

# Selwyn Care Limited

# Edward House

## Inspection report

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Date of inspection visit:  
09 October 2017  
11 October 2017

Date of publication:  
08 December 2017

## 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

Edward House is a residential care home and provides accommodation and personal care for up to 12 people who have learning and physical disabilities. At the time of our inspection there were 12 people living at the home.

When we previously inspected the service on 4 and 5 April 2017 we found eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service 'Inadequate' overall and the service was placed in special measures. To support the provider to make the necessary improvements we issued a Warning Notice and imposed two conditions on their registration. The provider was required to undertake regular audits to monitor quality and risks in relation to the management of the service and staff, and support of people. They had to send a monthly report to CQC detailing the audit dates, the outcomes of these and any actions taken or to be taken as a result.

At this inspection we found the provider had action taken to address most of the concerns we had identified. Sufficient improvement had been made for the provider to meet the requirements of six of the eight previously breached regulations. More time is required for the provider to complete their action plan and test out the robustness of the improvements and systems in place to ensure it will be able to continue to provide an improved service. The provider would need to sustain the improvements made before people could always be confident that they would receive a high standard of quality individualised care that always met their needs and ensured their safety. Following this inspection the service was rated 'Requires Improvement' overall. It has not been rated as 'Inadequate' for any of the five key questions and has therefore been taken out of special measures.

Some further improvement was needed before the provider met the requirements relating to Safe care and treatment and Good governance. This included ensuring all staff would be familiar with people's risk management strategies and action would always be taken promptly to keep people safe when accidents and incidents occurred. Regular audits were now being completed; however improvements were needed to monitor the effective operation of the service's safety incident procedures. People's satisfaction with their care had not been routinely sought for a period of time. People had not always been given a regular opportunity to discuss any concerns or provide feedback about their care experience so that improvements could be made when needed.

There was no registered manager in post. The registered manager had not been working at the home since January 2017 and de-registered with CQC in April 2017. 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 responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had employed an 'acting manager' who had been working at the home for six weeks at the time of our inspection. They were starting the process of registering as the manager with CQC. Relatives were concerned that a consistent manager had not been in place in the home for some time and was beginning to lack confidence in the

provider's ability to establish a strong management team. There were mixed feedback from relatives about the care and support people received.

Following our previous inspection staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff confirmed they had attended safeguarding training. It was clear that people were accessing health professionals as each appointment was now recorded in an individual health file that had been implemented. Complaints were documented; however relatives told us they didn't always feel listened to when raising issues and concerns. Staff were receiving regular supervisions. Staff training had improved and a matrix was available to show when training was due to expire and training updates had been booked. Competency checks were being completed to ensure staff understood the training they had attended. The premises looked cleaner and more homely and new carpets had been laid in the communal areas.

Staff were able to complete an induction when they first started working at the home. This was a mixture of face to face training, online training and shadowing more experienced staff. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction.

Maintenance issues had been addressed and the building was in a better state of repair. People's bedrooms were cleaner and new carpets had been laid in the hallway. Systems were now in place to monitor and take appropriate action promptly in relation to on-going maintenance.

Daily notes had improved and a new format had been introduced which contained more relevant information; however these were still brief at times and did not give sufficient detail about what people had been offered to and what they had actually done.

Medicines were stored safely in a locked cabinet within a locked room for medicines. Staff had received training to administer people's medicines safely. The acting manager had completed a medicine audit three days prior to our inspection. They had identified some shortfalls including people's medication files were missing information and some medicines were out of date. On the second day of our inspection we found all the shortfalls they had identified had been addressed.

Staff received regular supervision which enabled the acting manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. Appraisals were booked for all staff. The acting manager told us there had been a delay in booking them due to them needing to know staff well before setting goals and targets.

There was an effective recruitment and selection process to check that potential new staff were suitable to work with people living at Edward House. This was followed and helped to ensure that only suitable staff were employed.

Staff had a good understanding of supporting people with dignity and respect. They told us how they ensured people's dignity was respected when supporting people with their personal care tasks such as showering.

Staff were positive about the relationships they had with people. Staff told us that the recruitment of more permanent staff members who had been employed had improved things for people living at Edward House.

Staff attended regular team meetings. Staff explained regular meetings gave the team consistency and a space to deal with any issues

We identified two continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will monitor the action taken by the provider to meet these two regulations through the positive conditions we imposed on the provider's registration following our April 2017 inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

An accident and incident reporting system had been introduced. However, further improvement was needed to ensure prompt action will always be taken when accidents and incidents occurred to ensure people would remain safe.

People received their medicines as required.

Staff were familiar with safeguarding procedures and had received training on keeping people safe.

Recruitment procedures were safe. There were enough staff to meet people's needs however some time was needed to ensure all staff understood people's needs.

The premises were clean and refurbishments had taken place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff were supported and received regular supervision however appraisals needed to be completed to identify staff's individual training and development needs. .

Staff received adequate training to deliver effective care. They ensured people who could not consent to their treatment had their rights protected in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

It was clear when looking at people's health files when they had access to health and social care professionals and outcomes of any appointments attended had been documented.

People were able to choose what they liked to eat and drink.

### Is the service caring?

**Good** ●

The service was caring.

Staff told us that the recruitment of more permanent staff members had improved opportunities for people to develop relationships with staff.

People were supported with communication aids to make choices and express their wishes.

People were treated with dignity and respect. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met.

### **Is the service responsive?**

The service was not always responsive.

People's support plans were being updated and their activity plans were being reviewed to ensure that they would have the opportunity to explore their interests. Some time was needed for these reviews to be completed.

The provider had a policy on complaints and complaints had been investigated. They were taking further action to ensure complaints would always be resolved to relatives' satisfaction.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Systems were in place to monitor the service and improvements had been made to address shortfalls. Further improvement was needed to ensure the safety reporting and investigation systems would always be operated effectively.

There was positive feedback from relatives and staff about the new acting manager.

The culture of the home and staff morale had improved.

**Requires Improvement** ●

# Edward 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 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.

Prior to the inspection, we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

The inspection took place on 9 and 11 October 2017. This was an unannounced inspection, and was carried out by two adult social care inspectors. The last comprehensive inspection of the service was on 4 and 5 April 2017 and there were multiple breaches of regulation at that time.

As part of our inspection we spoke with seven members of staff, seven relatives and we spoke with, or had feedback via email from two health and social care professionals. This included the Local Authority who had carried out a quality review before our inspection. There was no registered manager on the day of our inspection. An acting manager who had commenced employment in August 2017 was available during the inspection.

During our visit, we spoke to two people using the service. We were unable to speak to everyone because of their communication or learning disabilities we spent time observing what was happening at the home.

We looked at the care records for three people living at the service, six personnel files, organisational records, staff rotas and other records relating to the management of the service.

# Is the service safe?

## Our findings

At our previous inspection on 4 and 5 April 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's risk management plans had not been reviewed regularly and did not reflect people's changing risks. Accidents and incidents had not always been recorded and investigated to ensure action would be taken to prevent occurrence and future harm. At this inspection we found the provider was taking action to meet the requirements of this regulation. However further improvement was needed to ensure prompt action would always be taken following accidents and incidents before this regulation could be fully met.

We found the acting home manager was updating people's risk assessments to ensure care plans would provide staff with up to date guidance about people's risk management strategies. Six of the twelve support plans had been updated at the time of our inspection. Staff were able to describe the actions they would take if people displayed behaviours which put themselves or others at risk. They explained that they were aware of people's individual behaviours and signs that indicated they were becoming upset or agitated and the actions they would take to support them. This included talking to people in a calm manner and distracting them with an activity or item of interest. Staff told us the use of medicines or physical intervention was only used at the last resort. One staff member said, "We know the clients well here, we know what they enjoy and we can use that to help them calm down." We saw this information was included in people's revised risk management plans. Time was needed to ensure all people's behaviour plans would be updated to include their current risk management strategies.

Some improvement was needed to ensure all staff would be familiar with people's risk management strategies and confident in supporting people and others to staff safe. For example, it had been identified that one person could become agitated with female staff when upset or anxious. We found guidelines for staff to follow at the back of this person's support plan but this information had not been incorporated in their risk assessment. There had been an incident the previous week involving a female member of staff. One staff member who had worked at the service for six months told us they had not read this support plan and therefore did not know the potential risks associated with supporting this person.

Important information such as people's allergies were available in people's support plans but not documented in people's medicine files and hospital passports. This meant if people were admitted to hospital this information might not be available to health professionals supporting them. ,

Following our previous inspection the provider had taken action to implement an accident and incident reporting and recording system at Edward House and there was now a central log for recording. We found examples of accident and incidents that had been reported, recorded and investigated appropriately in accordance with the provider's policy. Records also showed where the accident/incident forms had been scrutinised by the management team at the time of the incident they had ensured action was taken promptly to keep people safe. For example; the GP was contacted when needed. The provider had also identified when accident reports had not been completed comprehensively or when appropriate action had not been taken. They had then taken prompt action to ensure people would be safe.



However we found six incident report forms that indicated people and staff had sustained injuries with no additional information on whether they were monitored or had received medical attention at the time. We were told by senior managers that some of these concerns were due to staff not recording exactly what had happened, including before, during and after the incidents. We asked the provider to review these incident reports and they told us that prompt action had not always been taken at the time to report and escalate concerns as required by the provider. This had resulted in delayed action being taken to ensure people were safe.

The above demonstrated that further improvements were needed to ensure people's risk management strategies would include all the information staff would need to know how to keep people safe. Improvements were still needed to ensure when a safety incident occurred prompt action would always be taken to keep people safe and to prevent similar incidents occurring. This was a continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient numbers of staff were available to keep people safe and meet their needs. There had been a turnover of staff recently and some permanent staff members had left. A senior manager told us this could have been caused by all of the changes being made and a change in the culture of the home. The service was reliant on agency staff to cover staffing vacancies and the provider was actively recruiting more staff. Relatives were concerned that the change in staff meant that some staff did not always know people well. One relative said, "I don't know many staff now as they have all changed so much. It's not good".

Staff had completed an assessment of each person's ability to manage their own medicines and support was provided accordingly. One person's support plan said, 'I like to take my medication at dinnertime with a glass of water'. Where people had been assessed as lacking the capacity to consent to staff giving their medication; a best interest meeting had taken place with relatives and families being involved. Medicines were stored safely in a locked cabinet within a locked room for medicines. Staff had received training to administer people's medicines safely.

The acting manager had completed a medicine audit three days prior to our inspection. They had identified some shortfalls for example, some people's medicine files were missing information and some medicines were out of date. At the time of our inspection they had already started taking action to make these improvements; for example a Controlled Drugs record book had been purchased. On the second day of our inspection we found all the shortfalls they had identified had been addressed.

At our comprehensive inspection of Edward House on 4 and 5 April 2017, we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received safeguarding training and safeguarding concerns had not always been reported to external agencies as required. As a result CQC issued a formal warning to the provider telling them that they must improve in this area by 26 May 2017. At this inspection we found the provider had made improvements and met the requirements of this regulation.

Following our previous inspection staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff confirmed they had attended safeguarding training. Safeguarding policies and procedures were available. The locality, acting manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. One staff member said, "It is our job to protect people from abuse. If I thought one of them was being harmed or abused I would report it straight away to the manager". Records showed the importance of recognising signs of abuse and reporting any concerns had been reinforced and discussed during recent staff supervision meetings. Safeguarding concerns had been reported appropriately

to external agencies included the local authority, CQC and the police. Improvements had been made to identify and respond to concerns of abuse and we found this system was being operated effectively.

At our comprehensive inspection of Edward House on 4 and 5 April 2017, we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the premises were in need of decoration and were not always clean. At this inspection we found the provider had made improvements and met the requirements of this regulation. Where required, parts of the home had been deep cleaned and new carpets had been laid in the communal areas. People's bedrooms were clean and there were no marks on people's doors and walls.

## Is the service effective?

### Our findings

At our last inspection in April 2017, we found that staff had not received appropriate training to support people effectively. Staff had also not received regular supervision and appraisals. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was meeting legal requirements. Some time was needed to ensure all staff would receive an appraisal of their performance and to ensure all new staff completed their induction within the provider's required timescale.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people who may lack the capacity make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place regarding the MCA and DoLS. People's mental capacity had been assessed when required and records confirmed this. One person had mental capacity assessments for areas such as; mobility, personal care and finances. These had all been updated and reviewed. Staff had a basic understanding of the Mental Capacity Act 2005 (MCA). Staff had carried out an e-learning course on MCA and DoLS which had informed them about the protection of people's human rights and the principles of the MCA. Staff were able to describe the importance of assessing people's mental capacity when supporting them to make daily and significant conditions. They explained how they supported people to make choices about their day such what they would like to eat or how they wished to spend their day.

Following our previous inspection staff had received regular supervision which enabled the acting manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well supported. Staff had supervision every other month and records showed us that these had all been completed regularly. One staff member said "I feel fully supported". Appraisals were being planned and were due to be carried out by the acting manager. The acting manager told us there had been some delay with completing annual appraisals as they were still getting to know staff before they would be able to assess their performance over the past year. Time was needed for all staff to receive an appraisal of their performance to ensure their individual development and training needs would be identified.

Staff were able to complete an induction when they first started working at the home. This was a mixture of face to face training, online training and shadowing more experienced staff. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. Records showed new staff had been given some training on the systems and processes of the home but had not completed

the Care Certificate within the 12 week timescale and some areas such as reading some areas of people's support plans were not completed. One staff member who had been working at the home for six months had not read the full support plans or completed their Care Certificate. Further improvements were needed to ensure staff would complete their induction in the provider's required timescale to support them to develop the skills and knowledge needed to support people effectively.

Training records confirmed staff had received the appropriate training to support people effectively. There had been a significant improvement in this area since our last inspection. This was a mixture of face to face and online training. All staff had completed face to face adult safeguarding since our last inspection in March 2017. We were told competency checks were carried out to ensure staff understood the training courses they attended. Records confirmed these checks were being completed. Staff told us this was an area that had helped them to provide effective care and treatment to people. The acting and senior manager told us they will be having further discussions in staff supervisions and undertake competency checks to ensure staff understood their responsibilities under the MCA and DoLS.

People were able to choose what they liked to eat and drink. We looked at menus which detailed meals in advance so that people knew what was on offer. Some relatives told us they were concerned about people's nutritional support. One relative said, "I arrived at the home and was told there was no fruit on offer for anyone to eat. I had to go to the local shop and buy two bags of fruit for [The person] to eat. It's not acceptable". Another relative said, "[The person has lost half a stone. I'm quite concerned". We contacted the service about these concerns after the inspection and the acting manager told us that these had been addressed. They had ensured the fruit bowl was regularly stocked and a new set of scales had been ordered for the service. We were told monthly weight monitoring was taking place for people and a referral had been made to a dietician when concerns about people's weight had been identified.

At our previous inspection on 4 and 5 April 2017 we found people's health care files did not show that people had regular access to health and social care professionals. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

Each person had a separate health file which gave extra information on how to support them with any health issues. It was clear when looking at people's health files when they had access to health and social care professionals and outcomes of any appointments attended had been documented. Relatives told us their relatives had access to health professionals and were supported to attend; however they would appreciate always being told about the outcomes.

Staff who knew people well were aware of their physical and emotional well-being and the health care services they should contact if there was a change in their well-being. One staff member said, "I have worked with some of these people for a long time and I can detect very quickly if they are becoming unwell and need to be seen by a doctor or specialist."

## Is the service caring?

### Our findings

At our previous inspection of Edward House on 4 and 5 April 2017, we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service did not always treat people with dignity and respect. At this inspection we found the provider had made the required improvements to meet the requirements of this regulation.

Dignity and respect had been discussed in staff team meetings and staff had a better understanding of treating people with dignity and respect. We were shown around the home by the acting manager who showed respect to people's privacy and dignity by knocking on people's doors before entering. The acting manager asked people if we could enter. Some people had staff with them in their rooms and people looked comfortable and happy in the company of their staff. People's physical environments were adapted to suit their needs. One person had recently been supported to decorate their outside space with plants and flowers with their relatives and showed us this whilst smiling and seeming proud of their new garden area.

Staff had a good understanding of supporting people with dignity and respect. They told us how they ensured people's dignity was respected when supporting people with their personal care tasks such as showering. One staff member told us how they had recognised that the dignity of one person who had a catheter in place was being compromised when they wore shorts in the summer. The staff member had contacted a health care professional to seek advice and implemented their recommendations which allowed the person to wear shorts when they wished without revealing their catheter.

Staff had received training on equality and diversity. People's care records included information of people's needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. One person's support plan stated they would be supported to attend church if they wished; however they currently did not want to attend.

Staff were positive about the relationships they had with people. Staff told us that the recruitment of more permanent staff members had improved opportunities for people to develop relationships with staff. They were able to provide examples of how they had supported people to develop their independence such as accessing the community and trying new activities.

People were supported to dress accordingly to their individual tastes. We saw people had been supported to maintain their appearance. People's choices around clothes and what they liked to wear were documented in their support plans. People were encouraged to help with looking after their clothes. One person's daily notes said, "Put their own socks in the washing machine".

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

The acting and senior manager told us that when people were unable to express their views about their

support, staff sought input from relatives and health professionals. The acting manager told us they had recently implemented 'relative meetings' which was a space for relatives to be involved in people's care. Some relatives meetings had taken place and one relative told us this had been useful for them. Where people were unable to communicate due to their complex needs visual aids were used to support people to understand where things were kept or what was being communicated by staff. Menu and activity planners had pictures of food and activities which meant people could visualise and help choose what they may like to eat or do.

## Is the service responsive?

### Our findings

At our previous inspection of Edward House on 4 and 5 April 2017, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that daily notes were not being completed, support plans were not person centred and not all people had access to meaningful activities. At this inspection we found improvements had been made and the provider met the requirements of this regulation. Some time was needed to ensure all people's support plans would be updated and their activity plans reviewed to ensure it would meet their needs.

People's support plans were being updated. This task had been completed in June 2017 by a manager from another service; however all of the information included was not always correct as this manager did not know people well. The acting manager had identified that people's support plans required further individualisation to ensure they would reflect people's needs and preferences. They had updated six of the twelve support plans since August 2017 and we found these were thorough and contained correct and person specific information. The acting manager assured us this was a priority and the remainder of the support plans would be completed as soon as possible.

People's daily notes had improved and a new format had been implemented; however these still needed further development to ensure it would always provide information about the activities that people had been offered to do and what they had actually done. One person's daily notes for five consecutive days in October 2017 showed minimal information such as only what they had eaten. There were no further entries for the day. There were no details on four consecutive days of what people had done or how they had socialised with others. The acting manager told us these were being monitored and would be discussed with staff in meetings and supervisions.

We were unable to speak to people about the activities on offer at Edward House due to their communication difficulties; however we saw people going off site with their staff to engage with their local community. Activities such as; shopping, coffee shops, skiing, swimming and bowling were offered as activities. People could access the day centre on site if they wished to. The day centre provided activities in the evening such as; discos and a sensory room. Relatives gave us mixed feedback about the activities on offer at Edward House. One relative said, "[The person] has not been on all of the planned activities due to staff shortages". Another relative said, "They used to do many more activities than they do now". We discussed these concerns with the acting manager who told us a swimming activity had ceased recently due to a ban on taking people from Edward House to the local swimming pool due to an incident at the pool. The acting manager told us a new hydro swimming pool had been looked into for people who enjoyed swimming as she understood this was an activity that was important to many people.

Staff told us people had a plan of weekly activities in place which provided them with some structure and a regular routine for each day; however this was flexible if people chose not to participate in the planned activities. Relatives told us the activity plans were in place but the activities did not always happen. One staff member said, "I think we could do more activities, some do more than others. It depends who is on shift". The acting manager told us activity planners were being reviewed and updated.

At our previous inspection of Edward House on 4 and 5 April 2017, we found complaints had not always been managed in accordance with the provider's complaints policy. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the requirements of this regulation have been met.

The provider had a policy on complaints and compliments. There had been three compliments since our last inspection. One social worker who had visited Edward House stated the care plan was in good order, the records were easy to read and organised. They gave positive feedback about the new acting manager. Complaints were logged and monitored. Two relatives told us the acting manager had spoken to them about concerns raised but they were still not happy with the outcomes. After speaking with all relatives we spoke to the acting manager who sent us a copy of their action plan of concerns that showed what action had been taken and what action was still to be taken. The acting and senior managers gave us reassurances that they were completing the investigations into these concerns and will be liaising with relatives to ensure these would be resolved to their satisfaction.



## Is the service well-led?

### Our findings

At our previous inspection of Edward House on 4 and 5 April 2017, we identified breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had not operated effective systems to monitor and improve the quality of the service people received and to ensure they met the requirements of the regulations. At this inspection we found improvements had been made and systems had been put in place to monitor and improve the service people received. However, further improvement was needed to the accident and incident management system and systems for gathering feedback about the quality of the service before this regulation could be fully met.

An acting manager had commenced employment in August 2017 and was planning to register with CQC to become the registered manager. The acting manager was being supported by a senior management team to improve the service. Regular audits had been completed by these managers. These included audits for medicines, infection control and health and safety.

We found the provider's quality assurance systems had been effective in driving a number of improvements across the home. For example, we found medicine management shortfalls that had been identified in a medicine audit in October 2017 had been addressed. A quarterly Health and Safety checklist was completed on 4 August 2017 and some new kitchen appliances had been purchased as a result. An infection control audit had been completed June 2017 and following this audit action was taken to put in place cleaning schedules and the provider's infection control procedures and training was updated and shared with staff. The locality manager had undertaken some quality monitoring visits in May, June and July 2017 and had identified that people's daily notes required improvements.

However we found further improvements were needed to ensure the provider's monitoring systems would always be implemented appropriately. For example, daily notes were now being completed; however the quality was varied depending on which staff member was completing them. The senior and acting managers had been completing regular audits on people's daily notes by sampling them sporadically. However; we found some that contained very little information and further time was needed for the daily notes audit to effectively drive improvements in record keeping. A system for reporting and recording incidents and accidents had been put in place. However, this had not always been effectively operated and some incidents had not been reviewed by managers and therefore it had not been identified that appropriate action had not always been taken at the time to ensure people were safe.

People and their relative's views were not routinely sought to improve the service. We were told meetings for people who lived at the home were not implemented due to the complex needs of people. Each person had a keyworker allocated to them who were responsible to review their needs, communicate with their families and health care professionals. However; there had been no key worker sessions completed since our last inspection and since January 2017 when the registered manager had left the service. This meant people's satisfaction with their care had not been routinely sought for a period of time and people had not always been given a regular opportunity to discuss any concerns or provide feedback. An acting manager told us at our previous inspection in March 2017 that these would be introduced with immediate effect. The senior

manager told us they had sent out a questionnaire recently for relatives to complete by the acting manager however the results of these were not available to us during or after the inspection.

Arrangements in place to enable the provider to monitor their safety incident reporting and monitoring system was not always operated effectively. Systems were not in place to regularly gather feedback about people and relatives' experience of the quality of the service provided. This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed with the acting manager the delay in making all the required improvements following our previous inspection. They told us it had taken some time to recruit new staff and a new manager and that a lot of work had been undertaken to ensure a culture of consistent practice and learning was developed. We were told staff morale had improved. Staff team meetings were taking place regularly. Staff told us there had been lots of changes and there was now a space to discuss issues and concerns and these were dealt with appropriately.

We observed staff members were able to ask the acting manager questions and they gave us positive feedback that things were improving. Staff also told us they had found the management changes unsettling and some staff had left. However, they praised the new acting manager and felt confident in their abilities and the improvements they were making. Staff told us that they felt the management and systems to run the home was improving. One staff member said, "We are definitely getting there. Things are improving especially with a more permanent staff team."

All of relatives we spoke with told us they felt the quality of the service had not been consistently good since January 2017. One relative said, "Activities have stopped and the communication is not great". Another relative said, "There have been so many changes".

Relatives told us they knew who the 'acting manager' was. However, they were concerned that a consistent manager had not been in place in the home for some time and was beginning to lack confidence in the provider's ability to establish a strong management team. One relative said, "There have been three managers in quick succession. We've been patient with them, given time for improvements but we are not seeing it". Another relative said, "The new manager seems really nice, but there is just one person after another managing the home". Two relatives told us staff were nice but did not seem to be overly enthusiastic. One relative said, "Some staff are on their phones, however some are really compassionate and caring". We contacted the service after the inspection about these concerns and the acting manager told us staff had been seen using their phones in August 2017; however a new policy had been put in place regarding phone use by care staff

The provider notified the Care Quality Commission of notifiable events. Where the service had raised safeguarding concerns, the provider had submitted the relevant notifications to us.