

Curzon Professional Services Limited

Curzon Park Residential Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection was unannounced and was carried out on the 4 May 2017 by one adult social care inspector. At the last inspection in December 2016 we identified breaches of Regulations 10, 12, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made in some areas but not others. At this inspection we identified continued breaches of Regulations 12, 15 and 17.

Curzon Park is located in Chester and is registered to provide personal care and accommodation for up to 25 older people and people living with dementia. At the time of the inspection there were 15 people living within the service.

At the time of the inspection visit there had not been a registered manager in post since June 2016 and the current manager had not yet submitted their application to become registered 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.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that registered providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Whilst the safety and security of the premises had been improved in some areas, there remained some aspects of the service that required further improvement. An enforcement notice had been issued by the fire service which required the registered provider to make the required improvements by the 22 June 2017. At this inspection some actions remained outstanding and following the inspection visit we received information from the manager that it was unlikely that the requirements would be completed within the timescale required by the fire service. This placed people at ongoing risk of harm in the event of a fire.

Improvements had been made with regards to infection control in some areas, however not others. Parts of the kitchen needed cleaning and action had not been taken to address an infection control risk in the laundry room. One room which we identified at the last inspection had retained a strong malodour. This placed people at continued risk of infection.

At the last inspection we identified issues relating to the suitability of the premises. At this inspection we identified that improvements had been made in some areas but not others. People did not have the option of having a bath because the facilities were not adequate. This placed people at risk of a deterioration in their health.

At the last inspection we identified that quality monitoring processes were not in place which had led to a deterioration in the service being provided. At this inspection the manager had introduced audit systems to monitor the quality of the service. However, the registered provider did not have any systems in place to monitor the service being provided and surveys had still not been completed to ascertain the views of people using the service or their family members. This meant that the registered provider would remain unaware of any deterioration, and showed a lack of learning from previous issues.

The registered provider had failed to ensure there were sufficient funds available to buy food, which had resulted in the manager having to use their own money to do this. Following the inspection visit the manager told us a system had since been put in place to prevent this from occurring again. This showed poor co-ordination by the registered provider and a lack of care for the people using the service.

Adaptations had not been made to the environment to promote the wellbeing of people living with dementia, despite the service being a dementia specialist service. This meant that aspects of the service did not meet the needs of the service being provided. We have made a recommendation to the registered provider on seeking advice and guidance regarding adaptations to the environment for people living with dementia.

People's rights and liberties were being protected. People were being supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We identified that mental capacity assessments were not always being completed as required, however following the inspection the manager confirmed that this had been addressed.

At the last inspection we identified issues with the safe administration and storage of medication. At this inspection we found that people were receiving their medication as prescribed by staff who had been trained in the safe administration of medication. Staff competencies to carry out this role had also been reviewed. This helped ensure that people's health and wellbeing was maintained.

At the last inspection we identified issues around staff training. Staff had now received training in a majority of areas needed to carry out their role effectively, and were booked to complete training in first aid, which remained outstanding. Staff presented as knowledgeable around preventing pressure sores and weight-loss and were taking appropriate action to monitor and prevent any deterioration.

Care records had been improved since the previous inspection and were accurate, up-to-date and personalised. These included important information for staff around the support they should provide to people using the service.

Staff morale had improved since the last inspection and this was reflected in the more positive interactions with people using the service. It was apparent from these interactions that positive relations had been developed between people and staff, and that people felt at ease in the company of staff. Staff commented that they felt well supported by the manager, whereas previously there had been no management support in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

There were outstanding actions which had yet to be completed to ensure that people would be protected in the event of a fire.

Some parts of the environment needed improving to ensure people were protected from the risk of infection.

People were supported to take their medication as prescribed by staff who had completed training in the safe administration of medication.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Adequate facilities were not in place to ensure that all people could have a bath if they chose to.

Adaptations had not been made in line with best practice for people living with dementia, despite the service being registered to provide support to people in this area.

Improvements had been made with regards to staff training which helped ensure they had the skills and knowledge needed to carry out their role effectively.

Is the service caring?

Requires Improvement ●

The service was caring.

Whilst improvements had been made in this domain the rating remains at 'requires improvement'. To reach a rating of 'good' the registered provider must demonstrate improvements over a sustained period of time.

Positive relationships had been developed between people and staff.

Staff treated people with kindness, and acted to support people where they were at risk of, or had become distressed.

Is the service responsive?

The service was responsive.

Whilst improvements had been made in this domain the rating remains at 'requires improvement'. To reach a rating of 'good' the registered provider must demonstrate improvements over a sustained period of time.

Improvements had been made to the activities being provided and the manager was working to make further improvements through engaging with other services in the local area.

Care records contained accurate and up-to-date information around people's needs.

No complaints had been received by the registered provider since the last inspection, however the manager was aware of the process for handling complaints.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The service had been without a registered manager for a period of 11 months at the time of the inspection visit.

Improvements had been made around monitoring the quality of the service, however the registered provider did not have any systems in place to ensure this was being sustained.

The registered provider had not made all the improvements needed to meet the requirements following the last inspection in December 2016.

Inadequate ●

Curzon Park 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 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 inspection was unannounced and took place on the 04 May 2017. The inspection was completed by one adult social care inspector.

Prior to the inspection we contacted the local authority quality monitoring and safeguarding teams. They told us that improvements had been made in some areas, but also raised concerns in other areas. During the inspection we followed up on these concerns. We also looked at the most recent report completed by Healthwatch who visited the service in March 2017. This report identified improvements in some areas, but highlighted the need for improvement in other areas such as the suitability of the premises.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with four people using the service, and made observations on the interactions between people and staff. Following the inspection we received feedback from one person's family member. We spoke with four members of staff and the manager. We reviewed the care records for four people using the service. We also reviewed records relating to the day-to-day management of the service such as audit systems and improvement action plans. Throughout the inspection we made observations around the interior and exterior of the premises.

Is the service safe?

Our findings

All the people we spoke to confirmed that they felt safe living within the service. They presented as relaxed in the company of staff and there was a lot of laughter and discussion going on which showed they were at ease.

At the last inspection in December 2016 the fire service had raised concerns in relation to the safety of the environment and had identified that people would be at risk in the event of a fire. At the time of this inspection the fire service had raised additional concerns, and had given the registered provider until the 22 June 2017 to address these. The manager had completed a fire action plan which showed that whilst some of the issues had been addressed, other areas were awaiting sufficient funds to be released by the registered provider before they could be carried out. These included the removal of combustible material from the attic, repairs to remedy the poor state of electricals in the attic and repairs to fire doors throughout the premises. It had also been determined that the travel distance on the first floor to the nearest emergency escape route was above the maximum required distance. Because of this the registered provider had been required to complete a survey of the first floor, to determine ways of mitigating this risk. At the time of this inspection, this had not yet been completed. The manager confirmed that it was unlikely that the necessary actions would be taken within the required timeframe. This placed people at ongoing risk of harm in the event of a fire or emergency.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 because parts of the premises remained unsafe.

At the last inspection in December 2016 we identified a number of infection control risks. Action had been taken to minimise the risk of infection in some areas but not others. For example staff were observed to be using personal protective equipment (PPE) such as disposable gloves and aprons as required. The service was clean in a majority of areas and the flooring in some bedrooms had been replaced. However, one room which we had previously identified as having a strong malodour had retained this smell. It had been identified by the manager that the flooring in this room needed replacing, however this room had not been made a priority despite the occupant's complex continence needs. In addition the registered provider had not taken action to repair a large crack in the laundry room floor. This posed a risk of cross contamination between clean and dirty laundry.

Parts of the kitchen required more thorough cleaning, for example there were bits of food on the floor underneath kitchen shelves, and some of the shelves themselves needed cleaning. The top of the cooker had accumulated grease and dust, and down the side of the cooker also needed cleaning. A recent report by Healthwatch in March 2017 had also identified that the kitchen needed a deep clean, however this had not been done.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 because of a failure to fully address known infection control issues.

At the last inspection in December 2016 the registered provider had failed to carry out the actions required by the legionella risk assessment, to prevent the risk of harmful bacteria contaminating the water supply. At this inspection a new legionella risk assessment had been completed, and records showed that water temperatures were being monitored on a monthly basis. An analysis of the water had been completed in February 2017, which showed that the water system remained free of harmful bacteria.

Improvements had also been made around the checks being carried out on other parts of the environment. For example the fire alarms were being checked on a monthly basis and fire drills were being carried out. Emergency lighting, fire alarm systems and the nurse call bell system had been serviced to ensure they were in working order. Hoists and slings had been serviced in 2016 and were due to be re-serviced, which the manager was aware of. This ensured that these aspects of the environment remained safe.

At the last inspection in December 2016 we identified that risk assessments had not been completed appropriately. During this inspection we found that the required improvements had been made. For example, accurate and up-to-date risk assessments were in place for those people who were at risk of malnutrition and weight-loss. Weight-monitoring records showed that those people who were at risk had been putting weight on. In another example, where people were at risk of developing pressure ulcers, appropriate risk assessments were in place and any equipment was being monitored to ensure it was on the correct setting and working correctly. This helped to prevent a deterioration in people's health and wellbeing.

At the last inspection in December 2016 we found that there had been a high number of falls within the service. At this inspection we identified that the number of falls had reduced. Incident records were being maintained which showed the time and location of an incident and any injuries that had been sustained. These showed that appropriate action had been taken to monitor people's wellbeing after an incident, for example where they may have fallen and sustained a head injury. Records showed that where required support had been sought from relevant health professionals. During this inspection we observed staff to be attentive and supportive of people's needs which acted to minimise the risk of injuries occurring.

People received their medication as required by staff who had completed training in the safe handling of medication. The manager had completed competency checks on those staff who administered medication to ensure they were doing this safely. A recent visit by the local clinical commissioning group (CCG) had identified good practice in relation to the storage and handling of medication by staff. We observed one member of staff administer medication to people. Medication was dispensed directly into a plastic container to prevent cross-contamination and the member of staff waited with the person to ensure they had taken their tablets.

Medication audits had identified that staff did not always remember to sign medication administration records (MARs) after medication had been given. For instance the audit identified eight examples where this had not been done in February 2017, four examples in March 2017 and 10 examples in April 2017. The manager had reported these to the local authority in line with the local authority's safeguarding policy. The manager had also raised this issue with staff in team meetings. The manager informed us that following the increase in instances in April 2017, those staff responsible would be placed on refresher training.

Staff had completed training in safeguarding vulnerable adults and were aware of how the signs and indicators of abuse. Staff knew how to report their concerns to the local authority, and also told us that they would feel comfortable contacting the CQC with any issues. The manager was aware of the local authority's safeguarding procedure and was able to demonstrate that they were following this.

At the last inspection in December 2017 we identified issues relating to the safety of the registered provider's recruitment process. At this inspection there had been no new members of staff recruited into post. However the manager was going through the process of recruiting one new starter and demonstrated a good knowledge of good recruitment processes. The manager was able to inform us that they would carry out a check by the disclosure and barring service (DBS) to ensure that this person was not barred from working with vulnerable adults. The manager also told us they would be requesting two references, one of which would be from their previous employer.

At the last inspection in December 2017, the fire service had raised concerns about the number of staff in post during the night. In response to this we had placed a requirement on the registered provider to ensure there were sufficient numbers of staff during the night to affect a safe and effective evacuation in the event of an emergency. At this inspection there were sufficient numbers of staff to keep people safe, and the registered provider was meeting the requirements around staffing levels. Rotas showed there were consistent numbers of staff in post.

Is the service effective?

Our findings

People were not always able to comment on how skilled they found staff to be, however we observed examples where staff demonstrated a skilled approach to supporting people. In one example staff observed one person becoming distressed and acted to reduce their anxiety by speaking calmly to them. In another example where a person was requiring a lot of their time, they respectfully redirected this person's attention whilst they finished their current task before going back to support them. One person's family member commented that they were "impressed" with the staff and told us that their relative was also clean and well presented when they visited.

At the last inspection we identified concerns around the design and adaptation of the premises. At this inspection we found that improvements had not been made in relation to this. People did not have the option of having a bath. There were two baths within the premises, one located in a staff toilet on the first floor, and another in the bathroom on the ground floor. The bath located on the first floor was not accessible for those people with mobility issues who could not use the stairs, or who required the use of a bath hoist. The bath on the ground floor had a layer of dust in the bottom which showed it had not been used. Staff and the manager told us that the flow of water into the bath was slow which meant that the water was cold by the time it was full. They also told us people were not offered the choice of having a bath, however people were supported to have a shower. This had potential to impact upon people's physical health, for example where they may experience episodes of incontinence.

Action had been taken to make some improvements to the environment, for example flooring in some parts of the service had been replaced, and both lounge areas were well lit and looked comfortable. However, there remained some wear and tear to some parts of the premises. One window was being held open using a cup, and in the office there was wall paper hanging off the walls. Some improvements were also needed to the laundry room floor. The manager told us that other, more urgent improvements had been prioritised and that these issues would be addressed.

This is a repeated breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the premises were not always suitable to meet the needs of the service being provided.

Adaptations to improve the wellbeing of those people living with dementia had not been made despite the registered provider promoting the service as a dementia specialist service. The placement of objects of interest, or the use of signage can be used to support those people living with dementia to orientate themselves to their environment. The use of colour schemes and bright lighting in corridors and bathrooms can also be used to help people to remain orientated and increase their sense of wellbeing. We raised this with the manager as an area for improvement.

We recommend that the registered provider seek advice and guidance from a reputable source around making adaptations to the environment for those people living with dementia.

At the last inspection in December 2016 we identified that staff did not always have an adequate knowledge of the support required by people who were at risk of developing pressure sores or people who were at risk of weight-loss. During this inspection we identified that the care and support provided to people in these areas had improved. We also identified that people were now being supported to access help from external health professionals where this was required. People care records showed that they had received input from their GP and dietician where required. This helped ensure people's physical health was being maintained.

At the last inspection in December 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not completed the training they needed to carry out their roles effectively. At this inspection we found that improvements had been made with regards to this. Staff had completed training in areas such as moving and handling, food hygiene, pressure care and managing behaviours that challenge. Training around first aid had not yet been completed, however the manager confirmed that staff were booked on to complete this training. Training had predominantly been provided through the use of training DVDs and e-learning to ensure staff had access to the information they needed. The manager had been in contact with the local authority about accessing classroom based training from professional trainers, to help embed staff learning.

At the time of the inspection there had been no new staff working in the home to enable us to assess the suitability of the induction process. However the manager was aware that new staff need to meet the requirements of the Care Certificate, and told us that these would be incorporated into the induction process for new staff. The Care Certificate is a nationally recognised set of standards that care staff are required to meet.

Since the manager had come into post, all staff had been given supervision in February 2017. Supervision enables the manager to raise and performance related issues, or examples of good practice. It also allows staff the opportunity to raise any training and development needs, or discuss any issues they may be experiencing. The manager had a plan in place to complete supervisions twice a year.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for those people who required a DoLS to be in place, and the manager demonstrated a good understanding of the DoLS process.

Mental capacity assessments had not always been completed as required. In one example we identified a person who was taking their medication covertly. Whilst this had been discussed and reviewed by the GP as required, a mental capacity assessment had not been completed in line with MCA guidance, and a formal best interests decision had not been made. Where decisions are being made in people's best interests a mental capacity assessment needs to be completed to show what steps have been taken in determining the person's inability to make the decision themselves, and what other, least restrictive options have been considered as an alternative. This process also needs to demonstrate that the relevant health professionals have been consulted as part of this process. We raised this with the manager who told us that mental capacity assessments would be completed as required in the future.

We recommend that the registered provider seek advice and guidance from a reputable source around ensuring that they comply with all requirements of the Mental Capacity Act 2005.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the Act. We observed examples where staff offered people choices and options, for example people were able to choose their preferred meal option at meal times, and staff offered a choice of drinks. People commented that staff asked them what clothes they would like to wear when supporting them to get dressed. We also observed a member of staff asking a person whether they would like to spend time in one of the communal areas, or their own room, giving them the opportunity to make up their own mind. This helped ensure that people's rights and liberties were protected.

People told us that they liked the food that was available. Their comments included, "Lunch was lovely" and "Yes the food here is not bad". At the time of the inspection there was plenty of food available for people, including tinned fruit, frozen food, bread and sandwich fillings. However, the manager confirmed that there had been three occasions where she had had to use her own money to ensure there was sufficient food in stock for meals. This was because the registered provider had not ensured there were sufficient funds available to pay for food. We have reported further on this under 'well led'. People all looked well fed, and weight monitoring charts did not highlight any concerns around people's weight.

Is the service caring?

Our findings

People commented that staff were kind and caring in their approach. Their comments included, "Staff are all really nice", "Staff are very kind, they don't rush you and they don't fuss. I like that" and "The manager is nice". A thank you card had been received by the service for the support they had provided to one person, which stated "Thank you for all the care you gave to [our relative]". Following the inspection one person's family member contacted us with positive feedback on the service. Their comments included praise for staff, stating they were "very impressed" with them.

At the last inspection in December 2016 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not always treated with dignity and respect. At this inspection whilst we found that improvements had been made, the findings included within other domains can impact upon the rating that is awarded.

There had been three occasions between the months of February and April 2017 where the registered provider had failed to ensure that sufficient funds were available for the purchasing of food for people living in the service. This had meant that the manager had to provide this money out of their own pocket. This showed a lack of caring and regard by the registered provider towards the wellbeing of people living at the service.

At the last inspection we found that people's confidentiality was not always protected, as personal information was not always being kept securely. At this inspection we identified improvements, however we found a handover book which contained personal information about people had been left in the window sill in the dining room. After we raised this, the manager ensured that this was kept locked away. Other records containing personal information were stored securely, which ensured people's confidentiality was maintained.

At the last inspection in December 2016 we found staff morale to be low which impacted upon the manner in which they interacted with people. At this inspection we noticed a significant improvement in the interactions between staff and people. For example, we saw one member of staff speaking in a kind and gentle manner to a person whilst they were being assisted in a hoist. The member of staff provided clear instruction so the person knew what to expect. This was a compassionate approach which demonstrated an example of staff working to prevent people from becoming distressed. In another example a member of staff spoke in a kind way when asking one person not to interrupt whilst they were providing support to another person. The member of staff told them that they would come to them "in a few minutes", which they did.

Throughout the inspection we observed examples of staff and people laughing and joking together. People interacted in a familiar manner with staff, and one person gave a member of staff a hug. People presented as relaxed and comfortable in the company of staff. We observed examples where staff had time to sit and chat with people. This demonstrated that positive relationships had been able to develop.

At the last inspection we found that care records were not always worded in a dignified or person-centred

way. At this inspection people's care records had been reviewed and where appropriate had been reworded. Staff acted to maintain people's dignity and respect. For example staff were discreet when asking people if they wanted to go to the toilet, and ensured that doors remained closed whilst supporting people with their personal care needs.

At the time of the inspection there was no one who required the support of an advocate, however information on how to access support from the local advocacy service was available. The manager demonstrated a good knowledge of when an advocate may be used. An advocate acts as an independent source of support for people where decisions are being made about their care. This helps to ensure that people's wishes and feelings are taken into consideration.

Is the service responsive?

Our findings

People told us that staff were helpful, and provided the support they needed. Their comments included, "Oh yes they're helpful", "They don't rush you when they help you" and "They give me the help I need". One person's family member commented that staff knew their relatives likes and dislikes and supported them accordingly.

At the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's care records were not accurate and up-to-date. At this inspection we found that sufficient action had been taken to address this.

People's care records were accurate, up-to-date and contained relevant information around people's needs and how staff should support them. Information relating to their physical and mental health was available. For example one person's care records outlined their continence needs, whilst another provided details of a recent medication review that had taken place to support with minimising behaviours that challenge. Where people were at risk of developing pressure sores, information around how staff should support with minimising this risk was available. Where some people exhibited behaviours that challenge, this was clearly documented within care records. However, behaviour plans were not always in place to look at ways of identifying the cause of the behaviours and how these could be minimised. We raised this with the manager who told us that these would be implemented. Care records had been reviewed on a regular basis which ensured the information was accurate and up-to-date.

Care records were personalised and contained information relating to people's likes, dislikes and preferred routines. For example one person had expressed a wish not to have checks completed through the night as it was impacting upon their sleep. A risk assessment had been completed around this, which was reviewed on a monthly basis. Another care record stated that a person's favourite foods were "A cup of tea" and "Porridge with sugar". Care records also included information around the ways in which people expressed their sexuality, for example through their dress sense. Information relating to people's life history had also been recorded. This helped staff get to know the people they are supporting, and helped facilitate the development of positive relationships.

Staff completed daily records relating to the care that had been provided to people. This provided a contemporaneous account of any issues that had been identified, or any important developments in people's care. Where people needed their diet and fluids monitoring, charts were in place to do this. In examples where people needed support with relieving pressure areas, charts were also in place which showed that staff had been doing this.

At the last inspection we found that there were not enough activities for people. At this inspection people gave mixed reviews about the activities available. One person commented, "Sometimes it's a bit boring here", whilst another told person told us, "Yes I'm kept entertained. I've made some good friends. It's not a bad place to be". One person's relative commented that they had observed people being given ice creams from an ice cream van on a particularly hot day. There was an activities co-ordinator in place who had

helped some people with building a paper mache model which was on display in the lounge. The manager told us that there was further work to be done with developing activities, and had organised for the activities co-ordinator to spend time a day at another local care service to get some ideas and learn from them.

At the last inspection in December 2016 we found that a robust complaints record was not being maintained, and that follow up action had not been taken where concerns had been raised. At this inspection there had been no complaints received, however the manager was aware of the registered provider's complaints policy, and what needed to be done to respond where concerns were raised.

Is the service well-led?

Our findings

The service did not have a registered manager in post. The previous registered manager had left in June 2016. Since this time there had been three additional managers in post within the service, including the current manager who had started at the service in January 2017. People and staff commented positively on the manager. Two people described her as "lovely" whilst staff told us that they felt fully supported by the manager. People's family members knew who the manager was, and related positive experiences of good communication between themselves and the service.

At the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not in place to monitor the quality of the service being provided. At this inspection we found that improvements had been made in some areas but not others.

At the last inspection the registered provider did not have any quality monitoring systems in place to ensure the quality of the service was being maintained. This had resulted in a deterioration in the service being provided to people. Following the inspection in December 2016 we spoke with the registered provider about the importance of them completing quality monitoring visits, or implementing a suitable alternative, to ensure that the service continued to meet the standards required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, whilst we found that the manager had implemented audit systems to monitor aspects of the service, the registered provider still did not have any oversight of the service being provided. This meant that the registered provider would be unaware of any deterioration in the service, and would therefore be unable to take the required action.

Whilst some improvements had been made within the service, the registered provider had failed to complete all the improvements required since the last inspection in December 2016. Action with regards to the fire enforcement notice issued by the fire service had still not been completed, and the manager confirmed it was unlikely that action would be taken within the required time scales. Action had also not been taken to ensure that people had the option of having a bath. Issues around the effective prevention of infection had not been adequately implemented in some areas. This placed people's wellbeing at risk.

At the last inspection we identified that the registered provider was not completing surveys to get the views of people using the service, their family members, staff or external professionals. At this inspection action had still not been taken to carry out any surveys. This meant that the registered provider would remain unaware of people's views on how improvements could be made to the service.

The registered provider had failed to ensure that there were sufficient funds available for the purchasing of food on three occasions between the months of February and April 2017. The manager informed us that they had been required to pay for food out of their own pocket to ensure that people were fed. This showed poor planning and a lack of care by the registered provider. Following the inspection the manager informed us that a system had been put into place to prevent this from occurring again in the future.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations because adequate systems were not in place to ensure the quality of the service was being maintained.

At the last inspection there were no audit systems in place to monitor the quality of the service being provided. Since the last inspection the new manager had implemented these. These looked at areas such as accidents and incidents, people's weights, care plans and medication. These audits had been able to identify areas that required improvements. For example the manager had identified where staff were neglecting to sign MARs after medication had been given, and was in the process of taking action to try and address this. Audits had also identified where people had fallen on multiple occasions, and the manager had recorded the action that had been taken to reduce this risk, such as referring people to the relevant health professional.

At the last inspection staff morale had been low, and they did not receive support where needed in urgent situations. At this inspection staff told us that they felt fully supported by the manager and felt able to go to her with any issues. Throughout the inspection staff presented as more cheerful, and their interactions with people using the service were much more positive. This demonstrated that the manager had affected a positive change within the service.

Staff meetings had been held since the last inspection. This had given the manager the opportunity to introduce themselves, and allowed any issues to be discussed with staff. Staff had been made aware of the findings of the previous inspection report, and had discussed ways of making improvements. This helped to ensure that staff were kept up-to-date on developments within the service, and gave them the opportunity to contribute to making improvements.

The manager was in the process of developing links with the local community. The local church visited to ensure that people's spiritual needs were met, and the manager had supported the activities co-ordinator to meet another local service to learn about improving activities.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured the safety of the premises.</p> <p>Effective measures were not always in place to protect people from the risk of infection.</p>

The enforcement action we took:

We issued a notice of proposal to cancel the registered provider's registration to provide a regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered provider had not met the requirements to ensure the premises were suitable to meet the needs of the service being provided.</p>

The enforcement action we took:

We issued a notice of proposal to cancel the registered provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to implement sufficient quality monitoring systems to monitor and maintain the quality of the service being provided.</p>

The enforcement action we took:

We issued a notice of proposal to cancel the registered provider's registration.