

Mrs Sally Roberts & Mr Jeremy Walsh

# Northleach Court Care Home with Nursing

## Inspection report

High Street  
Northleach  
Gloucestershire  
GL54 3PQ

Tel: 01451861784  
Website: [www.blanchworth.co.uk](http://www.blanchworth.co.uk)

Date of inspection visit:  
08 February 2018  
09 February 2018

Date of publication:  
10 April 2018

## 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?

Inadequate 

# Summary of findings

## Overall summary

This inspection was completed on 8 and 9 February 2018 and was unannounced.

Northleach Court Care Home with Nursing is better known as Northleach and will be referred to as such throughout this report.

Northleach is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Northleach accommodates up to 40 people in one adapted building. There were 35 people at Northleach at the time of the inspection.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous inspection was completed in April 2017 and rated Requires Improvement overall. There was one breach of regulation at that time in relation to management of fluid thickening agents. We found the provider had met the requirements of the regulation breached during this inspection. However we found new concerns in relation to staff support, the environment, care planning and quality assurance systems.

Northleach has been inspected four times since it was registered under the Health and Social Care Act in 2010. Three consecutive inspections, including this one, have identified breaches of regulations. We have again rated the service as Required Improvement overall. We have rated the question is the service well-led? as Inadequate as the provider had not demonstrated they were able to consistently meet the requirements of their registration to meet the regulations since November 2014. This had placed people at risk of receiving care that required improvement over a period of time.

We carried out this inspection as concerns had been raised by a health professional in December 2017 in relation to the premises and equipment, care records, medicines and staffing ratios. These had also been shared with the local authority. We therefore reviewed these areas.

Some governance and monitoring systems had been established in the service but these were not effective in identifying and rectifying shortfalls. The service had a quality assurance manager who visited the service every month. Both the quality assurance and registered manager completed various audits however; these had either not identified or ensured prompt action was taken to address concerns in relation to the environment, staff training and care planning.

Staff had not always received training appropriate to their role and the effectiveness of staff training had not been assessed. Staff supervisions were being completed however these were brief and staff appraisals had

not been completed to evaluate staff performance.

Improvements were required to ensure people's care plans and associated documents were person centred and clearly reflected all their needs, wishes and preferences. End of life care planning required reviewing to ensure people's care plans clearly detailed their individual needs to support staff to inform specialist health professionals of people's wishes and preferences at the end of their life.

Where identified, risks to the health and safety of people had been managed. Some improvement was needed to ensure risk management strategies were put in place when people accessed the community. We made a recommendation to support the provider to make this improvement.

Areas of the home were in need of decoration and were not always clean.

There was conflicting information about whether there were sufficient numbers of staff working at Northleach. Some improvement was needed to ensure staffing levels would be promptly reviewed when people's needs changed.

There was a robust recruitment process to ensure suitable staff were recruited. People told us they felt safe.

People we spoke told us they felt more than happy with the care provided whilst others felt improvements could be made. We saw staff treating people with dignity and respect and ensuring people were warm and comfortable.

People were sometimes supported to participate in meaningful activities. People we spoke with told us the staff were caring and kind.

There were positive comments from people, relatives and staff regarding the registered manager.

Medicines were managed safely and people received their medicines as prescribed.

Health and safety checks were carried out regularly to ensure the service was safe for people living there.

People and relevant professionals were involved in planning their nutritional needs. People could choose what they liked to eat and drink. People's health was monitored and healthcare professionals visited when required to provide support to help meet people's health needs.

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

The service was not always safe.

There were mixed reviews as to whether enough staff were deployed to meet people's needs. Some people's needs had changed and the staffing arrangements were still being reviewed to ensure they were sufficient to meet people's changing needs.

Where identified, risks to the health and safety of people had been managed. Some improvement was needed to ensure risk management strategies were put in place when people accessed the community.

Medicines were managed safely and people received their medicines as prescribed.

Appropriate recruitment procedures were in place and followed.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Staff did not receive the provider's required training to ensure they would meet people's needs effectively.

Improvements were required to ensure staff would always be supported through meaningful supervision and appraisals to develop their skills.

Areas of the home were in need of decoration and were not always clean.

The registered manager had a good understanding of the Mental Capacity Act however; staff were not always trained in this subject. People told us staff promoted and respected people's choices and decisions.

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide support.

**Requires Improvement** ●

### Is the service caring?

Good 

The service was caring.

There was positive feedback and comments from people, relatives and staff about how people were cared for.

Staff were clearly trying to provide good care and support.

Staff treated people with dignity and respect.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

People's care had not always been planned to meet their individual needs.

There were mixed reviews about whether people were supported on a regular basis to participate in meaningful activities.

Records showed where people and relatives had been able to make a formal complaint they had been dealt with appropriately.

### Is the service well-led?

Inadequate 

The service was not always well led.

There were some monitoring systems in place; however these were not always effective in identifying quality concerns and maintaining improvements. Three consecutive inspections, including this one, have identified breaches of regulations.

People and their relatives told us they were happy with the care they received however; many people, their relatives and staff we spoke to told us that improvements could be made in relation to staffing ratios.

There were positive comments about the registered manager. We noted that there was a lack of time and resource for the registered manager who had many other responsibilities within the home.

# Northleach Court Care Home with Nursing

## **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 8 and 9 February 2018 and was unannounced. Inspection site visit activity started on 8 February 2018 and ended on 9 February 2018. It included looking at records, talking with people who live at Northleach, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with the registered and quality assurance manager of the service and four members of care staff. We spoke with seven people living at Northleach. We spoke to three relatives who gave us feedback on the service provided at Northleach. We spoke to three health and social care professionals who have regular contact with the provider.

# Is the service safe?

## Our findings

During our last inspection in April 2017 we made a recommendation to support the provider to improve the effective deployment of staff across the home. At this inspection we found further improvement was needed to the staffing deployment to ensure people would always receive support at the time they needed it.

Staffing numbers had been reviewed following our previous inspection. The provider had considered there to be enough staff to meet people's needs. Since the last inspection an extra member of staff worked between 4pm and 10pm. This provided more support to people during tea-time and when they wanted to go to bed. An activities coordinator had been employed to support people's social needs. The home relied heavily on agency staff to meet people's needs, for example there were only six permanent members of staff employed at the service. The registered manager told us they were actively recruiting new staff and the service tried to use the same agency staff so that people had familiar faces around them and agency staff that knew them.

One person told us, "Staff are very good but we could do with more staff". Another person said, "I feel safe but, when I ring my call bell it can take them 20 minutes sometimes to come and see me." Relatives we spoke with told us they were satisfied with the level of care received but felt this was limited due to the shortage of staff. They felt staff might therefore not know people well or have the time to spend with them. One staff member said, "I am concerned there is not more staff available and we rely a lot on agency staff".

We found call bells were ringing constantly and staff appeared rushed. We found people alone in areas of the home who asked us to help them as staff were not available. We had to provide assistance and find staff members to support those people. We observed one person attempting to open a door whilst using a Zimmer frame. There were no staff members to support this person. We saw they were struggling so we opened the door for them to ensure they were safe. Another person required to be supported to sit up in their chair and asked us to do this as we walked past. We went to seek a member of staff to help this person. Due to the large size of the property and many small rooms we saw the staff team found it difficult to maintain regular contact with everyone living there.

When we discussed the current staffing ratios in our feedback on the first day of our inspection the registered manager told us they were reviewing staffing levels with the provider to ensure there were sufficient staff to meet the changing needs of two people.

The home environment was not always clean and well maintained. Areas of the home were in need of decoration and refurbishment. This has been an on-going concern at the service and was noted in our previous inspection in April 2017 when we made a recommendation that the provider implement a maintenance plan to ensure the improvement work was completed. However, there was no maintenance or improvement plan in place to identify areas that required improvement and environment concerns were still present. For example, some of the doors required painting and other areas looked tired and required updating. Most of the home had carpets and these were worn in areas which could pose a risk to people using mobility aids. One set of windows and doors had gaps letting cold air through into the communal

areas. Cleaners were employed however; some areas of the home were not always clean. In some areas there was a strong smell of urine and odour. There were cobwebs in windows and this was more prevalent in some areas that were not routinely used such as; some bathrooms and shower rooms. There were stair gates on both sets of stairs however one set of stairs did not have one at the top. This meant people who required supervision to use stairs safely were at risk of falling if they had attempted to use the stairs. One communal bathroom and one toilet had no locks on for privacy. The registered manager and quality assurance manager reassured us that maintenance at the home was on the list of priorities and a maintenance plan would be introduced.

Equipment in use was not always readily available to people so that it could be used as intended. Electronic call bells were provided to people who preferred to stay in their rooms or were unable to access communal areas to enable them to seek help if required. On the first day of our inspection five of the people we visited did not have access to their call bell as it was out of reach or not available to them. The quality assurance manager told us each call bell was risk assessed for each individual as they could cause a hazard for some people. We were told this was being dealt with on the second day of our inspection. One person's call bell was by their feet. This person was identified to require the call bell due to ill health. We discussed this with the registered and quality assurance manager and they assured us a system would be put in place to rectify this issue immediately.

Due to the on-going concerns about maintenance and cleanliness at the service this is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment

Four out of six members of care staff had not been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Six members of housekeeping and domestic staff had been provided with training in adult safeguarding; however these had all expired. Staff might therefore not be able to identify and respond to abuse in accordance with the provider's safeguarding policy to ensure people were protected from abuse and discrimination. Some staff we spoke with were able to tell us what they would do if they suspected abuse. One staff member said, "I would go to my manager." Improvement was needed to ensure all staff had received the provider's required safeguarding training.

The registered manager was updating people's risk assessments to ensure care plans provided staff with up to date guidance on how to reduce risks to people's health. There were risk assessments relating to falls, condition of people's skin and mobility. Staff were able to describe the actions they would take if people displayed behaviours which put themselves or others at risk. However; potential risks to people when they used the community, with or without staff, had not been assessed. The home was on a busy main road which presented many hazards. When asked if risk assessments are completed when supporting people to access the community the activities co-ordinator told us they were not aware whether these risks had been assessed. The registered and quality assurance manager told us these were not currently being completed.

We recommend the provider ensure risks are identified and risk management strategies put in place when people accessed the community.

During our last inspection in April 2017 we made a recommendation that the provider seek advice and guidance on adopting the latest best practice on safe staff recruitment. We found the provider had made improvements to their recruitment practice. They had completed checks of staff members' conduct during their previous employment, which involved providing care and support to people, to ensure staff were of good character. A new recruitment system had been introduced and a checklist ensured each staff member had a sufficient disclosure and barring service check (DBS) and two references from previous employers.



People told us they felt safe. One person said, "I am safe." Another person said "I am safe; the home is warm and comfortable." Staff told us they were able to keep people safe. One staff member said, "If there was a problem I would raise this with the manager.".

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MARs) demonstrated people's medicines were being managed safely. Staff received training, observed other staff and completed a competency assessment, before being able to give medication. People were supported to take their medicines as they preferred. One person's care plan said, 'I like to take my medication with a spoon'. The registered manager told us she completed a monthly medicine audit, however, also told us she was behind with auditing and had not yet completed January's audit. All previous audits for 2017 had been archived so we were unable to look at these documents during our inspection.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Checks were completed on the environment, such as the fire system, by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). These checks were carried out by an external company on a regular basis. There were policies and procedures in these areas. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency. Not all staff had attended health and safety, COSHH, infection control and food hygiene training.

The registered manager told us they worked alongside the local authority and external organisations to try and improve areas of the service. We found that some improvements had been made where concerns had been raised by us in previous inspections. However; we found that lessons were not always learned and themes were not always identified. For example; the monitoring of staff training and on-going maintenance work was not identified in regular audits which meant they were not always effective.

## Is the service effective?

### Our findings

Training records confirmed that staff had not received the provider's required training to support people effectively. Not all staff members had training in adult safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, dementia, first aid, behaviour support, person centred care and end of life care. One nurse and one member of staff who had been employed since July 2016 and October 2015 had not received training in several of these subjects. Only one staff member had completed health and safety training and two staff had food hygiene training. The provider required nurses who were employed by the service should have completed emergency first aid at work and wound management training. However; only the registered manager had completed emergency first aid and no-one had completed wound management training. Staff might not always have the skills and knowledge required to meet people's needs effectively.

There was no robust system or audit in place to identify when staff training was due or had expired. Staff had therefore not always received refreshed training promptly to ensure they would remain up to date with current care practices. Checks had not been completed to ensure staff were competent, had fully understood the training they attended and implemented the provider's policies effectively when supporting people. After our feedback on the first day of our inspection the registered manager told us staff training was an area that required improvement and she was committed to improving this. A full training audit was completed and emailed to us following our visit to the home. This highlighted the shortfalls and the actions to improve the staff training.

Although staff had attended regular one to one supervision meetings with a line manager, these had been brief and needed improvement to effectively support staff's skills and knowledge development. There had been no annual appraisals in the previous 12 months. Individual supervision and appraisals are an opportunity for the line manager and staff to evaluate performance and plan to improve their effectiveness in providing care and support to people. When we viewed supervision records for one staff member we saw the supervision had lasted ten minutes and had not identified any outcomes with regard to progress and future learning. This meant the registered manager/provider was not effectively monitoring staff performance, supporting the staff to work together as a team or monitoring staff morale. One staff member said, "I could do with more feedback". The registered manager told us appraisal pro-formas had been sent out for staff to complete and were due back soon, however some members of staff had been working at the home for many years without an appraisal of their skills and knowledge having been completed. .

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

Staff had completed an induction when they first started working in the home. This included reading policies and procedures and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff told us they had found the shadow shifts "good".

At our previous inspection on April 2017, we identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who required thickened fluids were not always having their drinks thickened to the correct consistency and people's thickened fluids containers were not always stored appropriately.

We found the provider had met these requirements during this inspection. All containers of thickening powder were stored safely and we did not find any in people's bedrooms. We observed people having their lunchtime meal in the dining room and saw a staff member making up people's meal supplements as per the instructions. Records showed that improvements had been made in this area and regular audits were taking place of the administration and storage of people's meal supplements and thickeners to ensure they were stored safely.

People were supported to ensure they had sufficient food and drink. People spoke positively about the food provided. One person said, "It's very nice." Another person said, "No complaints about the food." People told us there was always a choice of meals and if they wanted something different to what was being served; the chef would provide an alternative meal option. The relatives we spoke with told us they felt the food provided was of good quality.

People's care records showed relevant health and social care professionals were involved with their care; such as GPs, dentists and opticians. Specific health professionals such as; occupational therapists and cancer specialist nurses also provided support. We saw people's needs were monitored and changes in health needs were responded to promptly. In each care plan, support needs were clearly recorded for staff to follow. These included attending appointments and specific information for keeping healthy.

We spoke with one visiting professional on the second day of our inspection. They told us they had regular contact with the home and due to one person's changing needs regular reviews were being held. The registered manager told us they were pro-active in health professional support when required. If people were at risk of malnutrition staff assessed the risks associated with this condition. For example, they used the universally recognised Waterlow tool to identify and review the risks to people's skin health. One person had developed a pressure sore ulcer and records confirmed this had been treated.

We found the service was working within the principles of the MCA and DoLS legislation. The 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 where 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). Where required, the registered manager had ensured people's mental capacity had been assessed. These assessments were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity best interest decisions had been recorded. The service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests.

People were able to access communal areas and spend time in their bedrooms if they wished. People were able to spend time with any relatives in either of these areas. There was a room available for people to listen to music and sit comfortably for some space or to attend meetings. There was an outside space for people to access in warmer weather.

## Is the service caring?

### Our findings

Most people told us they felt more than happy with the relationships they had developed with staff. One person said, "They treat me well, I feel well cared for. I've got no complaints."

We saw that staff were compassionate and caring. For example, one person required a blanket as they were cold. A staff member immediately went to get a blanket and made sure they were comfortable. Another person asked for a drink, the staff member went to get a beaker and gave it to them. It was clear that due to pressure on staff time, they did not always have the time to sit and talk to people as there was so much to do however; staff ensured people were happy and settled.

The service recognised when people needed or wanted support from advocates or representatives to help them understand and be involved in their care, treatment and support. One person had an independent mental capacity advocate (IMCA) to attend a meeting to support them with an issue they did not understand. IMCA's are not associated with the service and they provide support and representation to people if required.

There were many compliments about the home evidenced in a large file with letters and cards to the registered manager, provider and staff. One card stated that staff were caring and patient. There was such support and willingness to help. One relative had written a card that said 'Thank you for the hard work and effort in caring for my mum. They were treated with kindness and professionalism. I couldn't fault anything'.

We were shown around the home by the registered manager who respected people's privacy and dignity by knocking on people's doors before entering. People's bedrooms were personalised with their own belongings and were clean and tidy. One person enjoyed making synthetic flowers and enjoyed showing us these in their room. The registered manager asked this person if they needed any more art and craft items as they would need to be ordered. The person stated they had enough for now. We saw the registered manager providing care when there were no other staff around. For example; making drinks and talking with people in communal areas.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. All of the relatives we spoke with told us they were able to visit when they wanted to and were made to feel welcome by the staff that were on duty.

## Is the service responsive?

### Our findings

Each person had a care and support plan to record and review information relating to their needs and preferences. The care and support plans detailed their individual needs and how staff were to support people. These covered areas such as; breathing, eating and drinking, communication and personal care. People's likes, dislikes and care and support needs were documented. People's care and support plans were in the process of being updated. The quality assurance manager told us there were ten care plans left to complete.

We sampled two old and two new care and support plans. Each one gave staff guidance on how to support people. However we found examples when staff had not always provided care to people in accordance with their wishes and preferences. For example; one person was distressed and disorientated in the dining room on the first morning of our inspection. When we read this person's support plan it clearly stated 'Wears glasses all of the time. Staff to ensure [The person] is wearing them'. On the two occasions we saw this person they were not wearing their glasses. Another person's care plan noted that they preferred to have a bath. However records showed and staff confirmed that they had not been given an opportunity to have regular baths since December 2017.

One person was allergic to certain medicines and bananas. Although these were all listed in the person's care plan we found there were bananas in fruit bowls for people to help themselves. There was no guidance for staff to follow if this person helped themselves to a banana. On the second day of our inspection the registered manager spoke to the local GP surgery and sought advice about the allergy to bananas. A plan was put into place to seek medical support for this person with regard to their allergies.

Staff had not received training on equality and diversity and only some staff had received training in person centred care. This meant staff may not always know how to provide person centred care in a way that takes into account people's equality, diversity or human rights (EDHR). We found people's faith needs had not always been met. One person we spoke to was a believer of the Christian religion and spent time quoting the bible to us. This person was unable to access any Christian place of worship. They told us they wished to move to somewhere they could access this. This person's care plan did not contain any information about how staff could support their cultural and religious beliefs.

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people were receiving end of life care, the service sought support and guidance from specialist health professionals such as; palliative nurses and palliative care teams. However, we found people's ends of life care plans lacked detail and in some cases were very brief. Care plans did not show people's end of life care had been planned to meet their individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care. These were not recorded to support staff to inform specialist health professionals of people's wishes and preferences at the end of their life.

There were mixed feedback about whether people were supported on a regular basis to participate in meaningful activities. Some people told us there were lots to do whilst others said there was not. There was

a full time activities coordinator employed at the home. During the inspection we saw the activities manager arranging an arts and crafts activity in a separate room for those who could attend. In the communal areas and for those unable to leave their rooms we did not see any other activities taking place. People therefore did not always have an opportunity to pursue their interests and engage in meaningful activities.

We observed a lunch time meal in the dining room where 12 people were eating their lunch. There was only one member of staff present in the dining room to support people. The staff member did not engage with anyone during the lunchtime meal or asked people if they needed any assistance. The staff member was busy doing tasks in the dining area and did not provide an opportunity for people to ask for support or engage in conversation to ensure their meal time needs were being met.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

Staff confirmed any changes to people's care were communicated in shift notes to ensure they were responding to people's current care and support needs. The quality assurance manager told us the handover process was being updated as the document currently being used was too long and not person centred enough.

Records showed where people and relatives had been able to make a formal complaint they reported action had been taken. The provider had recorded three formal complaints since 2016 and we noted two of these had been dealt with and appropriate action taken such as a new duvet being purchased for one person as there had not been enough.

## Is the service well-led?

### Our findings

Northleach has been inspected four times since it was registered under the Health and Social Care Act in 2010. Three consecutive inspections, including this one, have identified breaches of regulations. The provider had not demonstrated they were able to consistently meet the requirements of their registration to meet the regulations which placed people at risk of receiving inappropriate care.

The service had some monitoring systems in place. The registered manager and the quality assurance manager were responsible for completing regular audits of the service. These audits had resulted in some improvements being made. For example, care and support plans had been reviewed and accidents and incidents were being monitored. However, we found there were still shortfalls in people's care plans for example in relation to planning people's end of life and faith needs. These shortfalls had not been identified by the provider's audits.

Other shortfalls had not been identified or rectified within a timescale that protected people from the risks of receiving unsafe care. For example, the service had not identified that staff had failed to receive sufficient training in core areas relating to people's needs such as person centred care, equality and diversity, health and safety, first aid, adult safeguarding and MCA and DoLS. Improvements had not been made to ensure staff competency checks were in place to monitor staff had understood what they had learned and followed the provider's policies when delivering care. The registered manager and quality assurance manager had failed to monitor the on-going maintenance issues within the home. This meant areas of the service remained in a poor state of repair over an unacceptable period of time.

The quality assurance manager visited the service approximately once a month and completed quality monitoring audits. The quality monitoring record for January 2018 showed some of the concerns we had identified at this inspection had been highlighted in this audits however not all the concerns had been identified which meant this audit was not always effective in identifying shortfalls so that the required improvements could be made.

For example, the quality monitoring visit record in January 2018 noted people were left in areas with no staff present. The action was for the registered manager to raise this in the February 2018 staff meeting. It had not identified that staffing levels would need to be re-assessed to ensure they were sufficient as two people were new to the home and required additional support to manage their anxiety and changing needs. The audit had identified some staff were out of date with some training but did not identify that staff had not received key training to enable them to keep people safe and support the specific needs of the people living in the home. This included training in safeguarding, MCA and DoLS, health and safety, dementia, first aid, supporting anxiety and associated behaviour, person centred care and end of life care. All of the actions and outcomes from the quality monitoring visit record had identified the registered manager to be solely responsible for completing them.

We noted that there was a lack of time and resource for the registered manager who had many responsibilities within the home to be able to complete all these actions promptly. Staffing challenges and

lack of administration support meant the registered manager was not always available to provide robust quality assurance, ensure actions were completed and complete improvement plans. The registered manager told us they felt fully supported by the provider and quality assurance manager however; we witnessed them completing administration tasks on the first day of our inspection. This meant they did not have the time to complete audits, such as medication audits, which they told us they had not had the time to complete for six weeks. The registered manager was also responsible for covering shifts in the absence of staff and staff recruitment.

The above demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Staff attended regular team meetings and briefings. There had been staff meetings in January 2018 and February 2018 and records were kept. The meetings discussed areas of concern and action plans were implemented to improve these areas. The agenda for the January 2018 staff meeting consisted of areas such as; infection control, personal care and daily notes. One staff member said, "We are a good team and I like working here."

People, their relatives and staff told us the registered manager was good and was approachable. Staff told us they had a good relationship and they felt listened to. One staff member said, "The manager is always around, we can go and ask questions and she listens."

The service was actively seeking peoples, relatives and staff views through sending out questionnaires, talking with them and having regular meetings. The manager told us this was a way of ensuring everyone was involved with the service had a voice.

From looking at the accident and incident reports, we found the provider was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of people or which affect the safe running of the home.

The quality assurance and registered managers were responsive to our concerns during our feedback and assured us they would take action. However, we were concerned about the ability of the management team in the home to take these forward without additional resources and support from the provider.



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 registered person had not ensured the care and treatment of service users was appropriate, met their needs and reflected their preferences. 9(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The registered person did not ensure the premises were adequately maintained and cleaned. Regulation 15 (1) (c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems including assurance and auditing systems were not always effective. 17(2)(a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered person had not ensured staff were adequately trained. 18(2)(a).