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Eboracum House

Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Inadequate 
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 took place on 14 March 2017 and was unannounced. This meant the people who lived at Eboracum House and the staff who worked there did not know we were coming. The home was last inspected on 10 August 2016, at which time we found the service was not meeting the requirements of four regulations of the Health and Social Care Act 2008 (regulated Activities) Regulations. The regulations in breach at the last inspection were safe care and treatment in regard to people's medicines, premises and equipment in regard to the safety of the building, the need to gain consent from people to receive care and support and good governance. We found at this inspection that whilst the required improvements had been made to the safety of the building the registered provider had not made sufficient improvements in relation to the other breaches of regulation and there were continued breaches of regulation in relation to the safe care and treatment in regard to the management of medicines and the need to gain consent.

Eboracum House provides accommodation for up to 18 older people who have personal care needs, some of whom are living with dementia. At the time of this inspection there were 12 people who used the service and one person who was staying at the home for a short period of respite care. Respite care is where a person uses the service for a short period of time.

There was a registered manager in post. They had registered with us in January 2017 and had been in post since November 2016.

Staff had undertaken training in safeguarding vulnerable adults; however safeguarding concerns were not always recognised or appropriate action taken to protect people from harm.

Risk assessments were not risk specific and did not explain the measures which needed to be in place to minimise risks to people.

Medicines were not always managed safely as the medication administration records were not completed correctly or clearly and there was inconsistent monitoring of the temperatures at which medicines were stored.

There were sufficient staff on duty and there was a recruitment policy which was robust but we found one instance where this had not been followed to ensure the member of staff was of good character and suitable to work with vulnerable adults.

All staff had not undertaken all the training they required to ensure they were suitably skilled and knowledgeable to carry out their roles effectively and training was not always refreshed in line with the organisation's policy. Staff had received some supervision sessions however there had not been any appraisals carried out recently.

The home was not always working in line Mental Capacity Act 2005 and we could not evidence that consent

to care had been sought or gained appropriately from people who use the service.

People told us the food was good and we saw people had access to drinks and snacks throughout the day.

Staff were kind, caring and sympathetic; however they did not always protect the dignity of the people they cared for.

Care plans were not person centred and did not contain sufficient detail about people in relation to their preferences, likes, dislikes and needs. Whilst care plans were reviewed each month care plans were not re-written to reflect changes to people's needs.

The home had an activities coordinator and we saw there were planned activities which people engaged in and enjoyed. However, the activities coordinator only worked part time which meant there were prolonged periods of time where people did not have meaningful activities to occupy them.

Complaints had been recorded, investigated and responded to appropriately.

There was visible leadership within the home as the registered manager was accessible to people and staff during the day. People and staff spoke positively of the registered manager, who they told us was approachable.

Processes to monitor the quality and safety of the service were not effective or consistent and had not addressed the breaches found at the last inspection nor identified the concerns found during this inspection. The registered provider did not have oversight of the performance of the home.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. Services in special measures 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 providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Safeguarding was not always recognised and reported to the relevant authorities. Risk assessments were not risk specific and did not explain the measures which were needed to keep people safe from harm.

Medicines were not managed safely, with records not always correctly completed.

All the required pre-employment checks for staff had not been carried out for the registered provider to assure themselves they were of good character and fit to work with vulnerable adults.

Is the service effective?

Inadequate ●

The service was not effective.

The home was not always working within the principles of the Mental Capacity Act 2005, and had not sought or gained consent from people who were receiving care and support.

People told us the food was good and we saw there was a good choice of food available during the inspection.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff were kind, caring and compassionate towards people. Staff did not always maintain people's privacy and dignity.

We saw staff interacted with people frequently and positively throughout the day, and were interested in their well-being.

We did not see any evidence that people had independent advocates who could support them to make decisions if they were unable to make some decisions independently.

Is the service responsive?

The service was not always responsive.

Care plans had some elements of personal information; however this was not prominent and was at the back of the file. There was little detail about people's likes, dislikes and personal preferences. Whilst there was evidence of monthly reviews, care plans were not updated to reflect changes to people's needs.

There was an activity coordinator in the home; however they only worked part-time, which meant there were long periods without any activities taking place.

Complaints were recorded and had been managed in line with the organisational policy.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There were processes in place to monitor the quality and safety of the service, however they were ineffective and had not identified the concerns found during the inspection, and had not ensured the appropriate actions had been taken to achieve the required improvements.

Records were not detailed and were not completed in line with the care needs described in people's care plans.

The registered provider had not made the required improvements to the home, and whilst there had been notifications made to the Care Quality Commission of incidents which affected the home, these were not always correctly completed.

Inadequate ●

Eboracum House

Detailed findings

Background to this inspection

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

The inspection was prompted in part by a notification of an incident following which a person who used the service sustained a serious injury. This incident is currently being investigated under the Care Quality Commissions Health and Safety executive powers and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk in regard to the management of behaviour that challenges others and maintaining the safety of people who were living with dementia. This inspection examined those risks.

This inspection took place on 14 March 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert in this case had experience of the care of older people and people living with dementia.

Prior to the inspection we reviewed the information we held about the service including notifications of significant events we had received since the last inspection. We spoke with the commissioning authority and local authority safeguarding team to gather information on their involvement with the home since our last visit, the feedback we received was mixed.

During the inspection we inspected the care records for four people who used the service; this included daily care notes, food and fluid records and risk assessments. We inspected the medication administration records for everyone in the home, complaints, accident and incident records, safety certification for the home and the equipment which was in use and the processes which were in place to monitor the quality and safety of the home.

We spoke with the registered manager, the deputy manager, three care staff, the cook and the activities coordinator. We also spoke with 12 people who lived at the home and 3 relatives who visited during the day.

Is the service safe?

Our findings

At the last inspection we found there were breaches of Regulation 12 safe care and treatment and regulation 15 premises and equipment. There had also been a breach of Regulation 12 at the previous inspection in May 2015. We found action had been taken to make the required improvement to satisfy the breach of regulation 15 premises and equipment but we found whilst there had been some improvements in relation to the breach of regulation 12 in respect of the management of medicines, there were still breaches of this regulation in relation to the management of medicines and the management of risk.

People we spoke with told us, "I feel ok here, there are enough staff", "I am fine here" and "staff are alright, always busy, what they do is good".

Relatives said, "It could be better but my [relative] is settled. There have been lots of staff changes", "It could be better but my dad is settled. Lots of staff changes. Better, improved over the last three months. Treated well though I think they need one more member of staff" and "They are treated well, although I think they need one more member of staff."

Staff had undertaken training in safeguarding vulnerable adults, and whilst they were able to demonstrate some understanding of their role and responsibilities in keeping people safe, we found evidence there had been incidents which should have been recognised as safeguarding concerns which had not been appropriately reported or investigated. For example, we found there had been injuries which were unexplained and no action had been taken to investigate how the injuries had occurred and no reports were made to the Care Quality Commission or local authority safeguarding team. We found another example where a person had gone into the garden repeatedly overnight in January 2017; this person was not supervised and was not appropriately dressed for the cold weather.

This was a breach of Regulation 13 safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at risk assessments which were in place. We found risk assessments were not always risk specific and did not identify the individual risk and the measures which needed to be in place to keep people as safe as possible. We also found risk assessments for skin integrity and nutritional risk which were incorrectly scored as some information had not been included. For example, in one assessment the person had a pressure area; this had not been counted in the scoring which gave an inaccurately low score.

We found care plans which stated risk assessments should be carried out monthly, yet in one case records showed there had been a gap of eight months between the assessments of a person's skin integrity. We found a moving and handling risk assessment which stated the person's weight would not be a factor of risk, however, the person was underweight and had poor muscle tone. The person's weight and general frailty had also not been included in their falls risk assessment.

We found there were personal emergency evacuation plans in place; however the ones we reviewed were

very basic, and stated the number of staff the person would need to assist them to leave the home in an emergency situation, but did not describe how this should be done safely.

There was conflicting information regarding risk in people's care plans, for example, for one person we found the care plan stated they were at medium risk of falls, however the falls risk assessment showed the falls risk as high. This was not mentioned in the monthly reviews of the person's care plans.

We found there were records of accidents which had taken place. There was information on who had suffered the accident, where they were and the time of the accident, along with details of what had happened. We did not find any records of incidents which had occurred for instance where there had been any behaviour which challenged others; however staff told us this did occur and we saw records which confirmed this in people's care plans.

We found that in cases where there was any behaviour that challenged others, there was very little information contained within care plans to guide care staff in how best to manage the behaviour positively and maintain the safety of people in the home. For example, in one behaviour management plan we saw the only advice offered was to offer the person a hot drink or a snack; there was no guidance as to what should be done in the event this did not diffuse the situation.

The above demonstrates a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found there had been electrical repairs which were required. We found the work had been carried out and the electrical fixtures were now safe. We inspected the maintenance and safety records for the premises and equipment which was in use and found these to be up to date.

We found there was sufficient staff to meet people's needs as there had been a reduction in the number of people who used the service but the staffing levels had remained the same, which meant staff had more time to spend with people generally.

We reviewed the recruitment processes in place and the files for three members of staff. We found in two of the files there had been appropriate pre-employment checks made, however in the third file the application form was incomplete and there were no employment references from previous employers. We found there was a disclosure and barring service (DBS) check in place for each of the staff we reviewed. The lack of pre-employment checks in the file we reviewed meant we were unable to satisfy ourselves the person was of suitable character to work with vulnerable adults. We discussed this with the registered manager who told us they would speak to the operations manager to gain this evidence; we did however not receive any further documents.

This was a breach of Regulation 19 fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the way in which medicines were managed in the home, and whether the practices were safe. We found there had been some improvements in the management of medicines since our last inspection. We found the medicines storage room was tidy, well organised and stocks were clearly labelled. However we found the records of the temperatures in the medicines room and fridge were missing, the last available record was dated 1 February 2017. We discussed this with the registered manager who told us the records existed, however they were unable to produce them. The records which were present showed the room and

the fridge were maintained at the correct temperatures when they were monitored.

We reviewed the use of controlled drugs. Controlled drugs are medicines which require extra security measures to be taken and very specific records to be kept of their use due to the potential for misuse of these medicines. We found there was a controlled drugs register in place. We were concerned there appeared to be pages missing from the front of this register. We discussed this with the registered manager who clarified with the pharmacy who supplied the register that it was in its original state, but did say they would provide a replacement register. We found there were no controlled drugs in stock at the time of the inspection, however there was a medicine which due to the type of medicine it was (Schedule 3) was being stored in the controlled drugs cabinet, which is good practice. A schedule 3 drug is one which has a higher risk of misuse due to the type of medicine it is, but does not have to be stored as a controlled drug.

We reviewed the policy which was in place for the management of medicines. The policy which was present in the medicines file was incomplete, as it referred to additional documents which were not present; these included forms for the use of covert medicines and as and when required (PRN) medicines. This meant staff did not have access to all the information and documentation they needed. We discussed this with the registered manager who told us they would source a complete copy of the policy.

We found where there were PRN medicines prescribed however there were no protocols in place. PRN medicines require a protocol which details the name of the medicine, the reason for it to be used, how staff would know when a person requires the medicine if they were unable to tell staff, how staff would know if the medicine was effective and any circumstances when staff should consult the prescribing physician. We found there were people who were not receiving PRN medicines, particularly pain killers. There were no reasons recorded why this was the case on the Medication Administration Records (MARs).

We reviewed the MARs which were currently in use in the home. We found records were not correctly completed in all cases. For example we found medicines were recorded as refused, which required a reason to be recorded on the reverse of the MAR, however no reasons were recorded. We found there were incorrect codes used in some cases including '/' which was not listed as an acceptable entry. We discussed this with the registered manager who said they would speak to staff about this.

There had been a meeting held with all staff who administered medicines in the home on 16 February 2017. During this meeting it had been discussed with staff the importance of correctly filling out MARs and ensuring all entries were legible. This was not the case in the MARs which were currently in use at the time of the inspection as some entries were not legible and could have been either a code or a person's initials. Staff had also been instructed to record a reason for each PRN medicine which was not required on the reverse of the MAR, which again had not been the case on the current MARs. This meant that despite the manager ensuring staff understood what was expected of them, they were not completing documentation correctly. The incorrect completion of MARs put people at risk of not receiving their medicines as prescribed as the records are unclear and could lead to mistakes being made.

We reviewed some of the medicines which were currently in use; we found the majority of people's medicines were supplied in sealed trays which were supplied by the pharmacist. There were some medicines such as pain medicines which were kept in their original packets. We reviewed the records compared to the stocks of these medicines for five people. The current stock of medicines had been in place for seven days at the time of the checks we carried out. We found in all five cases the records and the stocks of medicines did not match. We found there were 26 tablets missing in one case and 24 tablets missing in another. We discussed this with the registered manager who could not offer any explanation as to how this could have happened. This meant people were potentially not receiving medicines which were supplied for

their use, and it was not possible to know whether people had received their medicines as recorded on the MARs, which put people at risk of overdose or not receiving medicines which they needed.

We noted in one case a person was prescribed a pain medicine to be taken four times per day, however the records were only completed for tea time and bed time each day. This meant the person was not receiving their medicines as they had been prescribed.

The above demonstrates a continued breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did find information included in a medication audit dated 13 March 2017 which gave us cause for concern as it recorded that plastic pots which were used to administer medicines to people were being washed in a sink, when they required to be placed in the dishwasher to ensure they were adequately cleaned in line with the organisations policy.

The home appeared clean on the day of the inspection and we observed there was a member of domestic staff on duty during our visit.

We also found references in staff supervision records of staff reporting a lack of personal protective equipment, including dry wipes, gloves and aprons, all of which are required to help to prevent the spread of any infections present in the home. We did not observe a lack of personal protective equipment on the day of the inspection.

Is the service effective?

Our findings

People told us, "I like it here the food is good", "Food here is half and half, some good some bad" and "The food is good here, there is plenty to eat".

One relative we spoke with said, "The food is good, we are satisfied with that".

We reviewed the training which staff had undertaken. Staff we spoke with told us "The training is much better" however we found when we reviewed the training matrix that whilst some staff had completed mandatory training, this was not always refreshed in line with the organisational policy and some staff had not undertaken all their mandatory training. We found that 11 of the 19 staff did not have current moving and handling training (58%), 12 did not have current first aid training (63%), 13 staff had not undertaken dementia awareness training (68%) and nine staff had not undertaken basic food hygiene training (47%). This meant staff would not have all the skills and knowledge to carry out their roles effectively.

We spoke to staff who told us they had recently received supervision with a senior member of staff; one staff member told us "I have only had one supervision that was recently". We reviewed the supervision matrix we were given which showed all staff had received one supervision in February 2017, however we were not supplied any evidence of when supervision had taken place before that, therefore we were unable to verify staff received regular supervision and support. We asked for but did not see any evidence of appraisals which had been carried out. Supervision and appraisals are an important part of supporting staff, ensuring they are up to date with training, discussing any concerns and reminding staff of key areas of their roles, for example policies and procedures. Appraisals are also important as they allow staff performance to be reviewed and actions identified to allow staff to develop and enhance their practice.

The above demonstrates a breach of Regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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). We found there were clear records which showed when DoLS had been applied for, and whether an authorisation had been granted. If an authorisation was granted the records also showed 'at a glance' when a renewal application would need to be made.

We found there had been some mental capacity assessments carried out, however these were not in relation to decisions about where the person wanted to live or their need for care and support. We found in some cases there was contradictory information. For example one person who had been assessed to have the mental capacity to make their own decisions had not been asked to consent to receive personal care, and a relative had been asked to sign on their behalf. This did not protect the human rights of the person concerned who was able to sign for themselves.

We found there were consent forms contained within care plans, however the consent sought and gained was in respect of sharing information, taking photographs, managing personal funds and taking people on outings. We did not see any evidence people had been asked for or had given their consent to the care they were receiving or that in cases where people were unable to give their consent this had been sought from a person who had the legal authority to act on their behalf. It is essential where a person has legal authority to act on another person's behalf for example as a power of attorney (POA) that the home has a copy of the authorisation and are clear what powers the person has.

We saw there had been some best interest decisions made, however, in some cases these had been made by staff without consulting other interested parties, such as relatives or other health professionals.

The above demonstrates a continued breach of Regulation 11 need for consent of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

On the day of the inspection the food smelt appetising and we observed the cook visiting each person before lunch to offer them a choice of meal and make sure they knew what each person wanted for their meal. People were encouraged to eat and drink in a respectful manner by staff who offered choices to people. We saw people were offered regular drinks and snacks. One person told us, "There are plenty of drinks of coffee. I like biscuits, digestive biscuits, they have plenty of them."

We saw specialist equipment was available and in use where needed for instance plate guards to help people eat independently. We observed that assistance was given to people who were unable to cut up their food, to ensure food was in manageable sized pieces. People were able to eat at their own pace and staff encouraged and reminded people to finish their meals.

We spoke with the cook who told us they had a four week rolling menu, with the menu for each day was written on a chalk board outside the dining area. The cook was able to tell us about the dietary needs of people who used the service including people who required a diabetic diet, and people who were at risk of poor nutrition. The cook was able to explain the ways in which they would fortify the diets of people who required a higher calorific intake.

We noted there were monthly resident meetings held and we saw evidence that suggestions which had been made by people had been acted upon. For example people had asked for hand and face wipes at meal times and we saw these were available at lunchtime.

We found there had been some improvements to the décor in the home, with communal areas having been redecorated to make them more welcoming and homely. We found there was a sweet shop with weighing scales and a post box added to the facilities. There had been frames put outside of people's bedrooms; however the ones we saw had not been filled. The idea of the frames being that if there are familiar items or pictures placed near people's rooms it helps them to identify their own room more easily, this is particularly needed for people living with dementia.

We saw from people's care files and people we spoke with confirmed people had access to a range of health professionals and people and their relatives told us staff were quick to call someone if they had concerns. People told us, "If I am unwell they get the doctor in" and "They help me with my hospital appointments. A relative told us "They are very good at getting the doctors, and they got [relative] some new glasses."

Is the service caring?

Our findings

People told us, "The staff are so caring here", "There is nothing I would change to improve it" and "I like it when my son and daughter visit."

One relative we spoke with said, "The staff are great, they are really helpful. [Relative] smiles when they come into the room".

We observed throughout the day staff interacted positively and frequently with people who used the service and visitors. The staff were warm and welcoming when people's families arrived and clearly knew people well, as there were friendly conversations and banter taking place.

Staff treated people with kindness and were caring in their approach. We did note there were some concerns with staff maintaining people's dignity. For example, we saw some people were wearing clothes that had food stains from meals consumed earlier in the day. We saw one occasion where a person had food on their jacket and a member of staff wiped this off with a cloth which they had wiped a table with.

Staff were careful not to discuss people in communal areas and to make sure people were appropriately covered whilst being supported. Staff were patient and people were not rushed. One person told us, "I am treated well and with respect. They are good to me."

Due to the reduced number of people who used the service staff had time to spend chatting to people and ensuring they had their needs met socially. We did see as the day wore on there were some people who were becoming increasingly anxious. We saw staff trying to redirect one person who was pacing around the ground floor of the home, and was becoming verbally aggressive to another person who lived at the home. Staff repeatedly redirected people to other rooms to calm challenging situations but they did not attempt to engage people in a meaningful activity which would distract them.

We saw staff supporting and encouraging people to carry out tasks for themselves, including eating their meals and mobilising around the home. Staff were mindful of people who had chosen to sit in quieter areas of the home and ensured they came and regularly checked on people and made sure they were not missed out when drinks were offered for instance.

We saw staff had begun to speak to people about their wishes for the end of their lives and there were care plans beginning to be completed to show what people had said. The care plans we saw however were very basic and did not give any information about people's religious or spiritual needs; they focused on the practical elements, for example whether they wished to remain at the home and whether the person had made arrangements for their funeral. We noted there was still no reference to people's spiritual or cultural needs in their care plans despite this being discussed at the last inspection.

Is the service responsive?

Our findings

People told us "I am happy here and enjoy doing activities" and "I am very happy here I can come and go as I please with my family. I do want to be able to plant things in the garden this summer though."

A relative told us, "I had to raise a complaint last year, it was handled well".

We inspected the care plans for four people. We found the care plans were not up to date and were not person centred. We found care plans lacked personal information, and where there had been personal information collected this was stored towards the end of the care file in the same section as the end of life care plan. It is important that care staff have access to information about people's lives to allow them to understand the person and give them background information on their personal history and family.

We found conflicting and contradictory information in care plans. For example in one care file we found the person had been deemed to lack capacity in one section yet in all other references to their mental capacity they were found to have capacity and there had been no application for a Deprivation of Liberty Safeguard and the person was listed as having mental capacity in the central DoLS file.

We found care plans which were out of date as people's needs had changed. The home carried out a monthly review of each care plan, some of these reviews did contain changes to people's needs, however care plans were not re-written when a person's needs changed. We discussed this with the registered manager who told us the information was in the reviews. We explained this was not adequate as this relied on care staff reading every review since the care plan was written to ascertain the person's current needs.

Care plans did not include information on people's likes and dislikes, for example what kind of clothes they liked to wear, or what toiletries they liked to use. This meant that where people were not able to tell care staff what their preferences were there was no information available to ensure their preferences were considered. We discussed the shortfalls in the care plans with the registered manager who told us they felt they had made improvements since our last inspection, but would re-look at the care plans and the order of the care files.

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

There was an activities coordinator employed by the home; however we found they only worked for two hours per day Monday – Friday, which meant there were long periods where people were not offered structured activities in which they could engage. The activities coordinator told us they offered a variety of activities including, hand massage, memory boxes, colouring, music and gentle exercise sessions. On the day of the inspection we observed the activities coordinator doing a sing along in the lounge, the music was appropriate and they encouraged everyone to be involved. Other people played a rope hoops over pegs game and played with trinkets from a reminiscence box.

We reviewed how the service recorded, investigated and responded to complaints. We found there had been four complaints received and recorded. There was evidence these complaints had been investigated and responses had been sent to each complainant.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager had been in post since November 2016 and had been registered with the Care Quality Commission since January 2017.

There was also an operations manager who regularly visited the home to offer support to the registered manager.

One person told us, "The manager is approachable, I like them. They haven't been here for long though."

Staff we spoke with told us, "The manager takes an interest, she involves the staff" and "The new manager is really nice and really appreciative". The deputy manager told us "Everything has changed, we have plain simple paperwork, it does what it says on the tin".

The deputy manager was present in the home on the day of the inspection although they told us they were 'not on duty'. We saw the registered manager based themselves in the centre of the home, and they made sure their door was open to staff and people as much as possible. Staff we spoke with were clear about their roles and responsibilities and spoke positively about the new registered manager. One member of staff told us "It was like mayhem before, now you know what you are doing and have everything you need."

Staff morale was good in the home with staff telling us they worked as a team and supported each other. One staff member said "The care is better; we work well as a team. I am trying to show new staff it is a good place to be".

Staff told us the paperwork was 'better' and 'simpler' and reported they now had the time to complete care records, whereas they had not previously had time to do this. One member of staff told us "The paperwork is improved loads; they are making people do it."

We reviewed the processes which were in place to monitor the quality and safety of the service. We found that whilst there were some processes to monitor various aspects of the operation of the home, for example health and safety, the use of medicines and infection prevention and control, these were carried out infrequently and there was no timetable showing when each area should be monitored to ensure all areas of the home were under sufficient scrutiny. We found the systems which were in place had not ensured the breaches identified at the last inspection had been addressed and compliance achieved.

We found there had been a fire audit, which according to the form was to be carried out monthly; there was only one audit present which was dated 23/12/2016. There was a form for mattress audits to be carried out; there were no completed forms in the audit file. There was a daily medicines audit dated 10 January 2017, there were none present for each day after that. There had been infection control audits completed in August and October 2016, there had been none completed since then.

There were quality monitoring visits carried out, the format of these visits was designed to be in line with the

key lines of enquiry used by the commission, safe, effective, caring, responsive and well-led. The latest visit had looked only at well-led and had not identified any of the concerns we identified during our inspection in relation to the well-led line of enquiry. This meant the processes which were in place to monitor the quality and safety of the service were not effective, and the senior manager visits were not picking up concerns either. This showed neither the registered manager nor the registered provider had oversight of the quality or safety of the service provided within the home. We noted there had been a management meeting held 14 November 2016, at which it was explained to home managers "All audits must have actions that you have found with realistic timeframes, if the timescale overlaps and is not completed on time then the manager must extend the timescale giving their reasons and all actions must be signed off when completed'. However we found there were very few actions recorded on the audits we reviewed and where there had been actions these had not been signed to show they had been completed in all cases or timescales extended.

We reviewed the records which were kept in respect of the care and support people received. We found that whilst there was daily care records kept, these were not sufficiently detailed to allow the reader to gain insight into how people spent their days and how they were during any particular day. We found there were instructions in care plans that people required regular checks through the night (two hourly) to ensure their safety however there were no records to show these had taken place. This meant people may not be receiving regular checks which had been assessed as being necessary to keep people safe and well, and if there was an incident staff may not be aware for a significant period of time.

This was a continuation of the breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 found at the previous inspection.

We reviewed the notifications of events which affect people who used the service submitted to us since the last inspection. We found that whilst there had been notifications submitted they were not always made correctly. For instance a death which had occurred had been reported as 'expected' when in fact it was the result of an accident which is being investigated separately under our specific incident protocols in line with the Health and Safety Executive powers.

The last rating was displayed in the home and on the registered provider's website.