm. The registered manager told us they had already identified that care plans and risk assessments were not sufficiently detailed or accurately updated with new information and they were in the progress of updating them within the next three months.

People we spoke with told us that they felt safe with the staff that provided their care and support to them. One person told us, "I feel safe with the staff in my home." Relatives we spoke with all told us that in their opinion people using this service were safe. One relative told us, "For myself and the family, knowing that there's someone here if mum needs help, gives us peace of mind and certainly helps me sleep easier at night, especially as we live some miles away from her."

One person we spoke with told us, "I'd speak to [name of manager] if I had any concerns." All the staff we spoke with demonstrated how they would safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. The registered manager told us that they were currently supporting the senior team to enhance their knowledge and understanding of the safeguarding procedure.

Discussions with the registered manager identified that they were aware of local procedures for reporting concerns to the local authority and current good practice.

Staff we spoke with were aware of the action to take in the event of an accident or incident and knew what emergency procedures to follow in a variety of potential situations. Records showed the registered provider had engaged the services of an external professional in assessing the risks of fire. The registered provider had agreed to a regular schedule for servicing fire-fighting equipment and for checking the fire safety measures they had installed within the complex. Staff told us that the on-call and emergency system was effective and the duty managers and registered manager were always available to support them with advice.

There were enough staff to support people safely. People told us that they received support from a consistent and reliable team of staff. One person said, "They [the staff] will stay as long as it takes to get everything done and they always ask me if I need anything else before they go." People told us that staff did not rush them when they supported them with personal care. A relative said, "Mum tells me that they never rush her and they always make sure that there isn't anything else she needs before they go." Staff we spoke with told us that in their view there were enough staff employed to meet the needs of the people who used the service. The service manager advised us that they regularly used agency staff however; this would be reduced as the registered manager had taken steps to recruit to recent staff vacancies.

Is the service effective?

Our findings

At our last inspection in July 2016, we rated the registered provider as 'Requires improvement' in this domain. This was because staff had not received sufficient and regular training to meet the health needs of some people. Staff told us that they did not feel supported in their roles. The induction programme provided to newly recruited staff did not follow national guidance. Staff had limited knowledge and understanding of the principles of the Mental Capacity Act and what it meant for the people who used the service. At this inspection in August 2017, we found whilst some improvements had been made, further improvements were needed.

At this inspection in August 2017 people and their relatives told us that they felt staff were skilled and knew how to care and support them. Comments from people included, "Staff have the right knowledge and training to support me" and "The carers help me wash and cream my legs and feet. I've never had any complaints about their skills." Staff told us they had recently received training that reflected people's needs and enabled them to support people safely and effectively. A member of staff said, "We have now started to have face to face training, [it is] much better." The registered provider had not spent time observing staff's practice from the point of view of people who used the service, or to identify gaps in staff's understanding and implementation of their training.

At our last inspection in July 2016 we found that the induction programme used was not in line with national guidelines. At this inspection in August 2017, staff we spoke with told us that when they started working for the service they observed experienced staff and got to know people, so they could understand their individual needs and abilities. A member of staff told us, "I shadowed other staff before I worked on my own." However records showed that two newly recruited staff had not completed an induction programme designed to meet the fundamental standards of care in accordance with the Care Certificate. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life. It was launched in April 2015 and providers regulated by the CQC are expected to ensure that the standards are covered in their induction of new staff. The service manager advised us that the registered provider was in the process of developing a new induction programme in line with the Care Certificate.

At our last inspection in July 2016 staff told us that they did not feel supported in their role. At this inspection in August 2017 we found significant improvements in staff's confidence and morale. Staff comments included, "[name of registered manager] is always there for us. She listens and gives advice" and "Now [name of registered manager] is here, I get regular supervision." Staff told us they felt supported because they had regular opportunities to discuss their practice throughout the day with the newly recruited registered manager and at team meetings. People who used the service and staff, described how communication had significantly improved since our previous inspection.

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. We checked whether the provider was working within the principles of the MCA. People shared with us examples of how they were supported in line with their preferred choices. One person told us, "If I don't feel like doing something, then I don't. Having said that, the carers have never tried to force me to do anything I wasn't happy about." One relative said, "Mum will usually have a shower sitting down in her wet room. However, she doesn't always feel like it. The carers are very good. They will try and encourage her, if at all possible, because it's good for her, but if she's insistent, then they won't force her either, which for me, is the right balance." Staff understood their responsibilities under the MCA. A member of staff told us, "Some people may need to support to help them express themselves." We found that the newly recruited registered manager understood their responsibilities in relation to the MCA and advised that mental capacity assessments would be carried out if necessary so that staff knew people's individual decision making strengths.

People can only be deprived of their liberty so that they can receive care and treatment when it is in their best interests and legally authorised under the MCA. At the time of our inspection the registered provider had not needed to make any applications to the court of protection but was able to describe the process they would follow should the need occur.

Most of the people who used the service did not need support from staff with their dietary needs. However those people who required support said they were happy with the assistance they received from staff. One person said, "Staff prepare a sandwich for me, it's always nice." One relative said, "Mum's carers will make her some breakfast in the mornings, usually cereal, at lunchtime, they'll collect her hot meal from downstairs [the complex] and at teatime, they'll make her a sandwich. She always has plenty of choice and the carers never mind making her whatever she fancies." Most of the staff we spoke with knew about people's individual dietary preferences.

People we spoke with had no concerns about their health needs. One person said, "The girls [the staff] will contact my district nurse if I need them to." Staff told us and records confirmed that they supported people to access other health providers when necessary. One member of staff told us, "I would let the duty manager know if someone was unwell and they would contact the person's doctor." A review of weekly reports showed staff regularly contacted health professionals when they felt a person required additional or specialist intervention. This ensured people were supported promptly to access the appropriate care for their needs. We saw that one person's care records identified a specific health condition. Staff we spoke with were not aware of the medical emergencies that could arise with the person's condition. We discussed our findings with the registered manager who agreed to update the care plan with specific guidance for the staff. This would ensure the person received the health care they needed in the event of a health emergency.

Is the service caring?

Our findings

At our last inspection in July 2016 we rated the registered provider as 'Good' in this domain. At this inspection in August 2017 we found it remained good.

People told us that the staff were kind, caring and helpful and this was confirmed by their relatives. Feedback from people included, "Staff are kind, lovely and respectful" and "Everyone is lovely here." Relatives supported this view and consistently spoke positively about the staff.

People were supported by regular staff who knew and understood their individual preferences, history and needs. People could be confident that staff knew them well and people enjoyed positive and trusting relationships with staff. One person told us, "I know the girls [the staff] and they know me, including my little likes and dislikes." Staff we spoke with described the people they supported with compassion and warmth. Some staff had worked with people for a significant period of time and demonstrated knowledge about people's wider circle of family and friends.

People told us that they were involved in making decisions about their care and support. One person told us, "I decided what times I would like the girls [staff] to come and help me to bed." Records we sampled confirmed that regular meetings were undertaken between people and staff to discuss their experiences of using the service.

Staff were aware of the diversity and culture of the people they supported. One member of staff told us, "We support people from different religions, we just respect this." We saw that information about people's culture and faith had been included in their care records.

People told us that they were treated with dignity and had their privacy respected by staff. Comments included, "My carer will always make sure the curtains are closed in the evening, even in summer so that I can get undressed without any worry that someone can see what I'm doing", "When a carer arrives, she will always knock on my door and call out her name so that I know who is there before I let her in" and "The carers are very good and mindful that this is my home." Staff we spoke with described ways in which they supported people with maintaining their dignity and had a good appreciation of people's human rights. A member of staff told us, "People have the rights to decide who they want in their home and the rights to refuse us." People could be confident that their rights to confidentiality was maintained. One person told us, "We just have a normal conversation. They never talk about their job or other residents [people who live in the complex]." Staff described ways in which they protected people's confidential information. We saw that confidential information was kept secure.

The provider encouraged people to remain as independent as possible, including when completing elements of personal care or accessing the local community. People told us that staff were respectful towards them and would encourage them to try to do as much for themselves as possible, but were there to support them when they needed help. One person said, "They will often just knock on my door to check if there is anything I need during the day. It's very kind of them because sometimes there are things that I need

a hand with during the day." We saw that staff and managers had a good rapport and actively engaged with people who visited the office to speak with us.

Is the service responsive?

Our findings

At our last inspection in July 2016 we rated the registered provider as 'Requires improvement' in this domain. At this inspection in August 2017 we found improvements had been made.

At our last inspection in July 2016 we found that care plans were focused on the task rather than the individual and lacked detail about people's likes and dislikes. At this inspection in August 2017 we found care plans we reviewed, were person-centred and contained information about people's personal preferences and daily routines. Care plans had been signed by people to indicate their approval of the plans. One person we spoke with told us, "I know what's in my care plan, it sits next to me." A relative told us, "Mum needed to start having care only in March. We met with the manager of the service and after we talked about mum's needs, she went away and drew up a care plan which is here in mum's folder. We decided what time the calls happen as we needed to ensure that there was adequate time between calls, so that her tablets are spread out evenly." Staff we spoke with had a good knowledge and understanding of people's needs. However, some of the care plans did not always reflect recent changes to people's needs and did not reflect people's specific health conditions. Whilst staff were aware of people's current needs the registered manager acknowledged they needed to update some of their care records to reflect people's changing needs and health conditions.

People were supported by a consistent staff team who had a good understanding of their needs and preferences. People's preferences for care and had accommodated people's requests for male or female staff where possible were respected. People and their relatives told us that staff were responsive to their needs. One person told us, "I had a review last week and my calls were increased as I need some extra support. Done immediately, I'm really pleased." One relative told us, "I know if mum runs out of milk, bread or other essentials, then I don't have to unduly panic because the carers will always sort her out until I can next visit her. I never have to ask them either, they will just do it." Another relative said, "I have to say that because the service only has a small number of carers, they have all got to know mum very well. They notice every little change in her because they see her every day. We couldn't be happier."

When it was part of people's care plans, people had been supported to undertake activities that were of interest to them. Although the provider was not responsible for ensuring that people had activities, some people received support from staff to engage in their chosen hobbies and interests or to access the community to prevent social isolation. People told us that they were supported to access their local communities. Staff we spoke with recognised the importance of involving people's families and friends in the service and knew people's relatives and friends by name.

People were provided with information about the compliments and complaints procedure, in a written format. People who used the service and their relatives told us they felt comfortable to complain if something was not right and were confident that their concerns would be addressed. One person told us, "I'm certain if we had any concerns, they'd be sorted out for us." One relative told us, "I have every confidence, knowing the new manager, that she would take any concerns seriously." Records we looked at showed that the service had not received any complaints this year. Discussions with the registered manager

identified that they would use feedback from any complaints received to improve the service people received and to prevent negative experiences for people reoccurring.

Is the service well-led?

Our findings

At our last inspection in July 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to establish and operate effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service. Following the inspection the registered provider submitted an action plan detailing how they would improve to ensure they met the needs of the people they were supporting and the legal requirements.

At this inspection in August 2017 we found that the action taken by the registered provider had been insufficient to meet this breach of regulation, and to ensure that people received consistent, and safe care. The action undertaken had not been effective at identifying issues and had failed to drive the improvements required. The registered provider had not made the improvements in monitoring the quality of the service that they had agreed were needed at our previous inspection. The quality improvement systems had failed to ensure that the registered provider had fulfilled all their responses to the commission and some concerns identified at our last inspection had not been addressed. The registered provider was unable to demonstrate they had taken effective action to improve their recruitment procedures'. The monitoring systems had failed to identify that some care plans still lacked detailed information about how staff were to protect people from the specific risks associated with their health conditions and some records did not contain current information in relation to people's individual and changing needs. There was a lack of systems in place to check that staff competency had been assessed to provide some assurance that people were safely supported. Whilst the registered provider kept records of when staff had completed training they had not kept an oversight of when they were due for updates in training. Consequently some staff had not received updated training they required to ensure they had the knowledge and skills to support people. For example, we found gaps in moving and handling training, fire safety, and first aid training. While we did not find evidence that this had impacted on people's safety or satisfaction, ensuring that all staff are fully trained and maintaining an accurate record of training would ensure that the needs of people are met consistently by staff who have the right knowledge and skills. In addition, whilst people's views had been sought, the information gained had not been captured for analysis or used to support with the continual drive of improvement.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. We found the registered provider had not met their legal obligations around submitting notifications to CQC. We found one serious injury that had occurred in May 2017. Whilst the service had taken appropriate action they had not reported the accident to CQC as required by the law. The registered manager gave us assurance that they were aware of the need to inform the commission promptly in the future.

Whilst we saw that accidents had been recorded, the registered provider had not analysed the information. They had not used the information to identify any patterns, causes or triggers and whether they were unique to the person or caused by the environment. The registered manager had not been given the information they needed to assess whether action was needed to reduce the risks of recurring accidents, incidents or falls. They had not kept a log of incidents and documented whether the action taken by staff on each occasion was appropriate and effective in supporting the person afterwards.

After our previous inspection we recommended that the registered provider supported the registered manager by developing formal monitoring processes to assess and improve the quality and safety of the service. We found formal quality monitoring systems had not been implemented. The service had been without a registered manager for five months but the registered provider had not taken reasonable measures to ensure systems and records required for the effective running of the service were in place. We were however, given assurance by the registered manager of their plans in place to mitigate risks and ways in which they intended to move the service forward in order to meet regulations.

Failing to establish and operate systems and processes to assess, monitor and improve the quality of the service provided is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 17 Regulations 2014. This is an on-going breach of this regulation.

People told us that the management and leadership of the service had significantly changed and improved since the appointment of the new registered manager. People told us that the ethos of the service had changed and the approachability of the registered manager had improved. Comments included, "[name of registered manager] is lovely...a breath of fresh air", "[name of registered manager] is marvellous." and, "[name of registered manager] is just what we need...someone jolly and efficient." Relatives supported people's views. One relative told us, "For me, its peace of mind knowing that mum has someone there if anything happens to her. I'd definitely recommend them." Another relative said, "[name of registered manager] has only been here a few months, but I see her every day when I visit mum and she will often just stop me to have a word about mum."

People and relatives had been invited to share their views of the service formally through meetings or questionnaires. Some of the people who used the service were active members of Pinner Court's committee board. We saw minutes of meetings where people had contributed to the running of the service. One person said, "I see [name of registered manager] when I go down to the lounge or dining room every day. She is very nice and friendly and will often just sit and have a chat with us, which is nice." Some of the people and relatives we spoke with confirmed that they had completed questionnaires. One person who used the service told us, "I complete surveys, I'm very happy with the service I get." Another person said, "They do ask me my opinions...in my review meeting and I've completed questionnaires". However, we noted that feedback had not been analysed or used to drive improvement within the service. For example, some people had said that they did not always know which staff were due to support them and some people said they would like more consistent times.

There was a clear leadership structure which staff understood. Staff shared the registered manager's enthusiasm for making improvements and felt encouraged by their honesty and vision. The registered manager had spent time working with staff in supporting people and they had organised team meetings and supervision sessions. Staff told us this gave them an opportunity to get to know the newly recruited registered manager, to understand what needed to improve, how improvements would be made and the support available for them. Staff told us that improvements had been made and comments we received included, "We are better supported" , "Morale has peaked " , "People are put first " and "Much better atmosphere and team working." Staff we spoke with described how they felt confident to raise issues or offer suggestions about how the service was provided and were confident that they would now be addressed.

The registered manager described ways in which they were keeping themselves up to date with changes to regulations and understood their responsibilities and what was expected of them. For example, they had added the rating and a link to the latest inspection report to their website and continued to display the latest CQC rating in the entrance of the complex as required by the law.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a)</p> <p>The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have effective recruitment procedures in place. People who use services and others were not protected against the risks associated with unsuitable staff being employed. Regulation 19 (1)(a) 19(2)</p>