

Plenus Care Ltd

Lindum Court

Inspection report

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Tel: 01427728507

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This unannounced inspection was undertaken on 16 and 17 March 2017. On the first day of the inspection one adult social care inspector and one inspection manager attended. On the second day two social care inspectors were present. On both days an expert by experience assisted with the inspection. An expert by experience is a person who has experience of using this type of service.

The service was last inspected on 24 November 2015, it was found to be compliant with the regulations that we looked, although three recommendations were made and an overall quality rating of 'requires improvement' was awarded.

Lindum Court is registered with the Care Quality Commission (CQC) to provide accommodation for up to 24 people who require nursing or personal care. The service can provide support to older people and those living with dementia. It is based in the centre of Owston Ferry on the Isle of Axholme.

This service has a registered manager in place. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One of the recommendations made at the last inspection of this service had not been acted upon. This was in regard to the environment and auditing and monitoring of the service that needed to be more robust. During this inspection we saw the registered manager and registered provider had failed to monitor the quality of the service provided to people and have failed to provide a safe, well-led service. Some corrective action was taken following the first day of the inspection; however, not all of the issues found have been fully addressed.

There were issues with infection control, cleanliness and the environment throughout the service. Gloves, plastic bags prescribed creams and razors were not securely stored to help to prevent the risk of harm to people living with dementia.

We found the registered provider was providing a regulated activity that they were not registered for; they have taken action by making an application to the CQC to rectify this shortfall.

People who required assistance with eating and drinking were given their meals earlier than everyone else. This was being reviewed by the registered manager to ensure everyone was included in the social mealtimes held at the service. People's nutritional needs were assessed and monitored and their preferences and special dietary needs were catered for. Staff encouraged and assisted people to eat and drink and advice was gained from relevant health care professionals to make sure people's nutritional needs were met.

People's care records required some minor updating; this was undertaken at the time of the inspection to

make sure the records reflected people's current needs. Risk assessments for some people lacked detail and direction and behavioural support plans were not fully detailed or prescriptive. We have also recommended that the care records regarding people's capacity to consent and for providing care to people in their best interests are reviewed in line with current guidance.

Staff received training about protecting people from harm and abuse. Safeguarding issues were reported report to the local authority and CQC.

We observed the staffing levels provided during our inspection were adequate to meet people's needs. Staff received training, supervision and appraisals which helped to support them and develop their skills. Recruitment procedures were robust.

People's changing care needs were discussed with relevant health care professionals so that their needs could be reviewed to help maintain people's wellbeing.

Staff reworded questions to help people living with dementia understand what was being said. This helped to ensure people were supported to make decisions and choices in their daily lives.

Spontaneous activities were provided. Visitors to people living at the service were made welcome.

Pictorial signage was in place to help people living with dementia find bathrooms, toilets and their own room. General maintenance occurred and service contracts were in place.

Resident and relative and staff meetings were held to gain people's views about the service.

There was a complaints procedure in place. This was explained to people living with dementia or to their relatives so that they were informed.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There were some areas which required improvement and these included infection control, cleanliness and the environment throughout the service.

Gloves, plastic bags prescribed creams and razors were not securely stored to help to prevent the risk of harm to people living with dementia.

Risk assessments for some people lacked detail and direction.

People told us they felt safe living at the home. Staff knew how to recognise the signs of potential abuse and knew how to report this which helped to protect people.

Staff recruitment was robust, there were enough staff provided to meet people's needs.

Is the service effective?

Requires Improvement 

The service was not always effective.

The carpet throughout the service was heavily patterned which may adversely affect people living with dementia.

Clearer documentation could have been put in place regarding people's capacity and best interest meetings.

Staff were provided with training, supervision and appraisal. There were enough staff provided to meet people's needs.

People's nutritional needs were met.

Is the service caring?

Good 

The service was caring. Staff treated people with kindness and respect.

Staff supported people in a gentle and enabling way to help promote their independence and choice. This helped people to

live the life they chose.

Advocates were available to support people.

End of life care was provided at the service.

Is the service responsive?

The service was not always responsive.

Some people's care records required updating to reflect their current needs.

Staff responded to people's needs, they listened to what people said and acted upon it.

Spontaneous activities were provided to people when they were able to engage.

A complaints procedure was in place and made available to people who used the service.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Environmental and auditing shortfalls found at the last inspection of the service had not been addressed.

The quality monitoring and auditing in place was not robust or effective which meant the environment was inadequate and cleanliness and infection control was not maintained. This placed people's health at risk.

The safety of people living at the service was not protected.

The registered provider was providing a regulated activity from this location that they were not registered to provide with the Care Quality Commission.

People living at the service, their relatives and staff were asked for their views and these were acted upon.

Inadequate ●

Lindum Court

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 registered 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.

We asked the registered provider to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement.

During our inspection we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served in the dining room. We observed a member of staff giving out medicine. We looked at a variety of records; this included four people's care records, risk assessments and medicine administration records, (MARs). We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and the complaints information. We also looked at staff rotas, training, supervision, appraisal and recruitment information.

We spoke with the registered manager and five staff and the cook. We gained the views of five people living at the service; and five visitors. We also spoke with a visiting health care professional. We also gained feedback about the service from the local authority prior to undertaking our inspection.

Some people at the service were living with dementia and could not tell us about their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported by staff and provided us with evidence that staff understood people's individual needs and preferences.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes, I feel safe, it is very good here." Another person said, "I am safe here."

Relatives said the service was safe for their relations and friends. One relative we spoke with said, "(Name) has received one to one care so has been very safe." Another told us, "Yes, my relation is well looked after and is safe here."

At our last inspection of this service we found some areas within the service were being used as storage space but were still accessible to people who used the service. This presented a risk to people's safety. We made a recommendation regarding this and asked the registered provider to address this issue. During this inspection we undertook a tour of the building and found this to be a continuing problem. We observed room 19 was not in use and was being used for storing a mattress and other items. People could have gained access to this area, which placed people at risk of harm and demonstrated that the registered provider had not acted upon our recommendation following the last inspection of this service. We also found the downstairs sluice room next to the registered manager's office was unlocked, we found bleach, toilet cleaner and soap powder could be accessed by people living at the service. This meant people the environment was not safe for people.

During our last inspection it had been reported that there was a slight smell of urine upon entering the building. We noticed this was still present during this inspection. This demonstrated the registered provider had not addressed this and people were exposed to unpleasant odours in their home. We discussed this with the registered manager who provided us with assurance this would be dealt with.

During the inspection we found electric storage heaters in the corridors and also in people's bedrooms, these were very hot to touch and posed a risk of burning. Some metal covers were present over the heaters in some people's bedrooms but not in all of them, they were also not fastened to the wall so people could move the metal cover. This placed people risk of harm. Following our inspection we received evidence that this issue had been addressed.

We observed staff were provided with personal protective equipment, for example; gloves and aprons. However, these items were not stored securely they were found in the communal bathrooms and in people's bedrooms. We discussed this with the registered manager because this posed a risk to people living with dementia who may ingest these items.

We found in people's bedrooms prescribed medical creams unsecured on the bedroom sink units along with hazardous items such as razors. We discussed this with the registered manager as the razors posed a risk to people's health and safety.

We found all areas of the service to be dusty which showed the cleaning schedules were not effective. We saw there were shortfalls throughout the service relating to infection control. For example, in people's

bedrooms that we inspected at random we found the bedding was stained and unclean and had to be changed. The commodes present in some rooms were rusty and the plastic cushions were split exposing the foam filling. In one bedroom the sink had a crack in it near the plug hole and a stained used urinal was placed on the sink. The downstairs bathroom had a wooden storage unit at the foot of the bath with clean towels present, these could have been splashed with bathwater, and they were difficult to keep dry. The first floor bathroom was dusty and had lino coming away from the walls this meant it could not be cleaned effectively and posed an infection control risk. We found the first floor toilet had rust underneath the cistern so was difficult to clean. During our inspection we observed the domestic's mop and bucket was unclean and we had to tell the registered manager to address this. We reviewed the cleaning records and we found these were not fully completed. This confirmed effective cleaning of the service was not taking place and the deep cleaning of bedrooms was not being undertaken in a timely way. We were informed by the registered manager there was only one domestic on duty working four hours a day and the night staff undertook some cleaning, however, this was not documented. Effective infection control was not in place and this placed people at potential risk of harm.

We inspected the laundry and found this was thick with dust and had wooden shelves that were difficult to clean. The washing machine and dryer were stood on wood which was damaged and was difficult to clean. No soap or paper towels were provided for staff to be able to wash and dry their hands. This meant staff could not wash their hands effectively before leaving this area and created a cross contamination risk.

There were other environmental hazards present which included the kitchen door that was wedged open by inappropriate means. The carpet had a hole in it under one table and was covered by tape to prevent it from being a trip hazard. High dusting was required in the dining room to remove cobwebs. A wall unit in the lounge was left open and it contained nail varnish remover and varnish and prescribed wound irrigation solution for a person living at the service. This placed people's health and wellbeing at risk.

We found trip hazards outside the door to the garden, a rubber mat rolled up and hessian sacks. There were small garden tables laid on their sides, with two low hanging baskets which people could have caught their heads on. A felled apple tree and weeds growing between the stone flags posed a hazard to people's safety. The fence at the bottom of the garden was four foot high and this did not provide security for people living at the service.

We saw at the top of the stairs to the first floor fire evacuation equipment was placed on an easy chair with a toilet rail stored by the side of this making access to this equipment difficult. More evacuation equipment was situated outside a bedroom ; this was also on the floor and could have posed a trip hazard. On the first floor we saw a hoist was stored in front of a fire extinguisher making access to this equipment difficult. This impeded the staff's access to the fire equipment.

We inspected four people's care files. Risks to people's wellbeing such as the risk of choking, falls, or receiving tissue damage due to immobility were seen to be in place. This information was generally reviewed as people's needs changed. However, for one person who had displayed behaviours that challenged the service and other. behavioural issues, there was no clear guidance present for staff about what triggers to look out for and what action they should take to help to maintain the person's safety and that of others. This was discussed with the registered manager, who said they would address this.

All of the above issues meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these concerns with the registered manager who told us the issues we found would be

addressed straight away. On the second day of our inspection we found there was no smell of urine present. The bathroom used for storage and downstairs sluice room was locked and the items stored in a room 19 had been removed. Guards were fitted to the electric storage heaters and the fire safety equipment was hung on the wall appropriately so staff could access this easily. We saw gloves, bags, prescribed medical creams and razors were now placed in people's bathroom cupboards which reduced the risk present. Bedding was clean and new commodes had been ordered. The kitchen door was closed and the wall unit in the lounge was secure. The bathrooms had been cleaned and towels had been removed so they could not be splashed with water. The laundry room was clean and tidy. The registered manager confirmed an outside contractor was undertaking deep cleaning of the service and the domestic hours had been increased by one hour a day to help to maintain the cleanliness at the service. The registered manager was gaining guidance and assistance from the Clinical Commissioning Group specialist nurse for infection control. An audit of infection control was carried out and an action plan was put in place to address the issues found. The hazards in the garden had been removed. This confirmed swift and thorough action had been taken by the registered manager to reduce the risks that had been present to people's health and safety. We will re-assess all of the above when we undertake the next inspection at the service.

We looked at how people were protected from potential abuse. Staff we spoke with knew they must protect people from abuse. Staff undertook safeguarding training. There was a safeguarding and whistleblowing (telling someone) policy in place. The registered manager and staff were aware they had to report safeguarding issues to the local authority safeguarding team and to the Care Quality Commission (CQC). Staff we spoke with said they would report safeguarding concerns straight away.

Staffing levels provided were monitored by the registered manager. We reviewed the staff rotas and spoke with staff about the staffing levels provided. They confirmed there was enough staff provided to be able to deliver the care and support people required. They said they covered each other's absence and annual leave so that continuity of care was provided to people. The registered manager confirmed with us that when a person received care in the community the staffing levels at the service were maintained so people who lived there received effective and timely care and support.

We looked at the procedures in place for recruiting staff. We found these were robust and included potential staff providing references, attending for an interview and having a disclosure and barring service check (police check) undertaken. This helped protect people from staff who may not be suitable to work in the care industry.

We saw general maintenance was undertaken. Service contracts were in place to maintain equipment. Water checks, electrical and gas checks were in place. Contracts were in place for waste disposal. Staff had access to emergency contractors' phone numbers. The registered manager could be contacted at any time by staff for help and advice in the event of an emergency. People had personal evacuation plans in place staff to refer to in the event of an emergency. Regular checks were undertaken on the emergency lighting and fire alarm systems and staff undertook fire training to help them prepare for this type of emergency.

We inspected the medicine systems in place. We looked at how medicines were ordered, stored, administered, recorded and disposed of. There was a monitored dosage system in place, the pharmacy pre-packed people's medicine to assist the staff to dispense these safely. Photographs of people were present to help staff identify people and allergies to medicines were recorded which helped to inform staff and health care professionals of any potential hazards. Staff were competent when administering medicine to people and they had undertaken training relating to this. Staff checked the medicine to be given; the person's identity and stayed with the person until their medicine was taken. Balances of medicines checked which were found to be correct. However the storage of prescribed creams for people unsecured in their bedrooms

posed a risk of harm to people especially to those living with dementia.

Is the service effective?

Our findings

People we spoke with said the staff looked after them and met their needs and they told us the food was good. One person we spoke with said, "They have enough staff to manage and they have the right skills and experience. The food is excellent it could not be better, we have choices." Another person said, "The food is good. I am looked after."

Relatives told us the service was effective at meeting their relations needs. We received the following comments; "(Names) needs are met. The food is delicious, can you smell it now? It smells lovely. I think the environment is suitable for dementia of course it is" and "The staff understand my relations needs. He keeps getting out of the chair which is dangerous. That is why they have one to one care."

At our last inspection of this service we found appraisals were not being undertaken for staff and a recommendation was made regarding this. At this inspection we checked to see if appraisals were occurring, staff files we inspected confirmed these were taking place on a regular basis.

During our inspection we looked at the environment provided for people at the service to see if it supported people living with dementia. We saw the carpets in the communal areas of the service were heavily patterned and this was not conducive to promoting good dementia care. We spoke with the registered manager about this, they said, "The carpets are to be replaced by the end of the year."

We had also found a person was unable to be cared for out of bed. We saw there was a chest of drawers that were broken, the broken drawers were on top of the base unit and other items of clothing and bedding had been placed on top of this. The room looked untidy and was uninviting. We discussed this with the registered manager who addressed this.

We observed lunch and tea being served. We saw one person who required assistance to eat and drink was being assisted by staff with their lunch at 11.20am. We asked why the person was having their meal early the carer said, "I am giving [Name] their lunch, as the feeders are given theirs first. They have lunch early and tea at 3.30pm." We saw lunch for everyone else was served at 12pm and tea was served from 4pm to 4.30pm. The staff member said the person was given their meals early to enable staff to support them without rushing him. We discussed this with the registered manager to ask if they had considered this could be excluding this person from a social experience that may be more enjoyable for them. The registered manager confirmed she hadn't thought about that aspect and we also discussed the fact that lunch at 11.20am was very early and tea at 3.30 would then mean a very long time before the next morning's breakfast. The registered manager said they would review this practice. The registered manager confirmed to us following the inspection that people also had supper in the evening to ensure there were no long periods of time between meals.

We inspected the information provided regarding staff training. On day one of the inspection we found the training information was not up to date, however this was updated before the second day of the inspection so we were able to assess what training had been delivered. We saw staff undertook regular training in a

variety of subjects; for example; moving and handling, medicine administration, safeguarding and the Mental Capacity Act 2005, first aid, infection control, dementia. Staff we spoke with told us that training was provided and it had to be completed to maintain and develop their skills. One member of staff said, "I have done lots of courses." The registered manager was aware of training updates staff required and dates had been booked to make sure the staff's skills remained up to date. There a programme of staff supervision in place which helped to highlight any further training or support needs the staff had.

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).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. At the time of our visit 12 DoLS applications had been made for people living at the service. Staff we spoke with confirmed they had received training in this area.

Staff we spoke to told us how they gained consent when supporting people. They had a basic understanding of the principles of the Mental Capacity Act 2005. We observed staff supporting people; they gave them choices and waited for people to give their consent to provide care. However, we noted that in people's care records capacity assessments, and best interest decisions were recorded on a document that was not headed with the registered providers name and we felt this could be misleading as this contained another organisations details. This was discussed with the registered manager who told us that a large amount of work had been carried out in this area and that they would address this further.

We recommend that the registered provider seeks advice and guidance about appropriate recording in relation providing care in people's best interest.

People's nutritional needs were assessed on admission and they were regularly reviewed. Information was available to staff about people's dietary needs, preferences for food and drinks and any food allergies. The cook told us the staff kept them well informed. Staff we spoke with were aware of people's special dietary needs. The food served looked appetising and nutritious. We saw people were offered food and drink at any time. Where people required assistance to eat and drink this was provided by patient and attentive staff. People chose where they wished to have their meals. There was a sociable atmosphere at mealtimes. People's views about the meals provided was asked for by the cook who confirmed people's preferences were provided.

We saw that general practitioners, dentists, opticians, chiropodists, speech and language therapists and dieticians were involved in people's care. If a person was underweight a referral was made to their general practitioner or to a dietician.

Signage was provided throughout the service to help people find their way around, especially those people living with dementia. Some people had pictures on their bedroom doors to help them find their room. Hoists and special equipment such as hospital beds with pressure relieving mattresses was provided for people who required this for their health and wellbeing.

Is the service caring?

Our findings

People living at the service told us the staff were caring and confirmed they felt cared for. One person we spoke with said, "The staff care for me." Another person said, "I feel the staff care about me. We care about one another. The staff treat us with respect and this is very nice."

Relatives said the staff cared for people appropriately. We received the following comments; "The staff do care. Mum sometimes wanders off in her mind, but the staff understand. They respect mums privacy and dignity" and, "The staff are very fond of (Name)." A visiting health care professional said people looked well cared and confirmed they had never seen anything that had worried them. They told us they were made welcome when they visited the service. They said, "I have no concerns about this service."

We observed staff offering help and assistance to people and they gained eye contact with people or knelt to speak with them using gentle and appropriate touch to help to reassure people. We heard staff rephrasing questions to help people living with dementia understand what was being said; giving them time to think and respond. We observed staff spent time sitting and talking with people and acted upon what people said. We saw the staff were aware of people's likes, dislikes and preferences in relation to their care. This promoted people's independence and choice.

People looked relaxed and content in the company of the staff. People were addressed by their preferred name and staff knocked on people's bedroom doors before entering. Care was provided to people in their own bedrooms or in bathrooms with the doors closed which helped to protect people's privacy and dignity.

During our visit we spoke with staff who told us they treated people as they would wish to be treated. A member of staff said, "I like working here, I really like the residents and the people I work with." Another member of staff said, "The residents are like our extended family."

We observed visitors were made welcome and they told us they could visit the service at any time. Visitors were offered refreshments this was welcoming.

The registered manager told us that local advocates could be provided to help support people to raise their views. Information about this service was displayed in reception.

End of life care was provided at the service. We saw thank you cards had been received which gave positive feedback from relatives about the care and support people had received.

A confidentiality policy was in place, we noted on the first day of our inspection people's care records were not locked away, this was discussed with the registered manager and was acted upon straight away.

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs and said their social needs were met. They confirmed they would make a complaint, if necessary. We received the following comments; "I like to play dominos and I used to play tennis. I've never had to complain. I have been lucky that way" and "I am looked after."

Relatives told us their relations needs were responded to and they said they were kept informed of any changes in their needs. They confirmed activities were provided and that any concerns raised were acted upon. We received the following comments; "I do know what is going on. If (Name) goes to hospital I go with her. The staff treat people as individuals; Mum would not let staff get away with treating her any other way. The staff know her likes and dislikes. We have no complaints", and "Care is individualised. We have no complaints."

Care records we inspected confirmed people were assessed before they were offered a place at the service. This helped to ensure people's needs were known and could be met. The assessment process continued following admission. Hospital discharge letters and care plans from the local authority were gained to help inform the staff of what people's needs were. Staff reviewed people's care and support, however, in the files that we looked at we found one person needed their care file updating as they were now unable to get out of bed. This was discussed this with the registered manager and the care records were review immediately. Staff we spoke with had a good understanding of people's needs. We also found risk assessments for some people lacked detail and direction and behavioural support plans were not fully detailed or prescriptive.

We observed care was prioritised, for example, if a person was unsettled or appeared to be getting anxious staff attended to help calm them. We saw if people were unsteady on their feet staff attended to assist them promptly to help maintain their wellbeing.

Staff we spoke with told us they monitored people's condition on a daily basis and reported any issues to relevant health care professionals to gain their advice. A health care professional we spoke with said, "Staff understand people's needs and they ring timely and follow instructions they (the staff) are pretty good. If there are any problems the staff contact me." People were assessed for equipment to help to maintain their wellbeing, for example, walking aids, hospital beds and pressure relieving mattresses and cushions.

Staff shared information about people's changing needs at handovers between shifts. Information about people's physical and psychological needs, health and wellbeing was discussed this helped the staff to deliver the care people required. People were weighed, where this was possible and a nutritional assessment to help monitor people's wellbeing.

Staff throughout the service were observant and overall we saw they spent time speaking with people as they supported them.

Activities provided were spontaneous to capture people's willingness to engage. Staff sang to people and they joined in and they reminisced with people they were supporting. Activities, such as quizzes, board games, dominos and arts and craft were undertaken. People were encouraged to go out with their relatives in the local community. Those who received care in their rooms were visited by staff who spoke with them, played music, reminisced or provided hand massages. This helped to make sure activities were provided that were suitable to people's needs. We saw staff celebrated people's birthdays with a card, flowers and a cake. One person who loved to walk in the garden and was proud to live at the service showed a member of the inspection team round and discussed their gardening hobbies.

A complaints procedure was displayed for people and their relatives to read. The registered manager reviewed complaints when they were received so issues were dealt with appropriately. Compliments and complaints were shared with the staff at staff meetings. We saw compliments had been received from people and their relatives about the service provided

Is the service well-led?

Our findings

At the last inspection of this service we had found the audits undertaken were not robust for example; annual appraisals for staff and environmental audits. These had not been completed as regularly as they should have been and there were gaps in some of the recording, the frequency of these audits were not clear. We had spoken with the registered manager about this and they had told us their own internal systems had highlighted a more robust audit system was required to improve things and this had resulted in the recruitment of a compliance manager. The registered manager at that time had offered reassurance to us that the issues we found during the inspection would be resolved with immediate effect. The registered manager explained a compliance manager had just commenced their role and had started to review the documents and systems in place at the service. They sent us an action plan which highlighting the improvements required and timescales for when this would be achieved. Following this inspection we made a recommendation to the registered provider that the service should continue to review its systems and make improvements to its internal audit recording processes. The registered provider had failed to take appropriate action following our last inspection. This demonstrates inadequate management and a failure by registered provider to take action about known risks.

At this inspection the shortfalls that we found with the environment and regarding infection control at the service demonstrated that the auditing in place was not robust. Quality monitoring at the service was ineffective. We found checks on the environment and in relation to infection control were not undertaken in enough detail to prevent the shortfalls in the service that we found. We saw there were ineffective auditing systems in place.

We found the registered manager had failed to observe the storage heaters were very hot and this may pose a risk of harm to people. They also had a member of staff who attended external infection control meetings; however they or the registered manager failed to observe that the standard of cleanliness provided throughout the service and inadequate infection control placed people at risk of harm.

During our inspection we found that effective systems were not in place to ensure the service provided was safe or well led. The registered manager managed two locations for the registered provider. This may have contributed to this location being inadequately managed. The managing director of the organisation had visited the service to observe and to monitor the quality of service provided since our last inspection. However, the issues we found at this inspection had not been found or corrected by this monitoring process. This demonstrates that the current quality monitoring and governance systems in place was ineffective.

We saw on 1 December 2016 the director of the service had attended a meeting where it was discussed new furniture for people's bedrooms was required. However we found that this refurbishment had not occurred throughout the service. The registered manager confirmed following the inspection that this furniture had been ordered and was due to be delivered in early May.

We found during our inspection that a regulated activity of personal care was being provided to one person who was receiving care in the community when the registered provider was not registered to provide this,

from this location. This issue was discussed with the registered manager and registered provider by the inspection team and by the Care Quality Commissions (CQC) Head of Inspection. The registered provider submitted an application to the CQC to have this regulated activity added to their registration. The registered provider will provide us with an updated statement of purpose relating to this, in the near future. The provision of this regulated activity when it was not registered demonstrates a lack of understanding of registration requirements.

The registered manager undertook audits of accidents and incidents that occurred to see if there were any patterns present. We saw audits had been completed covered areas such as; accidents and incidents, staff training and recruitment, care and medicine records and maintenance and servicing of equipment. Care records were not audited and we found a person's care records that no longer reflected their needs and this had to be reviewed.

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

Staff we spoke with told us the management team were approachable and supportive. The registered manager told us the staff were a reliable team who worked together to cover extra shifts, holidays and absence, which provided continuity of care to people.

Policies and procedures were in place to help guide the staff, for example these covered; safeguarding vulnerable adults and person centred care. We found these reflected current good practice. A business continuity plan was in place and arrangements had been made with the local pub landlord and with the local authority so that the Village Hall and public house could be used in the event of an emergency where people had to be evacuated. The nurse call system had a battery operated back up system to make sure it remained active and alerted staff to people who required assistance. We saw records which confirmed general maintenance and servicing of equipment was in place.

People we spoke with and their relatives told us they thought the service was well-led. We received the following comments; "I think the manager and staff are very good", and "The management is fine, we have no grumbles, we are asked for our views."

A newsletter was produced throughout the year this informed people and their relatives about refurbishments, staff training, compliments and complaints, meetings being held and the Care Quality Commissions inspection findings including where to locate a copy of the report.

Resident and relatives meetings were held to ask people and their relatives for their views. We looked at the minutes of these meetings and saw activities, staffing levels, and the food provided had been discussed.

Staff meetings were held, we saw minutes of meetings that had been held were available to staff, those who were unable to attend could read this information which helped to keep them informed. Staff told us they were asked for their views about the service by the registered manager; they said their views were acted upon.

The registered manager provided CQC with notifications about accidents and incidents that occurred; this helped to keep us informed.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured the premises were safe and used in a safe way. They had not assessed the risk of, and prevention or control of infection. The registered provider had not assessed the risk to the health and safety of service users appropriately.</p>

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider is failing to comply with Regulation 17, (1) (2) (a) (b) (c) (d) (ii) (e), Good Governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for reasons outlined in the Warning Notice.</p>

The enforcement action we took:

We issued a Warning Notice to the provider.