Care Quality Commission

Country Court Care Homes Limited

Eccleshare Court 1-39

Inspection report

Eccleshare Court
Ashby Avenue
Lincoln
Lincolnshire
LN6 0ED

Tel: 01522689400
Website: www.countrycourtcare.co

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of Eccleshare Court 1-39 on 4 October 2016.

The home is located near to the centre of the city of Lincoln. It provides personal and nursing care for up to 46 people, some of whom live with dementia. People live in their own individual rooms which are self-contained. Three of the rooms are suitable for double occupancy. Each room has its own lounge and bed area as well as a kitchenette and en-suite bathroom. There is a wheelchair accessible lift to use between floors and communal areas for people to meet. As well as each room having an en-suite bathroom there is also a communal bathroom with bathing facilities. In the centre of the building is a courtyard garden with seating provided for residents and families to use. There were 38 people living at the home at the time of our inspection.

There was an established registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

We found there was a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured that quality assurance and audit systems were reliably managed so as to enable them to identify and resolve shortfalls in the services provided for people. This breach had reduced the registered provider's ability to ensure people were kept safe. You can see what action we told the registered provider to take at the back of the full version of this report.

During our inspection visit we found some other areas in which improvement was needed to ensure people were provided with care that was caring and responsive and that the provider's regulatory responsibilities were met in full.

There were not always enough suitably deployed staff at the home to ensure people's needs were always being met.

We found that the management of people's medicines was not always conducted safely in line with good practice and national guidance.

People had access to a range of healthcare services and were supported to enjoy a varied diet in order to help them stay healthy. There was also a range of equipment available to meet their needs and encourage independence. However, care records did not always reflect up to date information about people's needs.

People and their relatives were involved in planning their care and had been consulted about their individual preferences, interests and hobbies. Activities were available for people to take part in, however, the activities available did not always enable people living with dementia to be stimulated or maintain and

further develop their interests and hobbies.

People living at the home were invited to comment on the quality of the services provided. However, the arrangements for receiving feedback about the way the home was run were not always effective.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for 10 people living in the home and was waiting for these to be assessed by the local authority.

Staff were recruited appropriately in order to ensure they were suitable to work within the home and were provided with training to develop their knowledge and skills.

There were systems in place for handling and resolving formal complaints and the provider and registered manager took action to address concerns when they were raised with them.

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 consistently safe.

There were not always enough suitably deployed staff at the home to ensure people's needs were consistently being met.

Medicines were not always managed safely in line with good practice and national guidance.

Staff were recruited appropriately and knew how to report concerns for people's safety.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink enough to stay healthy and they had their healthcare needs met.

Legal safeguards were followed to ensure that people's rights were protected and people's personal records demonstrated when decisions had been taken in their best interests.

Is the service caring?

Requires Improvement

The service was not always caring.

People were treated in a kind and caring way by staff.

Staff recognised the importance of respecting people's privacy so their dignity could be maintained. However, care was task centred and staff did not always respond to people's emotional needs.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and their relatives were consulted about the way in which they wished their care to be provided. However, care records did not always reflect up to date information.

The range of activities provided were not always accessible or meaningful for all of the people who lived in the home.

Systems were in place to manage complaints appropriately.

Is the service well-led?

The service was not consistently well-led.

The systems in place to monitor the quality of the home were not robustly managed and did not reliably identify or resolve shortfalls in the way care was delivered.

Arrangements for receiving feedback about the way the home was run were not effective.

There was a registered manager in place and staff were supported by the management team to undertake their role.

Care Quality Commission

Eccleshare Court 1-39

Detailed findings

Background to this inspection

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

This inspection took place on 4 October 2016 and was unannounced. The inspection team consisted of a single inspector 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 by experience who undertook this inspection together with us had experience as a family carer of older people who have used regulated services.

Before we carried out our inspection visit we looked at the information we held about the home such as feedback we had received from relatives of people who had lived at or stayed the home and notifications, which are events that happened in the home that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners and the local authority safeguarding team.

The registered provider also completed a Provider Information Return (PIR) and submitted this to us in advance of our inspection. This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We took the information it contained into account when we made our judgements in this report.

During our inspection we spoke with eight people who lived in the home and nine relatives who visited their family members. We also looked at four people's care records and spent time observing how staff provided care for people to help us better understand their experiences of the care they received.

In addition we spoke with five care staff, a registered nurse who was the deputy manager, the cook, the maintenance person, the activities co-ordinator a housekeeper, the registered manager and the operations manager who was a representative of the provider. We looked at three staff recruitment files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing

complaints and those in place for monitoring and maintaining the overall quality of the services provided within the home.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Eccleshare Court 1-39. One person told us, "I moved here together with [my family member] and we really appreciate the help we get to go out and do things we always did and at the same time feel safe." A visiting relative told us, "Without a doubt [my family member] is safe here. Sometimes the doors stick, but we have no concerns on that front and it has enabled us to relax knowing someone is with [my family member]." Another relative who told us they visited daily said, "I think [my family member] is safe and so does [my family member]."

Care records contained individual risk assessments which were completed for areas of particular risk such as the risk of falls and skin care. Risk assessments were also in place where equipment was used to help people to be safe when they were in bed such as bed rails.

Staff we spoke with told us they had received training about keeping people safe from harm and knew the procedure in place to report any concerns they identified. Staff said that, where required, they also knew how to escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). We knew from our records that the manager and staff had worked with other agencies, such as the local authority safeguarding team to respond to and take actions to ensure people who lived at the home received safe care.

The provider followed safe systems to recruit new staff. Staff we spoke with confirmed that a range of checks had been carried out before they were offered employment at the home. We saw that checks were carried out about potential staff member's identity and work history. Previous employment references had also been obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff would be suitable to work directly with the people who lived at the home. We also saw regular checks were carried out in support of the registered nurses employed by the provider to ensure their professional registrations remained valid and up to date.

The registered manager told us there had been a number of changes to the staff team in previous months which had led to them needing to undertake further recruitment of new staff. During this period of recruitment there had been gaps in the staff team which needed to be filled through the use of agency staff and a small team of bank staff they had recruited. The rota information we looked at showed staff with a combination of experience and care skills were available over each shift and that the staffing levels had been determined using the provider's dependency tool. However, people, relatives and staff we spoke with told us and our observations confirmed that although they had enough staff available to meet people's basic care needs there was no time for staff to talk to people and their relatives freely without rushing.

One person said, "There must be worse places than this, but there are not enough staff here and I sometimes have to wait absolutely ages before someone comes to collect me from my room. I don't blame them [Staff]. They have far too much to do with those who cannot care for themselves but it is really frustrating for me." Relatives also told us they felt there were not enough staff. One relative commented that, "it only takes someone [Staff] to go off sick and then all hell is let loose." This comment was qualified by

them saying, "They usually try and get agency nurses in, but it isn't always possible and then there are issues with that as they don't know the residents." Another relative said, "The staff are trying very hard, but sometimes they are 'running around like headless chickens."

Relatives said their comments were based on the length of time it took staff to answer the call bells people used to call for assistance. One relative told us, "It sometimes falls below acceptable periods of time for people to wait." The relative described a recent situation where their relative needed to go to the toilet quickly but staff were not responding to the call for help. The relative said they helped their family member and assisted them to the toilet. They said, "When I queried it with staff they said there was a lady upstairs and they were tending to them at the time."

All of the staff we spoke with said they felt there was not enough time to provide person-centred care. One staff member we spoke with said, "There just aren't enough of us. We are really stretched. The home is big and getting about from one part to another takes time. We are meeting care needs but there is no time for much else." At lunch time we saw people who attended the day centre were served in a separate room and fairly quickly. The registered manager explained to us that there was some delay for people who chose to have their meal in the communal dining room because of the size and layout of the home and the time it took to support people to do this. We saw it took staff some time for to support people to get from their rooms to their chosen table and people waited for a long time to be served.

During our inspection we spoke with the registered manager and operations manager about how staff were being deployed. Through our discussions they recognised a need to review the arrangements in place for the deployment of staff and told us they would take immediate action to meet with people, relatives and staff as part of the review so they could respond to the issues we had identified.

The registered manager told us the provider employed a full time maintenance person who was available to respond to any issues which related to the safety of people. We spoke with the maintenance person who told us, "If anything is raised I get straight on to it and I carry out regular checks to make sure the building is safe." Fire safety checks were carried out regularly and the registered manager showed us that when the local fire safety officer last visited in August 2015 the home had systems in place to support people to be safe from the risks associated with fire.

We saw the maintenance person responded when staff raised immediate concerns and most people and visitors told us they did not feel there were any safety issues related to the environment. However, one relative did mention that one of the outer coded doors did tend to stick partly open, and they were worried their relative who lived with dementia might gain access to the outside and be unsafe. We saw there was a written notice on the door to ask people entering and leaving to make sure the door was shut. However, we could see that the door did take a while to close and if left unattended it may represent a risk to people who were confused and made a decision to leave the home. We spoke with the registered manager and the operations manager about the door and they confirmed they would ensure this was checked and made safe. After we completed our inspection the operations manager confirmed the door had been adjusted so it closed more quickly and safely. The provider also confirmed that the other entrance door to the home had been scheduled for replacement.

During our inspection we also reviewed the arrangements for the storage and administration of medicines together with the nurse in charge of the shift who was also the deputy manager. Staff had told us, and records confirmed that only staff with the necessary training could access medicines and help people to take them. Where people required medication at specific times systems and records were in place to show how the support was given. Internal checks and audits were in place and an audit of medicine management

which had been conducted externally by a visiting pharmacist in March 2016 also confirmed there were no recommendations to follow up or actions required. However, when we completed some random record checks together with the nurse in charge they showed us they had recently identified and reported a number of gaps in the medicine records which indicated people had not been supported to take their medicines because the staff member responsible for updating the medicine record had not signed them to confirm this. The deputy manager said this issue had been picked up in previous audits but some staff were still not completing the records correctly.

Although there was no evidence that people had come to any harm, these shortfalls in the management of medicines records increased the risk to people's safety. We discussed our concerns with the registered manager and operations manager who readily acknowledged the issues we had identified and told us they would take action to ensure improvements were made as a matter of priority.

The registered manager told us people received support in managing their overall finances either individually or through the arrangements they had in place through their families. The registered manager did however confirm they supported some people in holding day to day money for them so that it was safe. Where this was the case consent had been given by people and records maintained to show how much money was being held for each person. We undertook a random check of the arrangements in place for two people and found the amount being held matched that contained in the records. We noted some of the records had not been counter signed to show they had been witnessed and were accurate. We discussed this with the registered manager and operations manager who confirmed they would take immediate action to ensure all future records were counter signed.

Good

Is the service effective?

Our findings

People we spoke with told us the care staff were skilled and knew what they were. When we observed staff interacting with people they demonstrated their knowledge of people's needs and what was required to meet these. One person said, "The staff here are committed and know the needs of us well."

New members of staff received an induction and staff we spoke with said induction and training which included them shadowing more experienced staff had helped them be more confident in their ability to meet people's individual needs. The registered manager told us that all new staff recruited were supported to undertake the new national Care Certificate which sets out common induction standards for social care staff.

The registered manager showed us records to confirm they had planned a training programme which was based on the needs of the people who lived at the home and the learning needs of staff. The established staff we spoke with told us that on-going training ensured their skills and knowledge were kept up to date and they were able to develop new skills where required. Training provided and planned included dementia awareness, moving and handling, nutrition and end of life care.

Staff told us and records showed arrangements were in place to provide staff with regular supervision sessions and we also saw that appraisals had been scheduled by the manager for all staff so that they could review any learning and development needs and identify and plan their future training together.

The staff training programme included courses which helped staff to understand and follow legal guidance when supporting people with making decisions. Records showed that staff had received training about the Mental Capacity Act 2005 (MCA) and they demonstrated their understanding during our inspection. We saw examples of staff supporting people to decide what they wanted to do with their day and what they wanted to eat. People's support records showed the level of support they needed to make decisions for themselves. Where people were not able to make a decision we saw that staff had followed the MCA guidance regarding making decisions in a person's best interest, including involving others who knew the person well.

The registered manager and staff understood what constituted a restriction to someone's freedom. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although none of the people who lived at the home were subject to a DoLS authorisation the registered manager showed us she had submitted applications for authorisation for 10 people who lived at the home to have their freedom restricted in an appropriate way to help keep them safe.

People we spoke with told us they were satisfied with the arrangements in place to support their nutrition and hydration. This view was supported by the relatives we spoke with. At the start of our inspection we spoke with one person who was enjoying a cooked breakfast. They told us, "I have the things I like and I really enjoy my breakfast." People and relatives told us that they had a choice of what to eat for their main

meal, and that this was selected on the previous day through discussions with staff. The cook confirmed they and staff had information available for reference so they knew who needed additional support, for example if they were at risk of being malnourished, getting dehydrated or choking. When this was the case people's food was prepared in ways so that they could eat their meals safely. We sat together and spoke with a relative who was supporting their family member to eat their meal. The relative told us they visited daily and that they were always welcomed.

One person told us about how they wanted to be as independent as possible and they had their own kitchenette. They said, "I make my own breakfast and have that in my room, but I eat in the dining room for the main meal." They told us they thought the food was good and in addition they were supported to go out with their relative two days a week for a meal. An activity they said they valued highly. One visiting family said that their family member was on a soft diet as they were at risk of choking. They told us the soft diet was sometimes presented 'beautifully' by one particular catering assistant who tried to make it as attractive as blended food can be, by using pastry cutter patterns.

We observed that lunchtime was very much a social occasion for people. People said the food smelled appetising and they enjoyed their meals and visitors were routinely offered meals so they could dine with their loved ones. People had access to adapted cutlery and plate guards to help them eat independently. When it was needed people were also supported to eat by staff. The food was universally praised by people and when people said they had one or two niggles about the options available at tea time they said they felt that if they spoke with the staff they could have an alternative.

People's care plans showed that people's nursing needs were monitored and supported through the involvement of the registered nurses employed by the home. Input was also provided by a range of relevant visiting health and social care professionals. Relatives said that their family members had access to local health services and that community health professionals often visited the home to provide any additional support needed. They also said that any action taken, for example by a GP would be communicated to them.

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring. When asked for examples of how this was demonstrated one person said, "They try their very hardest and anything I ask of them they will do if they can." Another person said, "They are lovely lasses, they are very caring." However, people who used the service and their families also said they would like staff to have more time to be with them and provide emotional support.

We could see that staff did not always have time to sit and talk meaningfully with people and care was task-orientated. For example, we saw staff going in and out of people's rooms undertaking tasks but not always speaking with or reassuring people when they provided support. People told us that staff were sometimes hard to find because they were always busy but that they felt they were approachable and that they could express their views to them. We saw one person who was confused and who said they were unsure where they were going. Staff who passed the person did not check if they could assist them with directions. When we asked a staff member to provide assistance to the person it was given immediately.

Relatives we spoke with said staff would respond to any request for help and one relative said, "When we do locate them they will do anything for you." When they were telling us about the lead nurse who was on shift one person said they were, "Lovely but is run off their feet trying to do everything themselves." Another person said, "Sometimes I just want to talk as I have faced a lot in my past. The staff are busy and I understand this so try not to bother them."

We saw that people's rooms had been decorated and furnished individually and that many people had family photographs and other personal souvenirs on display. In addition to their own rooms, people could choose to spend time in the communal lounge areas and in the gardens of the home. A family who was visiting described the support provided for their loved one with one relative commenting that, "The staff are very patient, they never snap at [my family member] or anything, even though [my family member] is sometimes very awkward owing to their condition." People and relatives also told us there was no restriction on visiting, and people could speak with and meet in private with their family members at any time should they wish to do so. One person said, "Our privacy is respected when we want to be alone."

The registered manager and staff told us about the importance of respecting personal information that people had shared with them. We saw people's personal records were stored securely, including those on computer systems. Passwords were used to protect this information so that only people who needed to see the records had access to them. However, during our inspection we noted one person's record had been temporarily left outside the person's room whilst the staff member was called to attend another task. We raised this with the deputy manager who recognised the need for immediate action and put the record back in the room. They also said they would follow the concern up through supervision with the staff member.

The registered manager told us people were also supported to maintain their religious beliefs and one person told us communion was held at the home every other Tuesday for those who had Christian beliefs. This information was also noted on the activities programme. However, we could not ascertain whether any

other services were available for those who had different beliefs or whether there was a possibility to go to a service elsewhere for example in the community.

The registered manager understood the role lay advocates undertook and that they knew how to access the information people may need in order to make contact with these services. Lay advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes. The registered manager told us how they had supported one person to access an advocate to enable them to make their own decision about remaining at the home and to consider their options for returning to live in the community. However, we noted there was no information readily available for people about these services so they could access them independently if they wanted to. The registered manager took action during the inspection to address this issue. This meant people could make contact direct themselves if they chose to.

Requires Improvement

Is the service responsive?

Our findings

People and relatives we spoke with told us they knew staff used care records to confirm their needs and how they should be met. We saw care records were in place for needs such as comfort and mobility, communication and nutrition. People told us they were consulted about their care needs. Some visiting relatives said they were involved in the planning of care for their family members but that this was mainly on admission to the home and not in an on-going way, for example through reviews. Relatives said they felt they were not always kept updated with any changes or developments related to care. For example, a relative, whose family member needed help to manage their continence needs, said, "I asked staff about larger pads, but apparently [My family member] is not entitled to them, although I think they were available initially. I have brought some in myself." The relative said they did this because they were unsure who they could speak with about the arrangements in place.

During our inspection we saw staff referred to care records regarding the management of any identified risks and those kept in people's rooms to check the time they needed to provide personal care. Staff told us the records were kept updated to show what should occur and the frequency with which it should happen. We also saw and staff told us how they used equipment to help people move around the home and that they had received training to know how to use the equipment correctly. However, when we spoke with one relative they told us about the personal care their loved one received and how they felt the care staff were not always consistent in their timings when care was needed. For example, the relative said, "[My family member] is supposed to be turned every two hours. Well it is 11.00am now and there is no entry on the sheet since 8.30am." They said this was not unusual and that the times set for care to be given were not being adhered to. We spoke with the registered manager and operations manager about the concerns raised regarding the availability of staff and responses to people who needed help at specific times. They told us they would be undertaking a range of immediate care record audit checks to ensure the issues raised would be addressed. After we completed our inspection the operations manager told us about the actions they had taken to ensure people received effective care.

The registered manager told us they employed an activity co-ordinator who worked flexibly each day to provide support for people to undertake activities in Eccleshare Court 1-39 and the other home they managed which was next to the home. We spoke with the activity co-ordinator who showed us they had developed an activity programme based on discussions they had held with people either individually or through meetings they held together with people. The programme for October 2016 showed a range of planned group activities which included flag making to celebrate a local Lincolnshire festival, a visit to a local farmers market and a cheese and wine evening.

People we spoke with said although they enjoyed the activities provided they also felt these were sometimes rushed because the activity co-ordinator needed to undertake other care tasks and assist with some meals. A relative told us they felt although the home was clean and tidy the staff didn't focus enough on stimulation for people. Another relative commented that, "Activities appear to be focused on the day patients rather than those in their rooms." They went on to say 'What [the activity co-ordinator] does is great, but there is not enough of it."

The registered manager and the activity co-ordinator showed us they kept a record of activities planned and had some records and pictures of events they had facilitated. However, the information indicated some people; including those who experienced memory loss did not have access to consistent stimulation through the activities provided.

We spoke with the registered manager and operations manager about this and they told us they had recognised activities was an area they needed to develop further and that they had planned to work together with people, their relative's and staff to review and improve the range of person centred activities available. The registered manager said this would include the development of research into more therapeutic one to one activities within the home. After we completed our inspection the operations manager sent us information which confirmed they had a strategy in place, including the recruitment of an additional 20 staff hours a week to further develop the activities available for people who lived with dementia.

The registered manager also showed us the provider had arrangements in place with another organisation who ran a day centre in the home which was separate to the services provided but which people were welcome to attend. People who had lived in the service for some time understood they could attend activities provided in the day centre and we spoke with two people who were using the facilities. One person said, "We meet in here and have a drink together." The other person said, "It's nice to see people coming and going and there is always something happening." However, other people expressed some confusion about whether or not they could access the activities provided in the day centre. On the day of our inspection the home did not have any information available to tell people about the day care facility and that they could use it. We spoke with the registered manager who showed us they had recently produced a new welcome booklet which did tell people about what was provided. The registered manager showed us the newly printed copies and said these were about to be distributed and made available. After we completed our visit the registered manager said people now had access to these. The provider also confirmed they had arranged to meet regularly with the organisation who ran the day centre to improve partnership working between them and Eccleshare court 1-39.

There was a complaints policy and procedure available for people and any visitors to the home which informed people how to raise any concerns they may have. Relatives we spoke with during our inspection and people who lived at the home told us they would speak with staff or the registered manager if they had any concerns they felt needed to be addressed.

When we asked people if they felt happy to voice any concerns or complaints they had one person said, "Well I would go to the top, I mean the manager, although I am not sure what would actually come of it." A relative said, "The manager is very good on a one to one basis." People and relatives we spoke with said they knew how to complain and there was information available in the home to tell people how to do this. One family described an issue related to their family member's health needs which was addressed through communications with the registered manager and provider.

The registered manager told us they had received eight formal complaints in the last twelve months and that these had been responded to and resolved. The registered manager told us how any complaints they received were followed up as quickly as possible and actions monitored for themes and learning so that any additional actions needed would be taken. At the time of our inspection the provider confirmed there were no outstanding complaints.

Requires Improvement

Is the service well-led?

Our findings

The provider had an established registered manager in post who worked together with a deputy manager and senior staff to manage the home. We knew the registered manager was responsible for the management of another care home located next to Eccleshare 1-39 which was also owned by the provider. The registered manager showed us how they worked closely with senior staff from both of the homes and we saw they had arranged their time to undertake their management role within each of the homes.

The Provider Information Return (PIR) that we received prior to this inspection indicated that there were arrangements in place to regularly check the quality of the care and services people received. The information stated, "The management team completes audits and statistic reports within the quality assurance programme." These checks had included audits related to medicines, maintaining care records, checks related to the care and welfare of people, and that the environment was safe for people to live in. The registered manager told us about some of the checks they undertook. For example, they ensured they informed us of any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations. Records showed they regularly checked their accident and incident records and said the checks were completed so they could ensure the risks of them happening again could be minimised.

However, the results of the audits undertaken by the registered manager had not identified all of the issues we had highlighted during our inspection, for example in relation to staffing levels, the deployment of staff, meeting people's care needs and the environment.Those which had been identified, for example in relation to medicine records and had not been fully followed up to ensure changes in practice had been sustained. These shortfalls in the systems used to assure the quality of the services provided had reduced the registered persons' ability to ensure that people consistently received an appropriate response to their needs for care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager and operations manager and they also recognised the issues we raised with them needed to be addressed. At the end of our inspection visit our inspection visit the registered manager and operations manager confirmed they would take immediate action, carry out a range of additional audits and produce and action plan to follow up on the areas we had highlighted.

People knew who the registered manager was and that the provider undertook visits to the home. However they also said that there was no overall consistent strategy for communicating how the home was being run or developed. One person said, "Communication is very limited. It feels disorganised and haphazard at times." Another person said, "We can say what we think but things are not always followed up because the manager does not get time." A relative told us, "The management is around but I don't know where to find them." They said they were not always in their office and that the layout of the home made it difficult to find the registered manager or senior staff when they needed to speak with them.

The registered manager told us and we could see there were a range of environmental developments including the refurbishment of the home, the redecoration and furnishing of communal areas, and improvements to the reception area for people and visitors. Some people we spoke with said they knew about the work and one person said, "Yes we are being kept up to date through the meetings we have. It will be good when it is finished." However other people said they had not been kept updated with the plans and that no one had explained the work and why it was being done. A number of people mentioned the noise and disruption during the renovations. Relatives we spoke with said that whilst the work was being undertaken things had been, "Quite chaotic."

People we spoke with told us meetings were held with them to enable them to give feedback on the quality and development of the service but that not many people attended these. The registered manager said the meetings were held on different days for both of the homes they managed and that they alternated the venue for each meeting. We saw the records for the last meeting held in September 2016. They showed that the environmental developments and refurbishment had been discussed. Fourteen people had attended the meeting. The registered manager showed us the meeting records were put on a notice board for people to see but some of the people we spoke with said they were not aware of the record or the information it contained.

Relatives said they were also invited to attend meetings but some felt they did not get enough notice in order to attend them. There were two entrances to the home. We saw the meetings were announced on a notice board by one of the entrances but not the other. This meant some visitors may miss the notice. A relative said, "I would like them to ring me or write to me about the meetings and then I wouldn't miss any of them." The registered manager said they would be reviewing how the meetings were advertised and the outcomes communicated. They also said they were exploring options to hold meetings in the evening so relatives who were still in work may be able to attend.

Staff told us the registered manager held staff meetings with them and that these were used to discuss the day to day running of the home. However, staff said they didn't feel the meetings gave them the chance to discuss and fully explore the issues related to staffing. One staff member said, "We can raise these sort of issues we are heard but nothing happens." Staff also said they knew about and fully understood the provider's whistle blowing procedure. Staff said this would be used by them if they had concerns about the running of the home or the home owners that could not be addressed internally.

The registered manager also confirmed people were asked for their views about the services provided through the use of survey questionnaires. These were sent out on a monthly basis and covered a range of topics related to the care provided. Overall the feedback received from 10 people for the latest survey completed in September 2016 contained summary feedback which ranged from, "Medication is received on time" and "All help with personal care is received at the right level" to "Residents feel that they are treated with privacy and dignity" and, "Most residents feel that they can make independent choices." Areas fed back for development included the need to improve communication between staff and people and more information to be made available to people about which staff were responsible for their care. However, the feedback was the same as that given for the other home managed by the provider so we could not establish which issues related to which home. The record showed that the registered manager had planned to discuss these issues at the next staff meeting in October 2016.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that quality assurance systems were reliably managed so as to enable them to identify and resolve shortfalls in the services provided for people.