Care Direct UK Limited

David House

Inspection report

36 Sandy Lane South
Wallington
Surrey
SM6 9QZ

Tel: 02086477981

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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 inspection took place on 25 and 26 April 2018 and was unannounced.

The last comprehensive inspection was on 4 April 2017 when breaches of legal requirements were found in regards to safe care and treatment, staffing and good governance. After the inspection the provider wrote to us to say what they would do to meet the legal requirements. We undertook a focused inspection on 1 August 2017 and found the provider had met the breaches in regulations in regards to safe care and staffing. However, they remained in breach of the regulations under well led. After the inspection the provider wrote to us to say what they were going to do to meet the legal requirements, they told us these would be met by 21 August 2017.

During this inspection we found breaches in safe care and treatment, person centred care, staffing and a continued breach in good governance.You can see the action we asked the provider to take on the back of our full-length report.

David House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

David House provides accommodation and support for up to eight adults with learning disabilities, some of whom also have mental health needs and/or are living with dementia. At the time of our inspection four people were using the service.

We met with the manager at this inspection who had made an application to become a registered manager with the CQC. 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.

People were not always protected from the risk of harm due to environmental concerns. One communal window was not restricted meaning people could fall from height. We found a fire door was not linked to an alarm system to alert staff if people left the service. A light was not working in one corridor meaning people could not see where they were walking. Some important checks to ensure people's safety had not been completed, this included checks for hot water, fire safety and checks to reduce the risk of Legionnaires' disease.

Not all risk had been identified for people and some risk assessments had not been reviewed. This meant staff did not always have the guidance they needed to support people and manage their risk according to their individual needs.

There were enough staff to keep people safe during our inspection. However, we found past examples where there had been insufficient cover to keep people safe and staff had worked excessive hours putting people at risk of unsafe care.

Staff had received supervision but the providers mandatory training requirements had not been completed so there was a risk staff may not have the knowledge and skills to meet people's needs. Some recruitment procedures were poor regarding criminal checks so the provider could not be sure staff met the criteria to keep people safe.

The service was poor at identifying and managing risk relating to infection control because monitoring systems were insufficient and out of date.

Medicine audits were carried out by the manager but not everyone had a medicine profile in place with a photograph so staff could be sure they were giving medicine to the right person. Records were not always clear if medicine should be given 'as required' or as a prescribed medicine.

People had limited opportunities to access the community and in-house activities were limited. The service did not always support people to take part in social activities relevant to their individual interests and hobbies. People were not always involved in the development of their care plan and how they wanted to be supported.

When people's health needs changed these were not always recorded in their records .When healthcare professionals gave advice this was not always recorded. This meant there was a risk that people's healthcare needs would not be identified or acted on.

The provider had failed to ensure care records and risk assessments were up to date and accurate. Systems were not in place to identify health and safety issues that could put people who used the service and staff at risk. There were no robust systems to check the quality of the service

Some care records focused on people and gave a good picture of the individual including their physical, mental, emotional and social needs. However, other care records needed updating and some were incomplete.

Staff knew how to keep people safe at the service and felt confident raising concerns when they needed to. Systems and processes were in place to report and review accidents and incidents.

We observed kind and considerate interactions between staff and people using the service. Staff were friendly and polite when speaking with people. They were aware of people's communication methods and offered them choices throughout the day. Staff respected people's privacy and maintained their dignity.

People were supported to eat and drink enough. Staff knew people's preferences and individual dietary needs were followed to keep people safe.

Staff supported people in line with the Mental Capacity Act 2005 and in line with the authorisations approved through the deprivation of liberty safeguards.

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

Some aspects of the service were not safe. Some risks to people had not been identified. Some risk assessments had not been updated.

Some important information about people's medicine was not recorded.

At times there were not sufficient numbers of staff to safely support people, particularly at night and some staff worked excessive hours.

The environment was not secure and people were not protected from the risks of falling from height or scalding from hot water.

Staff followed procedures in regards to safeguarding people from harm.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Some people's needs were not assessed and how they wanted to be supported had not been identified.

Staff worked with healthcare professionals but information about appointments and action taken had not been recorded, were incomplete and out of date.

There was a risk that staff did not have the knowledge and skills to support people as they were not up to date with training requirements.

Staff supported people in line with the Mental Capacity Act 2005 and ensured their nutritional and health needs were met.

People were protected from the risks of poor nutrition and dehydration.

Is the service caring?

Good

The service was caring.

Staff were kind, attentive and knew people well including their preferred method of communication.

Staff respected people's right to be treated with dignity and right to privacy particularly when receiving care.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. There was a lack of activities delivered at the service and a lack of opportunities for some people to access the community.

People were not always involved in decisions about their care. Information about people's care and support needs did not always give staff guidance on how those needs were to be met.

Some information was available for people to raise concerns and complaints but these needed more detail. There were processes in place to ensure these were investigated but these were out of date.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. There was a lack of systems in place to check that people's needs were being met and that they were safe. Audits undertaken by the provider were not always comprehensive and sufficient action was not taken to mitigate all risks to people's safety.

People had not been asked about their views and experiences or how they would like the service to improve.

Staff felt supported by the new manager.

David House

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 checked 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 comprehensive inspection took place on 25 and 26 April 2018. The inspection was unannounced and carried out by one inspector. Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three staff including the deputy manager and the manager. We reviewed four people's care records and three staff records. We reviewed each person's medicines management arrangements. Most of the people at the service were able to communicate verbally however, for many this was limited. We spoke with two people but also undertook observations throughout the day to review the care provided to people and the interactions between staff and people using the service.

After the inspection we contacted representatives from the local authority to obtain their feedback,we spoke with an advocate who supported one person using the service and spoke to one person's relative. The manager also sent us additional information concerning staff training, meetings and quality checks.

Requires Improvement

Is the service safe?

Our findings

During our inspection in April 2017 we found a safe and secure environment was not always provided. Windows were not restricted meaning people were at risk of falling from height and external doors were not alarmed meaning people could leave the service without staff being aware. During our focused inspection in August 2017 we found the majority of windows had been replaced and restricted. One large stained glass window on the first floor landing did not have a restrictor in place. We were assured by the provider at the time that this was due to be replaced and they had commissioned for a new safe and secure window to be made to fit the space. We also saw the provider had fitted alarms to some but not all external doors, however, we were given assurance these had been purchased and were due to be installed the day after out inspection.

During this inspection we found the large stained glass window was still in place and this had not been restricted meaning people were still at risk from falling from height. After our inspection the manager sent us a photograph showing a restrictor had been fitted. We found the alarm on the first floor fire escape was not working so people could leave the building without staff being aware. One light on the first floor landing was not working, the manager did not know why. This meant people were at risk of trips and falls because it was dark and they could not see clearly. After the inspection the provider wrote to us to confirm door alarms were now in working order and the light was now working.

Some checks on the environment to review how safe it was for people to live at the service were out of date. For example, we found checks on hot water had last been completed in September 2017. The last recorded checks suggested temperatures exceeded the Health and Safety Executive guidelines of 44 degrees centigrade and had reached temperatures of 50 degrees centigrade. This meant people were at risk of scalding themselves from excessively hot water temperatures. We asked the manager to undertake hot water checks and ensure these were safe and after the inspection they sent this to us. Many rooms at the service were empty. The regular flushing of infrequently used water outlets is important because stagnant water supports legionella growth. Records indicated the last flush had been completed in November 2017 putting people at an increased risk of infection from legionella.

Although fire alarm tests were regularly completed the last emergency lighting test was completed in October 2016 and the last recorded fire drill was in August 2016. We saw evidence that an external inspection of fire extinguishers and the fire alarm system had been completed in July and September of 2017 but we could not find evidence of regular checks to fire doors or fire equipment. The last external audit on health and safety was completed in July 2016. We were concerned because we had no assurance that systems were in place to reduce environmental risks for people to help keep them safe.

We found the provider had not reviewed or updated three people's risk assessments and risks concerning some people's care had not been identified. For example, two people's risk assessments were dated May 2017 and were due to be reviewed in November 2017 yet, this had not been done. One person's risk assessments suggested they should be reviewed yearly, however, they had last been reviewed over a year ago, in January 2017. Another person did not have any risk assessments in place and the provider was

relying on old documents from the local authority and the previous care provider. We looked at this person's care records and found following a hospital admission they were found to be at risk of infection and required district nurse support. Although staff were able to explain the risk to us and gave some assurance of the district nurse involvement there were no risk assessments in place to guide staff and we could see no evidence of the district nurse's visits.

Staff told us what they would do when people were upset and their behaviour challenged the service. We saw some guidance in people's care records giving staff direction on what they should do but found some information was not up to date. We looked at records to see how the service monitored people's behaviour but the last recorded information was noted in November 2017 and daily notes indicated incidents had occurred for at least one person after this date. We were concerned because staff did not have the systems in place to monitor or record people's behaviour which meant the provider did not have the information they needed to understand and reduce the cases of behaviour that could put the person or others at risk of harm.

We saw staff cleaning the communal areas of the service and the areas we viewed were clean and free from malodours. Soap for hand washing was available in the communal bathrooms and toilets we looked at but there were no hand drying facilities in two of the toilets. We spoke to the manager about this. We looked at the infection control audit for the service and saw the last one had been completed in October 2017. Before this it appeared checks had been carried out monthly. There were actions from the last audit completed in 2017 but there was no evidence that these had been acted upon. We asked if there was a cleaning schedule in place. The manager did not know. From the six staff members employed by the service two had not received infection control training. When we arrived at the service we saw food in the fridge that had been opened and labelled as opened a month before, we asked the manager to remove this because of the risk to people as it was no longer be safe to eat. The manager told us the food hygiene rating had recently been reduced from four to one because staff had not received food hygiene training. They told us they had arranged for staff to receive food safety training. Records confirmed that three staff members had received their training in March 2018 however; one staff member had not received any training. Although the service appeared clean we were concerned because the service was not meeting the current national guidance and standards in infection control, not all staff had received training and there was no guidance in place to help them fully understand their responsibilities in this area. The service was poor at identifying and managing risk relating to infection control because monitoring systems were poor and out of date. After the inspection the provider wrote to us to confirm that all staff had now received food safety training.

We looked at the recruitment practices in place to keep people safe. Staff files contained application forms, interview questions and proof of their eligibility to work in the UK. However, we found criminal record checks in two staff files had not been checked at the time of their employment. For example, one staff member started work in August 2017 but there last criminal record check on file was dated December 2015. Another staff member started work in March 2017 but their criminal record check was last recorded as February 2016. After our inspection the manager confirmed more up to date checks had been completed. We asked for evidence to confirm this but to date this has not been received. We were concerned because without up to date information for criminal records checks the provider could not be sure staff were suitable to provide safe support for the people using the service.

We looked at people's medicines. Medicines were stored appropriately and securely. Staff talked us through the procedures for ordering, storing, administering and recording of medicines. We found no recording errors on any of the medicine administration record sheets we looked at. Two staff members had not received training in medicines management but we were shown a work book provided by the local pharmacy and the manager assured us new training would start the same week as our inspection. However,

we found when people were given "as required" or PRN medicine there was no guidance in place for staff to refer to. Without this information staff may offer PRN medicine inappropriately or fail to give this medicine when the person needs it. We discussed this with the manager who confirmed after the inspection that guidance had been put in place. One person did not have a medicine profile in their file. This provided important information such as a photograph so staff knew if they were giving medicine to the right person, together with a summary of their medicines and any known allergies. After the inspection the manager confirmed they had purchased a camera and had produced a medicine profile for the person concerned. When we looked at one person's care records we were concerned as there appeared to be conflicting information about one medicine. Some records indicated one medicine was prescribed while others indicated the same medicine should be given as required. We spoke to the manger about our findings because it wasn't clear from care records if medicine should be given as required or not. The manager told us they would find out and clarify the situation. Audits of records and stock control were carried out regularly by the manager to ensure people had received the medicine they needed when they needed them.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection there were sufficient numbers of staff on duty to keep people safe. Two staff worked during the day and one staff member plus a sleeping staff member covered the night shifts. The manager worked Monday to Friday from 9.30 to 1.30 and staff told us they were able to help when they need extra staff support. However, the manager had just returned from leave and when we looked at the duty rotas for this period we were concerned there had not been an adequate number of staff rostered to cover the shifts. For example, we identified one night where only one member of staff was recorded for a shift. We were told bank and agency staff were used to cover shifts but records indicated this had only happened on two occasions and it wasn't clear if they were working on their own or with others. We were also concerned because one member of staff was on the rota as working for 36 hours without a break or time to sleep putting people at risk of unsafe care. We asked the manager to confirm the situation with the provider because we were concerned for the safety of people at the service, as one person required two members of staff to support them when mobilising putting them at risk of unsafe care and others required staff support with personal care and accessing the community.

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

We observed people using the service. People appeared comfortable and relaxed, when we asked if people were ok, they smiled and nodded. Relatives we spoke with told us they felt their family members were safe living at the service. Staff knew what to do if safeguarding concerns were raised and systems were in place to protect people from abuse and help keep them safe. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. However, not all staff had received training in safeguarding and we asked the manager what plans were in place to provide this.They confirmed they had been working with a new training provider to supply all mandatory training moving forward. We saw information was available in the office for staff to report concerns to authority. However, we did not see any information in an accessible format that explained what people could do if they were feeling unhappy or did not feel safe.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Staff told us if they had concerns they would speak to their manager but if they felt they were not being listened to they would escalate their concerns to senior management in the organisation. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare

professionals and what action had been taken to avoid any future incidents. These were monitored to look for risk for example the manager gave one example where information had been used to identify a risk of falls for one person and the preventive measure put in place to help reduce further risk.

Requires Improvement

Is the service effective?

Our findings

People's care needs were not always assessed to achieve effective outcomes. Four people were using the service at the time of our inspection. One person had joined the service in 2017. Their care records showed an initial review had taken place but there was no evidence of an assessment being undertaken by the provider. There was an undated care and support plan from the local authority and a support plan dated 2016 from a previous care provider. However, there was no evidence of a current assessment of needs by the provider of David House. This meant staff did not have the information they needed to support and deliver care in line with current legislation. Needs and expected outcomes had not been identified by the service, reviews had not been undertaken and there was little evidence of contact with healthcare professionals so the person was at risk of receiving poor care.

Staff told us people were supported to access the healthcare services they required when they needed to. One person's relative told us they were always informed of appointments to the GP or hospital for their family member. There were processes in place to enable communication amongst care staff about any changes in people's needs. This included handover of information between shifts, which was recorded so it was available for all staff to read as well as a staff communication book. The staff communication book covered all areas of service delivery including any healthcare appointments people had as well as updates and messages from people's relatives so that this information was available for all staff.

However, when we looked at three people's care records there was no evidence of recent contact with healthcare professionals and health information within the care files was incomplete and unclear. For example, one person had recently had an appointment with healthcare professionals concerning their mental health but there was no information in the person's file about the appointment or what follow up action should be taken. Another person had been discharged from hospital with a clear care plan from the hospital with instructions going forward. However, there were no details in the person's records about the action that had been taken, the healthcare professionals contacted or guidance for staff. People were at risk because records had not been updated in line with people's healthcare needs and we could not see how the provider could make timely referrals to healthcare professionals or ensure positive outcome for people when their health records were incomplete or out of date.

The issues above relate to a of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff we spoke with told us they had received training to support them in their roles and felt confident that additional training would be provided if they asked for it. One staff member told us they had received training for manual handling with their previous employer and had been able to demonstrate their knowledge before supporting one person using a hoist. After our inspection the manager sent us an updated training matrix showing the mandatory training undertaken by staff. We saw gaps in the provider's mandatory training, for example, only one person had received first aid training, no one had received training in diabetes and pressure area care, only half the staff had received continence care training and two staff members had received training in person centred care. We asked the manager about the gaps in

training they told us they were currently looking at staff training needs and had assigned a new training provider to start working with them from May 2018.

Although the manager told us they are looking to improve staff training at the time of our inspection the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and recent records confirmed supervision had been undertaken. The manager explained they had started to do this when they joined the service in January 2018. Staff told us they felt well supported by the manager and the deputy manager.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted four staff had received training in MCA and although actual MCA assessments were not in people's care records the service had identified people's ability to make their own decisions in three of the care records we looked at. One person who lacked capacity had an advocate in place to support them to have their views and wishes heard.

One person had a DoLS authorisation in place and we saw the manager was keeping this under review. For example, they had recently completed a DoLS monitoring form as required as part of that authorisation.

People were supported to eat and drink enough. Although we did not see a menu displayed for people or a choice given, staff were knowledgeable about people's likes and dislikes. We spoke with the deputy manager who explained each week they would ask people what they wanted and they would buy meals accordingly. They told us one person was able to tell staff what they wanted but other people were shown a choice of food and could decide what they wanted. We saw one person had soft, pureed food because they were at risk of choking. We observed the food at lunch time looked appetising and was well presented. We observed staff offering people drinks and snacks and crisps throughout the day.

The design and layout of the premises provided people with flexibility in terms of how they wished to spend their time when at the service. On the first day of our inspection the provider and manager met with a contractor with a view to installing a stair lift to make the first floor more accessible for people. We saw a large living room and a separate dining room was available to people. People's bedrooms contained personal objects, pictures and photographs. The outside garden was small but had a seating area and some flower beds. We saw the garden was in need of work to make it safe and accessible for people. The manager told us they were planning to do essential maintenance on the shed to make it safe and assured us the garden would be tidy and ready for people to use in the near future.

Good

Is the service caring?

Our findings

People indicated by their comments and actions that they were happy living at David House. One person told us they were "OK" and another smiled and nodded when we asked how they were. One relative told us their family member liked living at the service and was always happy to return after an outing. They told us, "[My relative] is happy, they are always chatty…they would tell us if they weren't happy."

We observed staff interacting with people in a kind and friendly manner. They referred to everyone by name and from their conversations it was apparent the staff knew the people using the service, their preferences, likes and interests. Staff were aware of what was important to the person, for example, the television programs they liked or their favourite music on the radio. All of the people we observed appeared comfortable with staff. Staff used positive language when talking with or supporting people.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. Most people living at the service were able to verbally communicate although this was limited for some. Staff knew know to communicate with each person. For example, one person would show staff where they were in pain or use certain gestures if they needed staff assistance. Another person had a certain routine and liked to sit and read a newspaper and staff were aware of certain signals that may indicate the person had finished this activity and was ready to move to the next.

Staff talked about people with care and compassion. They explained that they wanted to provide care that met people's needs to improve their quality of life. One staff member told us, "I like knowing the clients, their wishes and preferences. It's fun and I love it. I love working with people." Another staff member told us, "The best thing is the residents; we try to encourage them to speak to us. There is no tension."

People were involved in making choices about their care and support. We saw people making choices about their day to day life, for example, during our inspection people moved freely around their home, choosing to spend time in their rooms or in the living rooms. Staff told us some people could tell them what they wanted to eat or drink but for others they would show them options so they were able to choose what they wanted. Staff told us people did not get involved in cooking but they would encourage people into the kitchen and try to involve them if possible. We saw that three people's care records contained some important information about them, their likes and dislikes, their routine and the important people in their life. Although these had not been reviewed or updated staff told us they were given time to read the information when they first started working there and the information helped them get to know people.

People's right to privacy and to be treated with dignity was respected. Staff knocked on people's doors before entering and were discrete when assisting people with their personal needs. People's bedrooms were personalised and contained items which reflected their age, culture and personal interests. Three care files contained information about people's religious beliefs and cultural background.

Requires Improvement

Is the service responsive?

Our findings

At our previous comprehensive inspection in April 2017 we had some concerns relating to the opportunities available for people to follow their interests and hobbies and access the community. We made recommendations that the provider should review the way they supported the social inclusion of people in the community according to national guidance. During this inspection we found there had been little improvement in this area. Whilst staff spent some time engaging with people, there were limited opportunities for social stimulation and participation in activities. Only one person left the service each day to attend a day centre. Others remained in the service. During the two days of our inspection we saw one person having their nails painted another person reading the newspaper and observed staff trying to engage people in board games and colouring but there was very little else for people to do other than watch television.

Staff told us a 'music man' came once every two weeks and once a month a professional came to give massages. We looked at people's activity charts, however, they did not reflect our observations. For example, on the first day of our inspection two people were timetabled as going "in the community" but they were both at the service all day. Staff told us one person had stopped wanting to go out but staff didn't know why. However, one staff member told us the person still enjoyed a car journey yet this was not recorded on their care records. Staff told us another person "loved to go out", but could only afford to go to a day centre once a week. Staff told us they would sometimes go for a walk with them at weekends which they really enjoyed. We looked at the daily notes for two people and noted over a period of 10 days one person, who liked to go into the community, went outside once. While another person spent 10 days watching TV and engaging in in-house activities, no description of these were given. We were concerned because the service did not always support people to take part in person centred or social activities relevant to their individual interests and hobbies. We spoke to the manager about our concerns and they told us they were looking at ways to increase people's involvement in the community.

People were not always involved in decision about their care and support and these were not always recorded so staff did not always have the information they needed to meet people needs. Three people had some person centred information in their care plans and two people had signed their records indicating they had helped carry out the assessment. These assessments were dated between January and May 2017. However, one person had very little information about how they would like to be supported at David House and documents in their file were either inaccurate or out of date. For example, an activity plan in their file did not correspond with the activities undertaken while they were at the service. We could not see how they had been included in the decisions made and important decisions about their health, personal care, emotional, social, cultural and religious needs had not been identified. We spoke to the manager about our concerns. The manager told us they thought the person had only started the service recently. However, on further investigation it appeared the person had been at the service for almost six months. The manager assured us they would be putting a new person centred care plan in place as soon as they were able.

The issues above relate to a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One relative told us they had not needed to make a complaint but knew their family member would speak up if they needed to. There was some information in the 'service user guide' about how people could make a complaint if they need to. However, this need to be updated with the new mangers details and there was no information telling people what the service would do once they had received the complaint. We looked at the complaints file and found the procedure and process in place was still relevant to the previous provider and still had the contact details of the registered manager in place at that time, pre March 2017. The manager confirmed there had been no complaints made in the last year. We spoke to the manager about the out of date policy and guidance, they explained they thought there was a new policy but this had not been put on file yet.

The manager had identified end of life care as an on-going area for improvement when completing David House's provider information return for the CQC. They told us they hoped to have an accredited structure in place in the next two years. We noted end of life care was part of the provider's mandatory training but no staff had received this at the time of our inspection. Although, the need for this support was not required at the time of this inspection these skills and knowledge would ensure that people would be given the comfort and dignity they deserved at the end of their lives when and if this need should arise. We will look at this again during our next inspection.

Requires Improvement

Is the service well-led?

Our findings

At our last fully comprehensive inspection in April 2017 we found the provider did not have sufficient systems in place to review the quality of the service and assess and mitigate the risks people may face. Audits were not undertaken to review all areas of service delivery and there were no systems in place to identify and review the concerns we had observed. During our focused inspection in August 2017 we found some new processes had been introduced but had either not started or were not consistently completed. This meant there continued to be a breach in the regulations. The provider sent us an action plan to tell us how they would meet the regulations and told us this would be completed by the end of August 2017.

At this inspection we found continued concerns relating to the governance of David House. Where audits had been in place we found these had stopped. For example, important environmental checks had last been completed between August and November 2017 this included checks on the call bell system, infection control audits, fire door closures, checks on water outlets for Legionnaires' disease and hot water checks. The manger showed us one environmental audit they were about to start however this had not been completed. These checks are important to ensure peoples safety at the service. Risk assessments were out of date and had not been reviewed. People's care records were out of date and in one example not completed. Important information about people's healthcare and behaviour had not been recorded since October and November 2017. This meant the provider did not have the information they needed to understand and reduce the risk related to people's health needs and the cases of behaviour that could put the person or others at risk of harm.

We found staff training had not been kept up to date and had not been monitored. Checks on staff recruitment were poor so the provider could not be sure staff were suitable to support people. There was no monitoring of staff duty rotas to ensure staff were working safely. We were concerned because the lack of effective monitoring could put people at risk of unsafe care.

All the issues above meant there was a continuing lack of systems in place to check that people's needs were being met. Records were inaccurate, out of date and there were no robust monitoring systems in place. We were shown two home audits, completed by the provider in August 2017 and January 2018. However, the provider had failed to identify the shortfalls at the service and had not identified the concerns we found during this inspection. For example, the audit during January 2018 showed the provider scoring themselves as 100% compliant with their audits which conflicted with our findings during this inspection.

The issues above relate to a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

At this inspection we met with the manager who had been appointed by the provider in January 2018. The manager was in the process of being registered with the CQC.

The manager told us of the changes they had made since being at the service and his plans going forward. This included on-going maintenance of the service and garden, installing a chair lift to make the first floor

more accessible for people, improving staff training and people's records. They explained they had been working closely with the local authority to help them improve. We later spoke to the local authority who confirmed they had been working with the new manager at the service. We also heard the manager had contacted the local pharmacy to organise additional training for staff and for an audit of people's medicines.

Staff told us they felt comfortable speaking with manager and felt they were supportive. Comments included , "[The manager] is very, very supportive" , "He is very approachable…staff meetings and supervision are very helpful…I am always learning" and "We are getting there…the old manager started to make updates and the new manager is very good… he is always supportive and available."

One staff meeting had taken place since the manager had started at the service. We saw the minutes of this meeting and saw agenda items included quality of life, meeting people's needs, residents meetings, health and safety and staffing issues including training. The manager told us they hoped to hold another staff meeting soon.

We did not see any evidence to verify that people or their relatives had been asked about their views and experiences and how information was used to help improve the service for them The manager told us a survey had been sent out to people using the service and other stakeholders however there were no results available at the time of our inspection. One person's relative told us they had not been asked for feedback from the service. We did not see evidence of any service user meetings or other ways of gathering feedback from people who had limited verbal communication, however,the manager assured us this would happen soon. We will look at this again when we next inspect the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not always carried out, collaboratively with the person, an assessment of needs and preferences for people. Regulation 9 (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not assessed the risks to the health and safety of service users. Risk assessments had not been reviewed and some risks had not been identified. They had not ensured premises were safe to use. Important information was missing from people's medicine records. Aspects of staff recruitment were not safe. Regulation 12 (1) (2) (a) (d) (g) (h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured effective systems were in place to assess, monitor and improve the quality of care and to assess, monitor and mitigate the risks to service users. Regulation 17 (1) (2) (a) (b) (c) (d).(e)(f)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured there were sufficient numbers of staff deployed to meet people's needs. They had not ensured staff were appropriately trained.

Regulation 18 (1) (2) (a).