

Baybury Limited

The Orchards Care Home

Inspection report

1 Wilmer Drive
Heaton
Bradford
West Yorkshire
BD9 4AR

Tel: 01274547086

Website: www.orchardscarehome.co.uk

Date of inspection visit:
27 April 2016
03 May 2016

Date of publication:
08 July 2016

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place over two days on 27 April and 3 May 2016 and was unannounced. The inspection was carried out to see if any improvements had been made since September 2015 when the home had been placed in 'Special Measures' by the Care Quality Commission. This was due to the service being in breach of a number of regulations for which the Commission took enforcement action.

The Orchards Care Home provides residential care (not nursing) for up to 22 older people. At the time of our inspection there were 14 people living at the home. The person registered as manager for the service was also the provider. They had little presence in the home and therefore management duties are undertaken by an acting manager who intended to apply to the Commission to be the registered manager. 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.

People told us they felt safe and staff knew what to do if they thought someone was at risk. However we found issues which could mean people were not safe. Medicines were not managed safely and people had not always been receiving their medicines as prescribed. Staff recruitment procedures had not been followed which meant some staff working at the home had not been subject to checks on their background; this included criminal record checks. There were not enough staff available at all times to make sure people were safe and not all staff were up to date with necessary training. Checks on the safety of the environment were not up to date and we found environmental issues which could put people at risk of harm.

People told us they were well cared for. Staff appeared to know people well and we saw some caring interactions between staff and people living at the home. People told us the food was good and our observations confirmed this. People received the nutrition they needed to maintain their health.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The service was working in line with these requirements.

We found staff were not always respectful of people's confidentiality, privacy and dignity needs. Not all communal toilets and bathrooms had locking mechanisms and much of the furniture available to people was stained and dirty. Private records were not stored securely.

We found improvements had been made to care plans since our last inspection although care records did not always reflect a person centred approach.

People had access to healthcare services such as GP, district nurse and dieticians. We saw these services were accessed in a timely manner.

People were able to engage in activities although time for this was restricted by staff having to attend to other duties.

There was a system in place for people to make complaints and we saw complaints were managed and responded to.

We found the systems for auditing the quality and safety within the home were ineffective which meant issues which could affect people's safety and wellbeing had not been identified or addressed.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there was not enough improvement to take the provider out of special measures.

CQC is now considering the appropriate regulatory response to resolve the problems we found.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Medicines were not managed safely.

There were insufficient staff to safely meet the needs of people living at the home.

Staff recruitment procedures did not protect people.

Environmental safety and infection control procedures were insufficient and put people at risk.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People enjoyed the food at the home and we found nutritional needs were met.

Staff did not receive the training and support they needed.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People told us they were happy with the care they received and we observed some caring interactions between staff and people.

People's confidentiality, privacy and dignity needs were not always met.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records did not always reflect a person centred approach to care.

Care records were not easy to navigate.

Complaints were managed appropriately.

People had access to activities although this was dependant on staff having time to engage with people.

Is the service well-led?

Inadequate ●

The service was not well led.

The service had failed to display the rating awarded to them by the Care Quality Commission at the last inspection.

Quality assurance systems were not effective and had failed to identify and address issues in areas including management of medicines, health and safety, staffing and staff training and recruitment.

The registered manager did not have a presence in the home.

The Orchards Care Home

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 27 April and 3 May 2016 and was unannounced.

The inspection team consisted of three inspectors. Two visited on the first day and two on the second day.

This inspection was carried out to assess if the provider had met with enforcement notices served at the previous inspection in September 2015 and to assess if they had made sufficient progress to be taken out of special measures.

During the inspection we spoke with five members of staff including the acting manager and deputy manager. The registered manager was not available during our inspection. We spoke with seven people who lived at the home although not all of these people were able to engage in conversation with us.

We looked at four people's care records and other records which related to the management of the service including staff recruitment and training files and audits of safety and quality within the home.

Prior to the inspection we reviewed all information we held about the provider. We did not, on this occasion, ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

When we inspected this service in September 2015 we found systems were not in place to make sure medicines were managed safely within the home. We told the provider improvements must be made.

On this inspection we found further concerns relating to the management of medicines. We saw the medicine trolley was stored in the dining room with fixings to the wall in place. We asked the acting manager if checks were made of the room temperature to make sure medicines were stored at an appropriate temperature. The acting manager said temperatures were not taken and they were not aware of the need for this. However, when we looked at the medication audit paperwork we found it included a question about daily temperature checks of medicine storage. We saw this had been scored through on one audit and marked as 'N/A' (not applicable) on another.

We found the medicine trolley to be dirty with what appeared to be spilled medicines and tea. There were hairs stuck to the trolley doors where sticky substances had been spilled.

We carried out a sample of 12 supplied medicines dispensed in individual boxes. We found that on all but one occasion, the stock levels of the medicines did not concur with amounts recorded as received and administered on the Medication Administration Record (MAR) sheet. For example, one person was prescribed two types of medicine for inhalation. One of these was prescribed in capsule form. The MAR showed that 30 capsules had been received into the home and there were 27 signatures of administration. This meant there should be three capsules remaining. We found there were 13 capsules remaining. The second medicine for inhalation came in a dispensing chamber which recorded the number of doses remaining after each inhalation. Records showed a new chamber containing 120 doses had been received and 102 signatures of administration had been made. This meant that 18 doses should remain. The chamber showed there were still 70 doses remaining.

We found similar concerns in medicines prescribed for the control of epilepsy, treatment of digestive problems and to maintain healthy thyroid levels. We saw one person's medicines had been supplied in a monitored dose system. This included a tablet which, according to the instructions on the packaging, needed to be dissolved in water. We asked a member of staff if they dissolved this medicine in water as per the instructions for administration. They said they did not.

On the second day of our inspection we found an unopened tube of Piroxicam Gel, an anti-inflammatory gel used for pain relief, in the drawer of the one of the desks in the office. The drawers were broken which meant the box containing the gel was clearly visible. We asked the acting manager why it was there. They told us it had been stopped by the GP but they were still offering it to the person it was prescribed for as it was still on their MAR. We were unable to find any record of the gel having been stopped by the GP and noted a recent review of the person's medicines said 'to continue with all pain relief.' We looked at the MAR for this person and saw staff had been offering the gel to the person; however we were unable to find any instruction about where on the body the gel should be applied. We asked the acting manager if a care plan was in place for use of the gel, they said there should be. We were unable to find a care plan relating to this but the acting

manager showed us a PRN (as required) protocol which said the gel was to be applied to the person's back. As the gel was not prescribed on a PRN basis, the protocol was not appropriate in this case.

Also in the drawer we saw a plastic bag containing over a hundred tablets. The tablets were not in the boxes they had been dispensed in which meant it was not possible to see when they had been dispensed or who they were for. The acting manager told us they had been there since the last inspection over six months ago but they thought they had been returned to pharmacy by another member of staff.

In two people's bedrooms we found creams in use which had been prescribed for other people and in another bedroom we found a cream in use with an expiry date of 2014.

This meant that medicines were not being managed safely or administered to people as prescribed and as directed. This is a continued breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the storage and management of controlled drugs (CD's) and found this to be safe. We saw 'as required' (PRN) medicines were supported by written instructions which described situations and presentations where PRN medicines could be given.

We undertook a tour of the premises and found that although rooms were homely, the furnishings were tired and in some cases not clean. Dining room chairs were heavily stained as were the arms and cushions of a number of armchairs in lounges and people's bedrooms. We noted the area in front of the dumbwaiter in the dining room was heavily stained with food and drink spillages. In one person's bedroom there was a strong odour of urine and the acting manager told us the person occupying that room had a tendency to urinate on the floor. We saw the vinyl flooring in this room was cracked and split in places making it difficult to clean effectively.

We visited eight bedrooms and found liquid hand wash available in only two of the rooms. None of the rooms had any paper towels available. This meant procedures were not in place for effective infection control as staff did not have appropriate hand washing facilities available to them.

The acting manager told us that cleaning hours in the home had been cut and cleaning staff had reported difficulties in maintaining cleanliness within the home in the hours available to them.

We found a number of lights were not working in people's bedrooms and in both communal bathrooms. We asked the acting manager if the communal bathrooms would be used during hours of darkness and they said they would. Although we had made the acting manager aware of lights not working in the ground floor bathroom on the first day of our inspection we found the situation had not been resolved when we returned six days later.

We saw call bells had been tied up in a number of areas including bedrooms and communal bathrooms. This meant people would not be able to reach the call bells to alert staff if they had fallen or required attention. In one bathroom we saw the call bell had been tied up with the loop of the string extending across the bathroom at shoulder height. We considered this could present a ligature risk.

We saw in the Health and Safety audit the water check had been ticked monthly to say that the temperature did not exceed 43 degrees C in the taps and 41 degrees C in the showers. However, when we reviewed the water temperature check form completed by the service, we saw the water temperatures recorded had far exceeded this with temperatures recorded of between 50 degrees C to 79 degrees C. This was confirmed

when we checked the temperatures from running water in some taps and found this was above the limit for safe skin contact.

On previous inspections we had raised concerns about the temperature within the home. During the morning of the first day of our inspection people sitting in the front lounge told us they were cold. A thermometer in place showed the temperature of the room to be 17 degrees C. The acting manager agreed the room felt cold and asked a member of staff to check the boiler. When we returned to the room in the late afternoon we found the temperature had not changed and asked the acting manager if they had any portable heaters they could use safely to ensure the comfort of people living at the home.

We saw regular service and testing for equipment at the service. We saw evidence that the passenger and food lift, the bath hoist, fire alarm and firefighting equipment, had all been serviced by contractors recently. However we were unable to see any records of fire drills. The service completed electrical testing on equipment when required and staff told us they completed visual checks on equipment before using them. However we found the most recent risk assessment to protect people from legionella had expired over 12 months ago. We asked the acting manager if there was a more recent version and they told us they did not know of a new risk assessment.

We asked to see the most recent gas safety certificate. The acting manager told us they did not receive a certificate, just a receipt of work undertaken. This meant the service did not have documented evidence that the gas system in the home was safe. The acting manager did show us from February 2016 a notice of 'not to current standards' form. The form indicated that people were not in danger, but due to the change in standards, the home was dropping below the standard assessed by the engineer. We asked to see the most recent five year electrical hardwiring certificate. The acting manager told us they didn't have this.

This meant that the premises were not always safe and that systems for controlling the spread of infection were not being followed. This is a breach of Regulation 12 (1) (2)(d) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we raised concerns about staffing levels at the home. The acting manager told us in their action plan following the inspection that additional staff had been recruited to enable three staff to be on duty during the day. We looked at staff rotas and saw staffing levels were arranged at two staff on all shifts covering the 24 hour period. Rotas showed the acting manager usually worked the early shift of 7.30 to 2pm Monday to Friday which meant three staff were on duty at those times although on three occasions of the three weeks rotas we looked at, the acting manager was one of only two staff on duty. The acting manager told us they sometimes struggled to find time to keep up with managerial tasks as they were busy working as part of the care team and we observed this to be the case during our inspection. At the time of our inspection there were 14 people living at the home. The acting manager told us one person needed the support of two staff to meet their care needs although this situation changed during the course of our inspection when a second person's needs changed which meant they also required the support of two staff. The acting manager said they would need to speak with the provider to review staffing levels as a result of this.

We saw cleaning staff worked from 9am to 1pm five days each week and catering hours were 8am until 1.30pm daily. This meant that one of the two care staff working during the afternoon had to leave care duties to organise the service of the teatime meal, make drinks for tea-time and supper and attend to any necessary cleaning. In addition to this care staff were responsible for administering medicines, answering the telephone, engaging people in activities and dealing with any visiting professionals. The rota also indicated care staff were responsible for managing the laundry. We saw from the rota for the week of the

second day of our inspection that the cleaner and the cook were both on annual leave. The cook's leave had been covered by the deputy manager and a senior care assistant; however there was no indication on the rota that the cleaner's hours had been covered.

We concluded this meant that there were not enough staff deployed to safely meet the needs of people living at the home. This is a continued breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in September 2015 we found that safe recruitment practices were not in place and said improvements must be made. We looked at five staff files. One of the files did not contain any references and another contained only one reference. Three files did not contain any evidence that criminal record checks had been made through the Disclosure and Barring Service (DBS) and one of these did not include any evidence of identification. Three of the files indicated long gaps within the person's employment history but there was no evidence of any discussion around this.

This was a continued breach of the Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person who lived at the home told us, "Oh yes, I feel safe here" and a member of staff said, "People are very safe here." In the entrance to the home on a notice board was a 'quick guide' about how to respond to a safeguarding concern. Also on this notice board was a copy of the full safeguarding policy for anyone to view. Further to the policy were posters about a zero tolerance approach to abuse. This made information about safeguarding people and how to protect them, readily available for people. We spoke with staff about safeguarding and they were able to describe in detail the actions they would take. We found the safeguarding notifications log had five notifications that had been made, all for the same person. This had been reviewed for trends. The acting manager told us they recognised the issues we identified regarding medicines put people who used the service at risk and told us they had contacted the local authority safeguarding team to discuss this. This meant staff followed procedures to protect people living at the home.

We saw Personal Emergency Evacuation Plans (PEEPS) had been put in place for all of the people living at the home to inform staff of the actions they should take to make sure people were safe in the event of an emergency.

People's individual risk assessments were identified from care records. Some care records listed information about the identified area of risk, a risk rating displaying the severity, what prevention techniques could be used to minimise or remove the risk, any further assistance required and the final outcome to be achieved. We saw risk assessments in place for use of stairs, anxiety attacks, skin integrity, family issues and feeling the cold. Other identified areas of risk were documented on standardised paperwork; for example falls, pressure ulcers, mental health needs and nutritional risks. We saw these risk assessments for one person had last been reviewed 10 January 2016. This meant staff may not be supporting people with risks in the most effective way.

Is the service effective?

Our findings

People who lived at the service indicated they were satisfied with the care they received. Two people nodded when we asked them if they were happy with their care and one person said, "Very nice here" and, "One of the new staff can be bossy, all the others are great, It's nice to be still near my son, he visits me regularly, food is very good, better than I thought it would be. Chef is very good; they put the menu on the notice board. I tell staff if I have a problem. I think my son is right, I am better since being here."

We reviewed the staff training file which contained training information for nine staff members. From looking at the rotas we saw there was 13 staff working at the home. The acting manager confirmed there was no centrally collated training matrix to give a complete overview of staff training. The training file contained staff training on an individual basis, with Social Care TV training information at the back of the file. From reviewing the file, we concluded that some training was not up to date. For example, of the nine staff for whom training records were available, three had not received annual fire training, seven had not received health and safety training, four had not received first aid training and two had not received safeguarding training.

When we spoke to the acting manager about this, they told us the file needed updating, and some staff had completed training and the information was on the computer. They showed us information about two staff completing Medicines Management training which was not in the training file. The acting manager told us that all staff administering medicines had undergone competency assessments although this was only recorded in one staff member's file.

We saw that staff supervisions were carried out approximately two to three monthly. However, we saw no evidence of appraisals in any of the staff files and the deputy manager had no evidence of supervisions or appraisals in their file. We asked the acting manager about this and they told us appraisals should be carried out annually. We asked if there was a policy for supervisions and appraisals but although the acting manager said they thought so, they were unable to locate this. Although staff told us they found the acting manager supportive, we were not able to establish that staff received appropriate levels of training and support.

This demonstrates a continued breach of Regulation 18 (2a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 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.

We looked at paperwork for people who did not have capacity. Capacity assessments had been carried out and minutes of best interest meetings had been documented. Restrictions on people had been correctly identified and included in the DoLS referrals for further assessment. The DoLS documentation we saw had been completed correctly. Scrutiny of people's care records showed the restrictions had been translated into the care records and were being followed.

We saw examples of people's consent being sought. For example, some medication records showed that people had not given their consent for a photograph to be taken of them.

People told us they enjoyed the food at the home. We saw menu choices for the day were displayed on a notice board in the dining room. Drinks and snacks were made available to people throughout the day and we observed that when people asked for something outside of routine times, staff made sure they were provided with what they wanted. Staff told us people made their choices from the menu for their meals that day in the morning. This system can be difficult for people living with dementia as they may not recall the choices they made. Visual choices at the times of the meals may be much more beneficial in supporting people to make a choice. We saw the meals were presented from the lower ground kitchen already plated up. This meant that people did not have any choice over what components of the meal and in what quantity, were put on their plate. We discussed this with the acting manager who said they would look at ways to address this. We sampled components of the lunchtime meal and found it to be very tasty and nutritionally balanced.

We saw people's weights were monitored in line with their assessed needs. For example people who had been assessed as nutritionally 'at risk' were weighed weekly. Food and fluid intake charts were in place, and were being appropriately completed for people assessed as being at risk. Weight monitoring showed people's weight was stable.

We saw from records that people had access to healthcare services such as GP, district nurse and dieticians. On the second day of our inspection we saw various healthcare professionals involved in the care of a person whose needs had changed suddenly. However we saw from one person's records that staff had recorded a swelling to a person's shoulder that we could not find any evidence of being reported to health care professional. The acting manager told us it was a new member of staff who had reported this, not knowing that it was a long standing problem. There was no documentation available to show that the opinion of a health care professional had been sought for this issue.

Is the service caring?

Our findings

One person who lived at the home told us the staff were very nice. Two people we spoke with nodded when we asked if they were happy with the care they received. A member of staff told us, "The team work is great together and this benefits the people who live here."

We observed some caring interventions between staff and people living at the home. One person was clearly happy to see the acting manager when we visited their room and demonstrated a fondness for them. Staff demonstrated a good knowledge of people's needs, routines and preferences. For example when one person said they wanted to watch a DVD staff knew which their favourite was.

We were concerned that staff did not always consider people's confidentiality, dignity and privacy needs. For example on the first day of our inspection we saw a handover book containing private and confidential information relating to all of the people living at the home had been left out in the dining room. We also saw the filing cabinet situated in the dining room containing people's care records was unlocked and a diary containing letters to people about healthcare appointments left on top of the medicine trolley also in the dining room. We mentioned this to the acting manager who said staff must have just been into the care file cabinet. However on the second day of our inspection we found the same situation.

We found issues which suggested people's dignity was not always respected. For example furniture was stained and dirty and poor standards of maintenance meant people had not had light bulbs replaced as needed in their bedrooms. We also found a gentleman's urine bottle in a lady's bedroom.

During the morning of our first day of our inspection we heard one person ask a member of staff for something to eat. The person was clearly muddled in their request asking for crisps with milk on. We asked them if it was cornflakes with milk they wanted and they said they said, "Yes that's right, cornflakes." The member of staff left the room and another then came in and asked the person why they had asked for crisps with milk on. This situation demonstrated a lack of respect for the dignity needs of the person involved.

We saw staff knocked on doors before entering people's rooms. However we saw that doors to the communal bathroom and communal toilet on the ground floor of the home did not have any locking mechanisms on. This meant that people were at risk of not having their privacy needs met.

This was a breach of the Regulation 10 (1) and (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

When we inspected The Orchards Care Home in September 2015 we found care records were not always person-centred and lacked the required level of detail for personalised care. We said improvements were needed. On this visit we looked at three people's care records in detail. We found improvements had been made. Care files included a list of typical areas of support documented with any identified areas of risk attached. We saw care plans in place for breathing, hobbies, appetite, mobility, continence, dressing, pressure sores and communication amongst other areas. Care plans had been created for each individual and written in a personalised way. We saw specific examples of people's preferred routines, how people liked their support and how they might react, for example details of how a person's aggression might manifest itself. Care plans had been updated when people's needs had changed. For example we saw one person's care plan and risk assessment had been altered following advice from a dietician. We found care plans had been updated on a monthly basis to ensure they remained up to date.

Whilst care plans had been improved to provide a more centred approach to care, daily records did not always reflect this. The daily records consisted of a tick list for staff to indicate the support they had provided and a place for them to record more personalised information. However, we saw one person's daily record for several days read 'Washed and dressed, good diet and fluids, content.' This gave no detail of how the person had spent their day or any interactions the person may have enjoyed. We spoke with the acting manager about this and they said they would revert to a previously used pro-forma for daily records which encouraged and enabled staff to give a better account of a person's activities and well-being.

The acting manager told us care staff wrote daily records sitting at a desk in the hallway. We asked if they ever involved the person concerned in this process, for example sitting with them and asking them how they thought their day had been. The acting manager said this did not happen but would consider introducing this as a way to promote person centred care.

We found care files difficult to navigate as records were held in different places. On several occasions we had to ask the acting manager to assist us in finding particular documents. We noted the acting manager also found difficulty in finding the requested documents.

We saw the service had a weekly programme of activities posted on the noticeboard in the entrance hall. We did notice however this was covered over with other information, so not possible for people to see the activities on offer that day. Activities offered included arts and crafts, 'music man', movie mornings, chair aerobics, board games and manicures. On the first day of our inspection we saw staff sat with people having a chat during quieter times. Conversations around family's and holidays were discussed. Staff encouraged people to play ball games in one of the lounges. We also saw people enjoying a DVD. On the second day we observed a session of 'Music for Health' which seven people were enjoying. This fortnightly session included singing, chair exercise to music and a music quiz. One person said, "I enjoyed that."

We saw some people preferred to spend time in their rooms and noted people were able to access their rooms as they wished.

We saw the complaints procedure posted on the wall in the hallway and saw a procedure was in place to follow if a complaint was received. We saw records which showed the procedure had been followed.

Is the service well-led?

Our findings

When we inspected The Orchards Care Home in September 2015 we gave the service a rating of 'Inadequate.' Providers of services are required under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to display the rating they have been awarded both on their website if they have one and in the home. We found the provider had failed to do this both on their website and within the home.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in September 2015 we found the management arrangements were insufficient. The registered manager for the service is also the provider and due to other responsibilities was unable to dedicate the required level of management to the service. They recognised a management presence was needed and told us they were going to reinstate the former home manager in the capacity of acting manager on a permanent basis as a supernumerary member of staff. This arrangement had started on the day of our previous inspection.

However, on this inspection the acting manager told us they were not always supernumerary and had struggled to maintain some of their managerial duties. They told us the registered manager visited the home approximately once every couple of weeks.

At our inspection in September 2015 we identified a number of breaches in regulation that we said should have been identified and rectified through a robust system of quality assurance and we said that although some audits had been undertaken, they were not sufficiently robust in identifying and rectifying risks.

The provider submitted an action plan of how they would address these issues to the Commission in September 2015. However at this inspection we again found a number of breaches that auditing had failed to identify.

The provider told us in their action plan that medication audits would be conducted weekly in the initial period following the inspection reducing to two weekly and then monthly. On this inspection we saw medication audits had been carried out for individual people on a weekly basis. We also saw a full audit had been conducted in March 2016. Neither of these audit systems had identified any of the issues we found during our inspection.

At our inspection in September 2015 we saw a human resources audit had been devised, but it had not been completed. We said that if the audit had been used correctly it would have identified the failings we found with regards to recruitment procedures. At this inspection we found a 'Human resources and training audit' had been completed in respect of three of the staff working at the home. The audit showed that one of the staff files audited contained two references. When we looked at this file we found there were no references available. As the audit had looked at only three staff files, other failings with regard to recruitment procedures had not been identified. This meant that the audit was not carried out robustly.

We saw two completed environmental safety audits. Neither had been signed or dated. The audits had both been ticked to say the five year hardwiring and the 12 month gas certificate were up to date. However, when we asked to see these documents the acting manager told us they did not have them.

We saw an infection control audit had been completed in March 2016. The audit had been completed to say there was liquid soap and paper handtowels available from an enclosed dispenser in all bedrooms. A tick had also been placed to confirm the hand towel dispensers were clean. On our inspection we found liquid soap available in only two bedrooms and no handtowels available in any of the rooms we visited. There were no hand towel dispensers in any of the rooms we saw. This showed the audit had not been carried out robustly.

We saw in the Health and Safety audit the water check had been ticked monthly to say that the temperature in the taps did not exceed 43 degrees C in the taps and 41 degrees C in the showers. However, when we reviewed the 'Legionella Monitoring Programme' which included water temperature checks, we saw the water temperatures recorded had far exceeded this with temperatures recorded of between 50 degrees C to 79 degrees C. This had not been identified as a safety issue. The audit did not include checks to make sure the risk assessment to protect people from legionella was up to date. These issues demonstrated a further lack of robust auditing.

We found that accidents and incidents were not audited to look for trends and themes that might help identify and mitigate risks.

We looked at the last two 'Report of registered providers visit to the care home' dated 1 and 19 April 2016 completed by the registered manager. The reports contained minimal information. For example on the audit completed 1 April 2016 in the section titled 'Did you find any issues on your visit?' a cross had been placed in the 'No' box. In the section titled 'Did you audit the paperwork on your visit?' a cross had been put in the 'Yes' box. In the section titled 'What was the outcome' in relation to paperwork audit, the response read 'Service user files looked at, at random'. The 'Any other issues on this visit?' section on the report had a cross in the 'No' box with the explanation recorded 'None.'

We found records relating to people who lived at the home were not held securely. For example care files and a handover book containing private and confidential information were found on both days of our inspection, in unlocked drawers in the dining room and therefore easily accessible to people.

We saw a 'residents' meeting' and two staff meetings had been held in October 2015. However no further meetings had taken place.

This was a breach of the Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.