

Mr David Hetherington Messenger

# Epworth House Care Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

This inspection took place over two days on 27 October 2014 and 3 November 2014. The inspection was an unannounced inspection, which meant the provider and staff did not know we would be visiting.

The home was last inspected on 25 October 2013 and was meeting the requirements of the regulations we checked at that time. On our three previous visits to the home on 10 December 2012, 22 April 2013 and 6 August 2013 the service was not meeting the requirements of the regulations we checked at that time.

Epworth House Care Centre is a care home registered to provide personal care and accommodation for up to sixty seven older people. The home is separated in to three units. One unit is for people who have a diagnosis of dementia, the second unit is for people who are in a period of rehabilitation, with the intention of returning home and the third unit is for people who needed personal care. At the time of our inspection 49 people were living at the home.

# Summary of findings

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 in the Health and Social Care Act and associated Regulations about how the service is run.

The service's system for maintaining fire safety had not been maintained, resulting in a breach of the Regulatory Reform (Fire Safety) Order 2005. You can see what action we told the provider to take at the back of the full version of the report.

The home did not have effective systems in place to manage medicines, which meant people were not always protected from the risks associated with medicines. You can see what action we told the provider to take at the back of the full version of the report.

Staff recruitment procedures were in place, but there were gaps in some of the information required to be in place before staff commenced employment. The recruitment and selection procedure in place for staff to follow did not identify fully what those documents were. This meant people were cared for by staff who had not been appropriately assessed as safe to work with people. You can see what action we told the provider to take at the back of the full version of the report.

People did not always have a written assessment, care plan and risk assessments in place. Where assessments, care plans and risk assessments were in place they did not always contain up to date or accurate information about people. People and/or their relatives were not routinely included in the formulation and review of their care plans. This meant people and/or their representatives were not fully involved in the assessment and care planning process. You can see what action we told the provider to take at the back of the full version of the report.

A system was in place for staff to receive training that was relevant to their role, but there were gaps in the training they had received and the training had not been refreshed/updated in accordance with the service's own requirements. You can see what action we told the provider to take at the back of the full version of the report.

Staff told us senior managers visited the home regularly and they had the opportunity to speak with them if they needed to. The home did hold residents and relatives meeting, but these were not at the frequency the home had identified in their quality assurance process.

The registered manager had not always informed the Commission about notifiable incidents in line with the Health and Social Care Act 2008, for example, allegations of harm and outcomes of Deprivation of Liberty Safeguard (DoLS) applications. The manager had not completed the provider information return as required.

Quality assurance systems were in place to monitor and improve the quality of service provided, but these were not fully embedded at the service and had sometimes been ineffective in identifying actions needed to improve the service in a timely way. You can see what action we told the provider to take at the back of the full version of the report.

The home was clean and had a pleasant aroma. There was a calm atmosphere in the home. Our observations during the inspection told us people's needs were being met in a timely manner by staff. People told us staff responded promptly when they used their call buzzers for assistance during the day or night. Staff were respectful and treated people in a caring and supportive way.

People told us they felt safe and were treated with dignity and respect. Our discussions with staff told us they were aware of how to raise any safeguarding vulnerable adults concerns and were confident senior staff in the home would listen and act on those concerns.

People spoken with told us they were satisfied with the quality of care they received and made positive comments about the staff. Relatives spoken with also made positive comments about the care their family members had received.

We saw information in people's care files that health professionals were contacted in relation to people's health care needs. This was confirmed by the people who used the service and staff and included doctors and the community mental health team.

People were satisfied with the quality of the food provided and said their preferences and dietary needs were being met.

# Summary of findings

The service promoted people's wellbeing by providing daytime activities for people to participate in. We saw that there was a range of activities available for people to participate in. We also saw care staff spending time chatting with people about the day, their past lives and providing choices of how they might want to spend their day.

People told us they had no complaints with the service and if they did they would raise them with staff and/or the manager and they would be 'sorted out'.

Staff told us they enjoyed caring for people living at the home. They demonstrated familiarity and knowledge of people's individual needs, life history, their likes and dislikes and particular routines.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. However, we found the registered manager was not fully up to date with the Deprivation of Liberty Safeguards (DoLS). These safeguards form part of the MCA and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

# Summary of findings

## 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 safe.

We found people were at risk of potential harm, because the service had not managed risks to people in terms of fire safety, the recruitment of staff and medicines management.

People told us they felt 'safe'. Staff were aware of how to raise any safeguarding concerns and were confident those concerns would be listened to and acted on.

People or staff did not have any concerns regarding staffing levels. During the inspection staff responded to people's calls for assistance in a timely manner.

**Inadequate**



### Is the service effective?

The service was not effective.

A system was in place for staff to receive training, but there were gaps in the training they had received or it had not been updated in accordance with the service's own requirements.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. However, we found the registered manager was not fully up to date with the Deprivation of Liberty Safeguards (DoLS). These safeguards form part of the MCA and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

People were satisfied with the quality of the food provided and told us their preferences and dietary needs were accommodated.

We saw information in people's care files that health professionals were contacted in relation to people's health care needs. This was confirmed by the people who used the service and staff and included doctors and the community mental health team.

**Requires Improvement**



### Is the service caring?

The service was caring.

People and relatives made positive comments about the staff and told us staff treated them with dignity and respect. The staff were described as being friendly and approachable.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

**Good**



# Summary of findings

Staff enjoyed working at the home. They knew people well and were able to describe people's individual likes and dislikes, their life history and their personal care needs.

## Is the service responsive?

The service was not responsive.

People did not always have a written assessment, care plan and risk assessments in place. Where assessments, care plans and risk assessments were in place they did not always contain up to date or accurate information about people. People and/or their relatives were not routinely included in the formulation and review of their care plans. This meant people and/or their representatives were not fully involved in the assessment and care planning process.

The service promoted people's wellbeing by providing daytime activities for people to participate in.

People told us they had no concerns and if they did were confident to raise them either with staff and/or the manager and said they would be dealt with.

Inadequate



## Is the service well-led?

The service was not well led.

There were planned and regular checks completed by the regional manager, registered manager and deputy manager within the home to assess and improve the quality of the service provided, but these were not sufficiently embedded to identify, assess and manage improvements in a timely way.

The manager had not always informed the Commission about notifiable incidents in line with the Health and Social Care Act 2008.

Care staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed. They told us staff meetings took place to identify where improvements were needed within the service and to learn from incidents that occurred within the service.

Inadequate



# Epworth House Care Centre

## Detailed findings

### Background to this inspection

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

This inspection took place over two days on 27 October 2014 and 3 November 2014. The inspection was unannounced. The inspection was led by an adult social care inspector who was accompanied by a specialist advisor who had expertise in services provided in care homes 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.

Before our inspection, we reviewed information we held about the service. This included correspondence we had received about the service and notifications required to be submitted by the service. This information was used to assist with the planning of our inspection and inform our judgements about the service.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The manager had not returned the PIR as they told us they did not receive this.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We spoke with twenty people who used the service, twelve relatives or friends of people, three health care professionals, the operations manager, regional manager, the registered manager, deputy manager, the administrator, four staff formally and four staff informally. We looked round different areas of the home such as the communal areas and with their permission, some people's rooms. We reviewed a range of records including six people's care records, two people's medication administration records, three people's personal financial transaction records, three staff files and other records relevant to the management of the regulated activity.

# Is the service safe?

## Our findings

When we spoke with people who used the service they all told us they felt 'safe' and had no worries or concerns. Representatives of people who used the service that we spoke with were also assured about their relative's safety. Comments included, "I feel my [relative] is completely safe here. They are alright when I arrive and never complain about anything", "[my relative] is definitely safe here and it gives us, as a family, peace of mind", "[my relative] is really safe here, there is just no ill treatment at all. She would tell us if there was any and we would do something about it", "I feel safe from things outside the home and there is nothing to fear inside the home", "we have no fears here about anything from the outside, nor is there anything going on here with the staff – like you see sometimes in the papers" and "everything is OK here – we've no need to worry about a thing'.

The manager told us staff received safeguarding vulnerable adults training so that they had knowledge of what constituted abuse and how they must report any allegations. When we spoke with staff they confirmed they had received training and were clear of the action they would take. Staff were confident that senior staff and managers would listen and act on information of concerns and would report any allegations of abuse.

The fire authority issued a fire enforcement notice on 7 October 2014. A fire enforcement notice is used when a service is not complying with the regulations within the Regulatory Reform (Fire Safety) Order 2005. This was due to bedroom doors not having self-closing devices, aspects of fire maintenance had been inadequately maintained and fire training had not taken place in accordance with the service's own fire risk assessment. A fire safety audit carried out 17 September 2014 had identified concerns and an action plan implemented to improve the safety of people who used the service and others and protect them and the building from the risk of fire. During the inspection we confirmed that remedial work to become compliant with the enforcement notice was taking place, but was not yet fully completed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On 31 July 2014 the service was awarded a rating of 5 by the environmental health officer. Food Hygiene Rating

Scores (FHRS) score ratings based on how hygienic and well-managed food preparation areas were on the premises. Food preparation facilities are given "FHRS" rating from 0 to 5, 0 being the worst and 5 being the best.

During the inspection the registered manager explained the staffing arrangements for each unit to ensure there were sufficient numbers of staff on duty who were suitably qualified, skilled and experienced.

When we spoke with people who used the service they told us staff responded promptly when they used their call buzzers to call for assistance during the day or night. They told us a staff member always came in response to their calls. People and their representatives did not express any concerns about the staffing levels with the home or that staff did not have the appropriate skills or experience in the provision of their care.

Staff spoken with did not express any concerns about the staffing levels at the home and our observations during the inspection told us people's needs were being met in a timely manner.

We looked at the staff recruitment and selection procedure dated June 2014. The procedure did not detail the information that must be obtained about a person seeking to work in a care home as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions.

The manager told us seven members of care staff had been recruited since the last inspection. We checked three of those seven staff files to evidence that all of the required information had been obtained to confirm the service followed an effective recruitment process for staff. In one file, we found references had been received after the member of staff had commenced employment. This could mean that people were employed without full information about them to ensure that they were suitable to work in care before they commenced employment. In the other two files we found gaps in the person's employment history, without a written satisfactory explanation of the reason for those gaps. In addition, satisfactory evidence of previous employment concerned with the provision of health or social care and vulnerable adults or children had

## Is the service safe?

not been obtained for all previous periods of employment with such an employer. There was also no documentary evidence of the staff member's previous qualifications and training.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the systems in place for managing medicines. We looked at two people's medication administration records (MAR) and checked a sample of these against the prescribed medicines for those people. On the MARs we found handwritten entries had been signed by two staff members to verify the entry of the prescribed medication. The amount of medication received into the home had been recorded. There was only one gap where there was no signature to confirm whether or not the member of staff had administered that particular medication. However,

when we checked the MARs against the stocks of medication we found discrepancies with three of the six medicines we checked. We spoke with staff and they were unable to provide a reason for the discrepancy. This showed there was no robust audit trail in place to account for medicines.

We spoke with two staff members about our findings. They confirmed that the concerns we found had been identified on previous audits that had been completed. We reviewed a range of audits that had taken place in a three month period. The audits identified improvements were needed, but the improvements had not been implemented identifying the monitoring systems had been ineffective in practice.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.



# Is the service effective?

## Our findings

The manager maintained a staff training record to monitor the training completed by staff. We looked at this to confirm staff had received appropriate training and saw there were gaps in some areas. The training record identified gaps where people had either not received the training or had not received updated/refresher training identified as required by the service. This included, safeguarding training, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) training, practical moving and handling, first aid, medicines, dementia and fire safety. This meant there was a risk people may be receiving care and treatment from staff who may not be appropriately trained in their role or who require their knowledge updating.

The manager told us the training shortfalls had been identified by them and a member of staff had been appointed specifically to identify, monitor and deliver training that staff required. When we spoke to staff about training this was confirmed by them. One member of staff told us they had not received any training whilst at Epworth House Care Centre, but had received training at their previous employment but they thought some of that would need updating. Another member of staff said they had received some, but not all training and some had been planned for them. A further member of staff told us they had received all training, but that most of it had not been updated for some time.

When we spoke with staff they could not recall when they last had a supervision or annual appraisal. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager for the purpose of reflecting and learning from practice, personal support and professional development in accordance with the organisation's responsibilities and accountable professional standards. An appraisal is a meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The registered manager was asked and did not provide us with the dates of staff supervisions or appraisals to confirm staff had received these.

This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The MCA (Mental Capacity Act 2005) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and in place so that where someone is deprived of their liberty they are not subject to excessive restrictions.

Care staff we spoke with had received training in MCA and DoLS and could describe how it applied to their role. They said if they had concerns they would report this to the manager. We spoke with the registered manager about a recent change to DoLS following a supreme court judgment. The manager was not aware of the change and therefore had not considered if any additional DoLS applications would be required to be made.

We looked at care records for people who used the service and we found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners. This meant staff ensured appropriate professionals were involved so that people received suitable care and treatment.

People who used the service in the main told us they were satisfied with the quality of the food provided. Comments included, "although I haven't eaten here myself, I have seen some of the meals and [my relative] tells me that the food is very good", "the food is lovely", "I have a choice about what I eat and it is all cooked very nicely", "I would have to say it is 'fair' – some days its 'great' and some days it isn't", "the food here is beautiful, they make whatever you ask for" and "although I can't eat as much as I used to, what I have I enjoy". People told us they got plenty to eat and drink and we saw that they had their meal where they chose to eat.

We observed the lunch time meal in the downstairs dining room. Dining tables were set with table cloths, serviettes, cutlery and condiments. There were personalised table mats for each person and we saw they sat at a designated place in the dining room. We observed the meal looked and smelt appetising and we saw people who were enjoying their meal. We saw everyone had a drink with their meal. The meal time was a pleasant experience for people who were exchanging banter between themselves and with the staff. We saw that staff were familiar with the likes and dislikes of people. Where people needed their meals to be soft in texture, this was also done in a way that looked appetising for people to eat.

## Is the service effective?

We observed and were told by staff that people choose the meals they wanted the day before, not at the time of eating their meal. However, a number of people who used the service had dementia. People with dementia are not always able to retain and recall information, so may not

remember what they had ordered the previous day and there was no menu displayed to inform people what was being served. We did see that some people changed their mind of what they wanted to eat and an alternative was offered.

# Is the service caring?

## Our findings

The entrance to the service was welcoming and contained information about the service.

When we spoke with people who used the service they made positive comments about the staff and told us they were treated with dignity and respect. Their comments included, “if you want someone to help you they always will,” “I really, really like it here. The staff are so kind to me. Everyone at the home are kind and caring,” “I have no complaints at all, they [the staff] are very pleasant and they have a sense of humour. It’s a lovely place and I’m not just saying good things I would say if there was anything wrong”, “I feel comfortable and looked after. It’s lovely. They are smashing lasses and I have known some of them since they were kids”, “it is wonderful here and I’m really glad I’m staying permanent. They [the staff] make you welcome. They speak to you and if you want anything they will do it. They never grumble and I’ve no grumbles”, “this is the finest home there ever has been and I say this from my heart. The staff are wonderful, the food is nice and the home deserves 10 out of 10’ and “I’ve been here a while and I am very happy. The staff are brilliant”.

The comments we received showed people felt listened to, respected and that their views were acted upon. However, we did not see any information about formal advocacy services available for people to contact. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options. When we spoke with the

manager about this they told us a brochure goes out regularly from the service informing people and they have a welcome pack provided when they move in to the home with that information. We reviewed those documents and neither contained information about advocacy services.

We saw people could choose where to spend their time. We observed staff offering choice in all aspects of daily living for people who used the service. Care staff provided options to people about what they might want to do during the day. This showed that care staff listened to what people said and meant that people had opportunities to influence their preferences in relation to their care and support.

It was clear from our discussions with care staff that they enjoyed caring for people living at the service, because they spoke of people in a caring and thoughtful way. Care staff demonstrated familiarity and knowledge of people’s individual needs, life history, their likes and dislikes and particular routines.

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way. When staff assisted people, for example, if a person needed to be transferred from a wheelchair to a chair, they explained clearly what they were doing and provided reassurance and encouragement. We also observed that staff adapted their communication style to meet the needs of the person they were supporting. For example, kneeling down and speaking with the person on their level in a chair. We saw staff chatting to people about events of the day or their past memories.

# Is the service responsive?

## Our findings

Discussions with people told us the service were responsive to their needs. One person said, “they put you in the bath – whether you want to go in or not”. This was said with much laughter and was treated in the sitting room as a joke. Further discussions with people confirmed this was a joke and no concerns were identified. Other comments included, “yes, I’m well looked after.....the staff are very good, very kind” and “I’ve found it alright, better than I expected. You can please yourself what you do really”.

Relatives we spoke with commented, “my [relative] was not eating properly and she could not seem to chew her food. The staff moved her to a different table at meal times so they could keep an eye on her, and her weight has now stabilised”, “[my relative] is perfectly well looked after here and there are always plenty of staff on duty and they are really helpful and will do anything you ask them to do. I have no concerns about what happens and if I had I would know who to go to. We visit often and our family are all very happy with the care” and “[my relative] needs a lot of help from staff (due to his medical condition) and he gets that here. The staff are very stable. You see the same ones every time you come here”.

We saw people were appropriately dressed, their clothes were clean and well fitting and people looked clean. How people were dressed showed people’s individuality with some people wearing make up and jewellery.

We spoke with three visiting professionals about the care provided on the rehabilitation unit. They reported that significant improvements had been made in the last few months in respect of communication, inter-disciplinary working, and effective care and that staff listened to their advice to ensure people received appropriate care and treatment.

Senior care staff were responsible for implementing and reviewing people’s care plans and associated documentation. All staff were responsible for recording the care delivered to people on a daily basis.

The service’s own policy on referrals and admissions stated, ‘all risk assessments, weight charts and medication must be completed within 24 hours of admission. Service user portfolios including person centred care plans must be completed within 72 hours of admission’. We reviewed the care file of one person who had recently been admitted

to the service. The service had not completed assessments, support plans or conducted any risk assessments for the person in accordance with their own policy to identify, assess and manage those risks in regard to the delivery of their care. We asked staff why there was no record and they could not provide a reasonable explanation. We asked how they knew how to care for the person and they told us from information they had received from the placing authority and discussions with relevant health professionals. This meant people were at risk of receiving unsafe or inappropriate care through a lack of proper information about them, or information that may be out of date.

In another care record we saw there had been three incidents in five days where there was a risk of harm to the person, other people and staff. We saw that staff had contacted the appropriate health professionals to provide advice on how to manage the person’s behaviour. Staff also told us about the advice they were given and how they put this in to practice, but could not explain why a support plan was not put in place and behaviour charts used to identify patterns or triggers for any behaviour. This meant people were at risk of receiving unsafe or inappropriate care through a lack of proper information about them, or information that may be out of date. We observed how staff supported this person during the inspection and this confirmed the advice they were putting in to practice advice they had been given by the memory team. This meant people were at risk of receiving unsafe or inappropriate care through a lack of proper information about them.

For the same person we saw that their support plan for maintaining their nutritional needs was for them to be weighed weekly and a food and fluid chart to be completed. The person had not been weighed weekly and a member of staff told us the person was not on a fluid and food chart. Staff told us this had been the consequence of a review by the area manager and manager and the person’s risk assessment identifying they were no longer at nutritional risk. That review had not been recorded and the support plan updated. This meant people were at risk of receiving unsafe or inappropriate care through a lack of proper information about them, or information that may be out of date.

In three other care records we found similar gaps in people’s records.

## Is the service responsive?

People and/or their relatives were not routinely included in the formulation and review of their care plans. This meant people and/or their representatives were not fully involved in the assessment and care planning process.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw the service promoted people's wellbeing through the provision of daytime activities. People who used the service were occupied with their surroundings. We saw that there was a range of activities available for people to participate in. During the day we saw care staff spending time chatting with people about the day, their past lives and providing choices of how they might want to spend their day. We also saw there was a craft group taking place in the dining area. One relative said, "[my relative] loves doing crafts and she plays bingo".

In one ground floor lounge there was a party atmosphere. Someone was celebrating their birthday and their family were visiting with cake, balloons and chocolates.

We saw information displayed about future activities that would be taking place, for example, a Halloween Party, pie and peas for bonfire night, a clothes party, a land girls war time show and the Christmas party.

In discussions with people we found staff took them out occasionally and they enjoy that. One person said, "I prefer not to be involved in activities and generally just read my paper, but I'm looking forward to the Halloween Party". Another person said, "we had the Wombwell Light Operatic Society in last week and it was really good. I enjoyed singing along to some of the songs". A relative said, "[my relative] loves it when anyone comes in to entertain them, which they do quite regularly. There is an activities co-ordinator is currently on maternity leave but someone else is 'filling in' whilst she is away. They visit a local facility to play bingo and have tea and coffee and there's a raffle and [my relative] really enjoys it and it is a change of scene".

The complaints process was displayed in the reception area, providing details on how people could make a complaint. The service did not have a system for maintaining a log of the complaints they had received although we were aware the service had responded to one representative's concerns. People and their representatives that we spoke with told us they did not have any concerns or complaints and if they did they would speak with staff or a family member.

# Is the service well-led?

## Our findings

This service is registered by an individual provider. The registered individual had delegated responsibilities for the oversight of management at the home to a team of staff including an operations manager and regional manager. When we spoke with staff they told us the regional manager visited the service regularly and they had the opportunity to speak with them if they needed.

A registered manager was in post and was available throughout the inspection. The manager said she was supported by the operations manager and the regional manager. The registered manager had not always informed the Commission about notifiable incidents in line with the Health and Social Care Act 2008, for example, allegations of harm and outcomes of DoLS applications. The fact that these were not reported to CQC was not identified by a monitoring system for the notification of incidents.

The service had not maintained consistency in meeting regulations. The home was last inspected on 25 October 2013 and was meeting the requirements of the regulations we checked at that time. On our three previous visits to the home on 10 December 2012, 22 April 2013 and 6 August 2013 the service was not meeting all of the requirements of the regulations we checked at that time.

The operations manager told us that the structure of the service had changed in the last seven months and they were still in the 'recovery' process. As a management group they had identified the systems in place to monitor services and improve had been ineffective in practice, but they were taking steps to 'put it right' and the quality auditing process was still being embedded in practice.

The manager gave us an overview of the quality assurance system in place at the service and provided the policy on quality assurance management dated May 2014. The policy stated there would be regular monthly resident meetings and a resident's survey carried out annually, with the results published and distributed to people. This conflicted with what happened in practice. The last resident's meeting had taken place on 17 July 2014. We saw the last annual survey dated 4 March 2014. In our discussions with people and their representatives it could not be determined the frequency of resident/relative meetings.

Some could not recall any, others could recall at least one. They told us they were able to express an opinion about the service by speaking with staff and if necessary going to speak with the manager.

We asked the manager if audits were carried out to identify, assess and manage risks so that people and others were protected from the risks of receiving care that is unsafe or inappropriate. She explained they did and provided a schedule for this. The schedule included monthly checks of care files, infection control, medication, catering/dining, laundry, night checks, hoist checks, mattress checks, incident analysis, incident statistics, accident analysis, review of people's weights and pressure areas.

We found that these had not always been effective in practice, so that there were no breaches of regulations and risks identified had been managed in a timely manner. For example, registered manager had not always informed the Commission about notifiable incidents in line with the Health and Social Care Act 2008, for example, allegations of harm and outcomes of DoLS applications. The fact that these were not reported to CQC was not identified by a monitoring system for the notification of incidents.

There was no system of auditing in place for people's finances, other than an external audit each year. This meant there was a risk of finances not being appropriately dealt with and safeguards in place not being followed before any errors may be identified.

There had not been appropriate maintenance of fire safety. This had been identified by the service's own audits, but had not been acted on. This resulted in the issuing of a fire enforcement notice by the fire authority.

Staff training was audited by the use of a staff training matrix. The training matrix identified gaps in training and this had not been acted on in a timely way.

The quality home visit report in August 2014 identified a staff supervision matrix to be implemented and for all staff to have supervision. The manager was asked for this information and did not provide it. This meant systems had been identified, but not managed to ensure they were effective in practice.

The audit of staff recruitment identified all appropriate documentation was in place, but we found information contrary to this.



## Is the service well-led?

There were medication audits carried out by the service over a three month period, but we found no robust audit trail in place to account for discrepancies with medicines we had checked.

The regional manager also conducted quality home visits. We looked at the visits for August and September 2014. We saw that agreed actions were identified to be completed by the next monthly visit. We noted that some actions were not carried out as agreed, for example, the fire risk assessment and supervision matrix. The record did not provide a mitigating explanation why.

The manager told us a person at the head office was the appointee for two people who used the service. An appointee is someone identified to manage people's monies. We looked at the finance records of those two people and one other person whose monies had been given to the home for safekeeping. In records where a person at the head office was appointee the individualised records did not include the full details of all income received and monies spent for the people. For the person where monies had been held for safekeeping by the service the records of all income received and money spent, including receipts were kept.

When we spoke with the administrator there was no system of auditing in place for people's finances, other than an external audit each year. This meant there was a risk of finances not being appropriately dealt with and safeguards in place not being followed before any errors may be identified.

The area manager and manager confirmed audits of care plans were completed to identify areas of improvements within two units, but there was no system of auditing in place for the intermediate care unit. Our findings concluded that such audits had not improved the documentation, as the care records we reviewed did not contain the details required to confirm how people's care needs were being delivered.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All staff spoken with made positive comments about the staff team working at the home. The registered manager told us that the home held staff meetings to review the performance of the home. We looked at the minutes for some staff meetings. We saw that a range of topics had been discussed regarding the performance of the service. These topics included the use of cameras in care homes, infection control training, changes in routines at the service, care plans including the completion of new admission documentation, incidents and medication. This meant systems were in place to ensure that staff were aware of information so that people received a good quality service at all times, but those actions were not always put in to practice, for example, the completion of new admission documentation.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person had not protected service users against the risks associated with the management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>The registered person had not ensured that service users and others having access to premises where a regulated activity is carried on were protected against the risks associated with unsafe or unsuitable premises by adequate maintenance of the premise</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The registered person did not have all the information specified in Schedule 3 of the regulations for people employed for the purposes of carrying on the regulated activity.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p>



This section is primarily information for the provider

## Action we have told the provider to take

The registered person did not have suitable arrangements in place for staff to receive appropriate training, supervision and appraisal to enable them to deliver care and treatment to people safely and to an appropriate standard.

This section is primarily information for the provider

## Enforcement actions

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The registered person did not have effective systems in place to identify, assess and manage risks relating to the health, safety and welfare of people and others who may be at risk from the carrying on of the regulated activity.

#### **The enforcement action we took:**

Warning notice. Timescale: 13 March 2014

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person had not ensured that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.

#### **The enforcement action we took:**

Warning notice. Timescale: 13 March 2014