

Care Providers (UK) Limited

Ashcroft - Bromley

Inspection report

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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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on the 24 and 25 November 2015 and was unannounced. At the last inspection on 12 August 2014 the service had not met a regulation at that time in respect of staff appraisals. We carried out this comprehensive inspection to check the necessary action had been taken in respect of staff appraisals and to provide a rating for the service.

Ashcroft provides accommodation and care for up to 22 people with residential and or nursing needs including end of life care. On the days of the inspection we were told there were 21 people using the service.

There was a registered manager in place although they were unable to be present at the inspection. 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 2008 and associated Regulations about how the service is run.

We found breaches in regulations as accurate records of people's care were not always available and systems to monitor the quality of the service were not always effective. Audits were not always completed to monitor

Summary of findings

the quality of the service and where they were they did not always result in identifying problems or necessary actions. The provider had not ensured all necessary checks on staff had been completed or maintained adequate records where this had been done. Effective recruitment systems were not in place to reduce the risk of unsuitable staff.

You can see the actions we have asked the provider to take in respect of these breaches at the back of the full version of this report.

People told us they felt safe and well cared for and there were procedures in place to protect people from the risk of abuse. Some risks to people were identified and care was delivered to monitor and reduce these risks. There were enough staff deployed throughout the home but some improvement was needed to ensure consistency at weekends. Medicines were safely managed and administered.

Staff received adequate training and support to carry out their roles. At the last inspection on 12 August 2014, we asked the provider to take action to make improvements in respect of annual staff appraisals and this action had been completed. Arrangements to comply with the

Mental Capacity Act 2005 and Deprivation of Liberties Safeguards were in place and staff were aware of the need to ensure people consented to the support they received.

People received enough to eat and drink and were complimentary about the food provided. People and their relatives told us they were treated with dignity and respect and permanent staff were warm, caring and kind; our observations confirmed this. Staff worked closely with a range of professionals who were positive about the care provided and the motivation of staff. People's end of life care wishes and preferences were planned for and respected. There were activities to provide stimulation and the registered manager and activities coordinator were working to ensure everyone's needs were adequately met.

People knew how to make a complaint if needed and these were responded to. They were asked for their views about the service and these were reviewed to consider if any action was required. Staff told us they felt well supported and well managed. We observed good communication between staff and a cohesive staff team who supported each other and were motivated to provide effective and considerate care.

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 always safe.

Effective recruitment systems were not in place to reduce the risk of unsuitable staff. Records related to guidance for some identified risks were not always an accurate reflection of the care given or needed.

There were plans to deal with emergencies and other risks related to some equipment were monitored regularly. There was enough staff deployed throughout the home although some improvement was needed to ensure consistency of staff at the weekends.

People told us they were safe from abuse, neglect or discrimination and there were procedures to protect people from abuse or harm. Medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

People told us they enjoyed the food and there was enough to eat and drink.

Staff had training relevant to the needs of people using the service to ensure they had the necessary skills to support people.

Procedures were in place to act in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People had access to health care professionals when they needed and the service worked with a number of different professionals to ensure people's health needs were met.

Good



Is the service caring?

The service was caring.

People told us they were treated with respect and dignity. Staff knew people's needs and how best to support them. They were able to communicate effectively with people and we observed warm and caring interactions.

People's end of life care needs and wishes were assessed and recorded to ensure they were known and respected.

Good



Is the service responsive?

The service was not always responsive.

People told us they received care that met their needs and we observed this to be the case. Records related to people's care were not always personalised or accurate and did not always reflect their current needs.

Requires improvement



Summary of findings

There were activities on offer to provide stimulation which the provider was looking to improve through the use of volunteers.

People told us they knew how to make a complaint and complaints were appropriately dealt with.

Is the service well-led?

The service was not consistently well led.

Systems to monitor the quality of the service were not always effective. Audits were not always completed to monitor the quality of the service and where they were they did not always result in identifying problems or necessary actions.

There was a registered manager who understood their role, good communication between staff and a cohesive staff team who supported each other and were motivated to provide effective care.

People's views about the service were sought in a number of ways and consideration given to any improvements that may be needed.

Requires improvement



Ashcroft – Bromley

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 24 and 25 November 2015 and was unannounced. The inspection team on the first day was made up of one 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. On the second day two inspectors returned to the home to complete the inspection.

Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. A notification is information about important events which the provider is required by law to send us. We also asked the local authority commissioning the service for their views.

At the inspection we spoke with twelve people who use the service. We spoke with ten relatives either at the home or by phone during the inspection. We spoke with the nurse on duty, a senior carer, four care staff, the chef, two maintenance staff, the activities coordinator, the deputy manager of the home, the provider and the administrator. We talked with the GP, an advocate and one healthcare professional who visited the home during the inspection. We observed the interaction between staff and people during the course of the inspection. Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at six records of people who used the service and five staff recruitment and training records as well as records related to the management of the service such as accident and incidents records maintenance and audit records. Following the inspection we spoke with three health care professionals to obtain their views of the home. We also spoke with the registered manager who had not been able to be present at the inspection.

Is the service safe?

Our findings

People told us they felt well cared for at the home. There were risk assessments used to identify and monitor risks and guidance provided for staff; these included for example risks related to moving and handling or risk of skin integrity breakdown. Risk assessments were reviewed monthly to monitor for any changes. Some of these were detailed and provided clear guidance for staff consistent with the care provided. Accidents and Incidents were recorded together with the action taken and action recommended to reduce risk as a result.

However for three people the recorded guidance in parts of the electronic care plan was not always accurate and did not reflect the care provided. For example for one person at risk of skin integrity breakdown the risk assessment placed them at high risk and the record stated they had a normal mattress. However when we checked we observed they had a pressure relieving mattress in place in line with their high risk assessment score for skin integrity. Guidance for some identified risks was therefore out of date and did not reflect accurately the care needed or provided; this could pose a risk if people were supported by unfamiliar staff.

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

We tracked three people's care and saw up to date records in place to monitor risks such as fluid charts to monitor for risk of dehydration and positional charts to ensure people nursed in bed moved position and reduced risk of skin integrity breakdown.

People were not protected sufficiently from the risk of unsuitable staff. We found ineffective arrangements in place in relation to staff recruitment. There were checks made on people's identity, their right to work and suitable character checks made. However one staff record we looked at had no evidence of a criminal record check as required. For all five staff records there was no full employment history requested, as required under law, to confirm their employment record. We looked at the provider's recruitment policy and procedure and saw there was an application form that requested people's full employment history but this was not the one currently in use.

We discussed these concerns with the provider who told us that the necessary police checks had been completed

when staff joined the home but the previous manager had shredded some older records. However no record of the checks had been kept. The provider said they did not currently renew or review these checks on staff, once employed, to check their status had not changed as they were a small staff team and they knew staff well. This meant for some staff there was no evidence some of these necessary checks required by law had been completed. There was no risk assessment in relation to this risk and no regular written update from staff to confirm there had been any changes in their circumstances; although statements from staff were sent to us following the inspection. The provider carried out an immediate audit of the criminal record checks during the inspection and found there were other staff without a record of a check. Some of these staff were able to provide a copy of their criminal records check on the second day of inspection. However there were still five existing staff records without evidence of a current criminal records check to evidence their suitability for work at the end of the inspection.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they would carry out a full audit of recruitment records which was started at the inspection and apply for new criminal records checks where needed. They would also use the correct application form for any new applicants and ask all current staff to complete full employment histories so these would be on record. However we could not monitor the effectiveness of this at the time of the inspection

Suitable checks were made on agency staff to ensure their identity and training had been verified before they worked at the service. Checks were made to confirm nurses were registered with their professional body to ensure they had suitable training and experience.

There were plans to deal with emergencies and staff had taken part in fire drills and knew what to do in the event of a fire. People had evacuation plans which detailed the help they required. There was a recent fire risk assessment and checks were made of fire-fighting equipment and it was routinely serviced. There were appropriate checks on equipment to ensure people were protected from the risk for example gas safety, bed rails, hoists, call bells and electrical equipment.

Is the service safe?

People told us they felt safe from abuse and discrimination. One person told us “I am absolutely safe here and I go out and about.” A second person said “Yes, it is safe here.” Relatives also confirmed this, one relative said “Yes, definitely safe. We have to sign in and there are good security reasons for this.” Another relative told us “I do feel (family member) is safe here now. They know them so well.”

Staff had an understanding of safeguarding procedures. They were aware of the different types of abuse that could occur and knew how to identify and report any concerns. They also knew what to do if they ever felt concerns were not listened to. There had been one safeguarding alert, since the last inspection, raised by the home appropriately; the outcome was inconclusive. The manager and deputy manager knew how to raise safeguarding alerts with the local authority. Staff had received appropriate training and where this was due for renewal we saw this training had been booked.

At the inspection we observed there were enough suitably skilled and qualified staff to meet people’s needs. We observed staff were busy but did not rush people. However there was room for improvement to ensure there were robust arrangements to maintain adequate staff levels at weekends. People and their relatives told us there were enough staff although they were very busy. Most people told us staff responded to call bells promptly. However one person commented they thought there was not always enough and a relative told us they thought there were staffing issues at weekends. They said “We are not happy with the staffing levels at weekends. We are very concerned about this. Some weekends are worse than others.”

Staff told us that sometimes if staff were unwell at short notice it could be difficult to get a replacement from the agency. They said they thought there were enough staff if everybody turned up for work as rostered. There had been difficulties earlier in the year with a lack of enough permanent staff and there had been a higher use of agency staff particularly at night and weekends. They said, this had meant responses could be slower as agency staff did not always know people’s needs well. This had improved more recently as some new staff had been recruited. We checked the rota and saw that agency staff were used to cover two current care staff vacancies and some nursing shifts across the whole week. The provider told us they were trying to recruit more permanent staff to address this problem and had recently recruited to the nurse vacancy.

Medicines were safely managed. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use that complied with legal requirements. There were policies and procedures for managing medicines and the use of home remedies and as required medicines.

Medicines were administered safely. People told us they received their medicines on time. We spoke to a nurse about how medicines were managed and observed a medication round. We saw people’s medicines were safely administered and the nurse took time to administer medicines to people in a caring manner without rushing. There were records of any medicines allergies. We checked the balances of medicines stored in the medication rooms against the medicines administration records and found these records were up to date and accurate.

Is the service effective?

Our findings

People told us they felt staff were skilled and trained sufficiently to carry out their roles. One person said “They are all trained and know what they are doing.” Relatives told us staff understood people’s health care needs. One relative said “It is very efficient care as well: everything is checked at regular intervals.”

At the last inspection on 12 August 2014 we had found annual staff appraisals were not always carried out to ensure staff development was monitored. At this inspection staff told us they received regular supervision and an annual appraisal and we saw evidence of these in staff records. Staff told us they felt well supported by the manager and deputy to carry out their roles.

Staff told us they received regular training across a range of areas that the provider considered mandatory and that training was refreshed. This included fire safety, safeguarding adults, mental capacity training and first aid. We confirmed this from records and saw that where training was due suitable dates had been booked to ensure everyone’s training remained up to date. Staff also received training on end of life care, dementia and had received training on behaviour that requires a response from the care home support team. New staff received an induction which included training and a period of shadowing experienced staff. Completed induction check lists were kept to evidence that new staff had received appropriate training or to highlight if further support was needed. The manager told us they were in the process of introducing the Care Certificate for new staff, a new qualification for health and social care. We spoke with an agency staff member and they told us they were provided with an induction when they arrived and had been given information about people’s needs and taken part in the staff handover meetings.

Staff were aware of the importance of seeking consent to the care and support they offered people. For example if people wanted assistance with an activity or to mobilise safely.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us if they had concerns about a person’s ability to make a specific decision relating to their care, they would speak with the person, their relatives where appropriate, or an advocate and relevant health or social care professionals to make the decision in the person’s best interests. We saw examples of mental capacity assessments and best interests meetings in relation to specific decision such as a decision about a person’s medicines.

We found that applications for authorisations under the Deprivation of Liberty Safeguards had been sought appropriately and the applications were being monitored to check for progress with the relevant authority.

People told us they enjoyed the food, had enough to eat and drink and there was plenty of choice. One person said, “It is very good food. I have no complaints, there is a choice of two, usually, but they will make something else too”. Another person told us the food was “first class, more than enough to eat and drink.” We observed the chef on both days of the inspection took care and time with people, to discuss their food preferences for the day. Relatives were also positive about the food. One relative commented “The food and drink all look good, (my family member) has never complained about it at all.” We observed that people were provided with drinks throughout the day to keep them hydrated.

The chef knew people’s needs very well and was aware of any allergies or needs in respect of food texture. This was also displayed on a white board for all staff including any agency staff to be aware. There were a number of people who were nursed in bed and chose or needed to have their meals in their rooms and also needed support to eat. We

Is the service effective?

observed staff supported people in a calm and relaxed way either in the dining room or in people's rooms. Two staff members were heard to describe the food and to check the person was ready for another mouthful. The pureed food looked well-presented and warm. A relative said "I have sampled the food here. It is all lovely and they have put on weight here." Staff monitored people's food and fluid intake where people were at risk of malnutrition or dehydration and people's weight was monitored.

People and their relatives told us they had access to a range of healthcare professionals to meet their health needs. This included the dentist, optician and GP and other

professionals such as the speech and language therapist. This was confirmed in the records we looked at. A relative told us about their family member "Now they have new bottom teeth. The dentist came in here to do them. The home sorted it out with us." People told us the GP visited weekly but would come more often if needed. All the relatives told us the GP was called as soon as there was any medical problem and that the staff notified them about changes. We spoke with the visiting GP and other health professionals who were positive about the care provided at the home and that staff listened to any advice and put it into practice.

Is the service caring?

Our findings

People told us they felt well cared for and that staff were caring and warm. One person told us “I cannot ask for anything more. There are no problems with the staff.” A second person said “This is my home and staff help to make it that way.” Relatives also confirmed this to be the case one person said “Nothing seems more important to them than (family member) being comfortable.” Another relative commented “We are extremely happy with the care.” A third relative remarked “A wonderful aspect is the loving care. Everything you could want. It is wonderful care for all of them (my family member) arrived in a very poorly state and they made them comfortable, warm and cared for.” However one person and a relative told us they found the agency staff less helpful than the permanent staff. We fed this back to the deputy manager who told us they tried to use the same agency staff so they would get to know people’s needs.

We observed staff knew people well and were aware of their routines and preferences which was evident when they were speaking to them and talking with us about the care provided. What they told us was consistent with records in people’s care plan. One person told us staff “are all polite and very nice. They leave me to relax and read in my room and use my phone. They respect that.” Another person said “Staff know what I like and don’t like and what I need help with. They let me do as much as I can myself.” A relative told us their family member “is always kept beautifully clean. They have no pressure sores at all and they have been bed bound for two years or more.”

Staff demonstrated awareness about people’s individual needs in relation to their disability, gender, race, religion and sexual orientation and gave example of how they supported people appropriately to meet any identified needs or wishes. For example through personal care preferences, visits from spiritual representatives or attention to cultural dietary needs.

People were encouraged to maintain relationships. Relatives and visitors told us there were no restrictions on visiting and that they were warmly welcomed. We observed staff knew relatives well and engaged in relaxed conversation. A relative told us “I am greeted warmly at the door, offered tea and conversation and they are so busy! We are always most welcome.”

We observed care workers spoke with people while they supported them and reassured them or engaged in humour. Staff explained what they were going to do before they supported people to mobilise and provided reassurance. Care and support was not rushed. People were supported sensitively and calmly to eat and drink where they needed support to do so.

People told us they were treated with dignity and respect by staff. One person said “The staff are careful and caring as well. They always knock before they come in. I like that.” Relatives also confirmed this to be the case. We observed staff being sensitive and discreet to people’s individual care needs and routines throughout the day. Staff understood the importance of dignity in care. They ensured doors and curtains were closed before they carried out personal care and were discreet about personal information. We saw staff knocked on bedroom doors and asked if they could enter to respect people’s privacy.

People told us they were involved in their care. We saw people had information about the service in a guide in their room. Record showed people and their relatives were involved in reviewing their care needs and that families were kept updated about any changes. Where possible people were given choices, for example, about where they wished to spend their time and what activities they might take part in. They felt their independence about their personal care was encouraged as much as possible. We spoke with a visiting advocate who told us the home made regular and appropriate referrals to them to support people with decision making, where this was felt to be useful.

An active approach was taken with people to ensure their preferences for the end of life care were considered, recorded and met. The provider told us the home specialised in end of life care and had close links with a local hospice. The home had been awarded Beacon status in 2014 as part of the Gold Standards Framework (GSF); a recognised accredited framework to improve standards in end of life care in 2014. Staff told us they had received training on the GSF including an induction including specialised training. A notice board provided information to staff and visitors on the home’s approach to this aspect of people’s care and it gave the name of a staff member to contact as the nominated champion. This provided a link for people and relatives if they had any questions.

Is the service caring?

Where people and their relatives wished, their views and needs for end of life care was documented within their care plans to ensure these were respected. We found that people's care plans had been reviewed with advice and support from the hospice. People's pain was assessed and attention was paid to monitor people for changes. A relative told us "They are looking out for signs of pain all the time now and have told me that they will get the hospice team straight away." People's wishes had been recorded for example their wish to be resuscitated or not.

We found that the next of kin and relatives were involved in the advanced care plan and records documented communication with them. There was a monthly review system in place for each person on an advanced care plan to monitor the care provided and ensure it met people's needs and wishes. There were various information leaflets available in reception about different health interventions in relation to end of life care for relatives to make information accessible.

Is the service responsive?

Our findings

An accurate up to date plan of people's care was not always available. The home had moved to electronic care plans approximately six months previously and staff could input onto the record by the computer and I-pads. We were told paper records were not kept up to date as the home was fully electronic and the system was backed up. Some care plans were personalised and reflected the care provided; there was information about people's preferences and personal history so that staff could understand people further.

However three care plans we looked at were inaccurate in parts of the plan because they had not been personalised and contained pre-populated information some of which needed to be removed to accurately reflect a person needs. For example one person's eating and drinking plan stated they were able to eat independently and also that they required assistance. We tracked this person's care and found that they did require full assistance with their eating and drinking and staff were aware of their needs and supported them with this. Another person's care plan stated they were weighed monthly when we found they were weighed more frequently in line with their recorded health needs. These plans did not contain information about people's preferences or histories to enable staff to understand people better. There was no evidence of people's or their relatives, where suitable, involvement in reviewing the care plan. An end of life electronic and paper record had not been completed fully to give a clear picture of the care to be provided. This meant that people's current care and support needs were not accurately recorded and therefore could be a risk of inappropriate care being provided if staff unfamiliar with people were involved in care delivery.

In addition it was not always possible to track the care provided followed the advice from health professionals as the electronic record was difficult to follow and records were in different places. Communication from professionals was not always located in the paper records but in a separate folder kept by the manager which meant it was not readily available to staff. An accurate record of people's current care and treatment needs was not in place.

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

We discussed these concerns with the deputy manager who said the shortage of permanent staff earlier in the year and some problems with IT equipment meant the transfer to the electronic records had taken longer than expected. Some staff had initial difficulty understanding the new system; which had recently been addressed in the training. They were aware of the issues and were working hard to ensure accurate plans were in place.

People told us there was a plan of their care and their individual preferences and support needs were met. One person told us "Staff know what my needs are. There are records but they know how I like things." A relative said "It is very efficient care as well: everything is checked at regular intervals. They put a lot of thought into their welfare." Another relative remarked the home coped well with their family member's condition and "knew all about it." A third relative told us "I noticed (the staff) had read the medical notes very carefully, as I was questioned about them. I was very impressed with this." We saw staff recorded daily notes about the care and support provided and these were detailed and up to date

People's needs for stimulation and social interaction were recognised but there was a variation in how consistently they were met. This was in the process of being addressed by the registered manager and activities coordinator. People told us there was enough to do to keep them stimulated although some people expressed a wish for more outings. One person told us how they had been involved in the garden and the building of a pond over the summer in the garden and how much they enjoyed this. Another person commented "We have activities but she is away at the moment. I suggest a card game sometimes. We used to have more activities. We do have music."

On the first day of the inspection the activities organiser was not present as they were on leave. There were no activities on offer to people that day, the TV was on in the lounge and there was music in some people's rooms. A person told us "There are entertainments but the lady is off at present and there is no one else to do it!" On the second day of the inspection the activities organiser was present and we saw some people were occupied in a variety of activities and pastimes. The activities organiser told us they worked during the week and so there were no activities for people at weekends. They told us they had managed some outings with the assistance of relatives to the theatre, picture gallery and a restaurant. They said they also tried to

Is the service responsive?

provide activities to people who preferred individual activities such as reading the newspaper but it had been difficult to manage to meet these different needs. They with the registered manager had recruited some volunteers to assist and were waiting for them to be able to support activities.

People told us they knew how to complain and would not be worried about doing so if they needed to. One person told us “If there’s a problem, you just go to the office and it will get done.” Other people commented they would tell

the nurse or the deputy manager. A relative said “We would be on the phone straight away. But we have no bad words at all.” There was a complaints policy available in the service user guide in each room. The policy had time scales for response, guidance on verbal complaints and what to do if you were unhappy with the response. The complaints log showed two complaints had been made in the last year which had been actioned and resolved. The deputy manager told us they had an open door policy for people and their relatives and any issues were promptly dealt with.

Is the service well-led?

Our findings

Systems to monitor the quality of the service to reduce risk and make improvements were not always in place or effectively carried out. For example checks on the hot water temperature outlets had been recorded as higher than the recommended safe level in the last two months. There was therefore a potential risk of scalds. These temperatures had not been identified as a problem with or by the provider. We asked the maintenance team to recheck and retest the temperatures at the inspection and these were then recorded at safe levels. There were no recorded checks on the safety and condition of the premises. We spoke with the maintenance team and they confirmed they regularly walked around the building to check for any problems but no written record was made. Therefore it was not possible to see if any actions were identified as needed or completed.

There was no audit of recruitment records to identify the issues we found at the inspection. There had been no process to ensure recruitment records were maintained safely. Some nurse training certificates were not available for us at the inspection and had to be requested from nursing staff by the manager so there was no check recorded to say their training had been verified by the service when they started work as there were no system to audit these records.

Issues that had been identified had not always been followed through. We were told one spot check had been carried out on night staff following a concern raised, but this was not recorded to evidence what was found and no date was provided when we asked. We were told further night checks were planned in the near future.

Some checks were not effective. An audit of the first aid boxes on 19 October 2015 revealed some dressings needed replacement. We checked the first aid box and found these items had not yet been replaced. Daily checks of pressure mattresses and pumps were not carried out. A monthly audit was undertaken and had last been carried out on 9 November 2015. It had not identified any necessary actions as a result. However our checks showed that three mattresses were not at the correct setting which could lead to a risk to people's skin integrity. We found staff had not

always entered people's current weight but used the previous recorded weight which could lead to inaccuracy. Daily checks were then put in place at the inspection to ensure closer monitoring.

Some audits were not completed regularly, the monthly medicines audit was last completed on 15 September 2015 and the infection control audit on 19 June 2015. Issues may not therefore always be identified in a timely way.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some audits were carried out regularly and identified issues such as audits of the kitchen and some equipment audits.

There were good communication systems in place with regard to people's care needs. There was a detailed handover between staff to update them about any changes to people's needs and any concerns. There was also a handover book that recorded relevant information for staff. There were other meetings to discuss the running of the service including management meetings and a staff meeting. Nurses meetings were held but we were told they had not been held recently due to the shortage of permanent nurses earlier in the year but they were planned to restart early next year.

The registered manager was not able to be present at the inspection. The provider told us the

registered manager had been in post for just over a year and had worked hard to improve the running of the service. Staff told us it had been a challenging year with the difficulties in recruiting permanent staff but they had felt supported by the nurses, senior carer and management team and that they worked well together. There was a calm and supportive atmosphere and staff appeared motivated to work to deliver good care. Health professionals we spoke with said "The staff were busy but they were open to learning more."

We spoke with the registered manager following the inspection. They understood the requirements and responsibilities of the registered manager's role. They had submitted notifications of events which required

Is the service well-led?

notification to CQC promptly when required. They told us they had needed to focus on the care provided when they arrived and were aware that some systems and records needed some improvement.

People were asked for their views about the service and this was analysed to see if any improvements could be

made. There were relatives and resident meetings held at regular intervals. People and their relatives told us that their feedback was always listened to informally as well and that the staff were approachable. An annual survey was carried out each year and the responses reviewed to see if any action was needed as a result.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality of the service and to monitor and mitigate risk were not always operated effectively. An accurate and contemporaneous record of service users' care and treatment was not always available. Regulation 17 (1)(2)(a)(b)(c)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Effective recruitment procedures were not operated to ensure the information required under schedule 3 was obtained or recorded. Regulation 19 (2)(3)(a)