

# Vijay Enterprises Limited

# Tolverth House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Tolverth house provides care for primarily older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 14 people. On the day of the inspection 14 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

We carried out this unannounced comprehensive inspection of Tolverth House on 8 September 2016. At this visit we checked what action the provider had taken in relation to concerns raised during our last inspection in September 2015 and February 2016. At that time we found repeated breaches of legal requirements related to the service such as: a lack of training and supervision for staff, recruitment records were not robust, and ineffective auditing systems.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tolverth House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

There had been no registered manager in post since January 2014. 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.

The present manager stated they intended to apply to become registered for the service. At the last two inspections the provider told us the manager would submit their application but at the time of this inspection visit a valid application had not been submitted.

The manager told us they had less time at Tolverth House to undertake their managerial duties as they were now managing both Tolverth House and the provider's sister home which is approximately one hundred miles away. The registered provider had recently promoted a senior carer to deputise at Tolverth House and support the manager. However there was no clear understanding of the delegated roles and responsibilities of the two managers. This meant the manager had less time to undertake their managerial role and address areas of work needed at this service.

We found that there continued to be a lack of oversight from the management team in the running of the service. At the last inspection we found staff had not received regular training or support to provide them with the knowledge and skills to carry out their roles safely. On this inspection we found that the registered provider had made sure that more training was being provided. We therefore found that the service had partially complied with the previous breach of regulation, in that training was now provided to staff.

At the previous inspection we identified that the manager was not providing staff with individual support, through individual supervision sessions. At this inspection the manager confirmed supervision sessions for staff had not occurred. This meant time to individually discuss with staff their work practice and

development was not currently in place.

In addition at the last inspection we found a breach of Regulation in respect of recruitment processes. At this inspection we found this was still not being carried out appropriately. At this inspection we found that recruitment checks were not consistently followed for all newly appointed staff. The systems in place at the time of this inspection did not protect people from the risk of being supported by staff who may be unsuitable for the role.

We identified new concerns at this inspection. The systems in place for the storage, administration and recording of medicines were not robust. We noted that the Medicines Administration Records (MAR), were not completed as required. Therefore the service could not account for all medicines they held in the service. Recording on the MAR sheets was not wholly accurate. Audits of medicines had not been completed and therefore did not identify any potential issues. This meant that the storage, administration and recording of medicines could place people at risk.

We found the main lounge and people's rooms to be clean and tidy. However we noted a cat urine odour as we entered the service and saw cat excrement in another area of the service. On looking further it appeared that the area had not been cleaned for some time. The cleanliness of the service was not being adequately monitored to ensure acceptable standards were maintained

The provider is required by law to submit notifications to CQC of significant events such as injury or any safeguarding concerns. We found the service had not submitted statutory notifications as required to inform us of incidents that had taken place.

These issues demonstrate that the service's quality assurance processes were not operated effectively and that the provider and manager had failed to identify areas of significant concern.

We received positive comments from people who lived at Tolverth House. Comments included "Staff speak to me naturally, they joke and are very down to earth, they do not make me feel inferior, and they treat everyone with respect. They always knock on my door and wait for a reply" and "I get on with staff it's like a big family." People told us they were completely satisfied with the care provided and the manner in which it was given. We saw staff providing care to people in a calm and sensitive manner and at the person's pace. Staff responded to people's request for assistance promptly. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner.

We received positive comments from a relative about the care their family member received. Comments included: "Staff here are wonderful." They told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or in different communal areas.

People told us they felt safe living at Tolverth house. Comments included: "I feel safe here, no bullying. I am calmer and happier here", and, "I feel very safe here, staff are very kind they never shout or swear." A relative told us they felt their family member was cared for safely. We saw throughout our visit people approaching staff freely without hesitation and that positive relationships between people and staff had been developed. Staff were confident about the action they should take if they believed anyone was at risk from abuse.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. This information provided direction and guidance for staff to follow to meet people's needs and wishes. For example, care plans described how staff should assist people with

their personal care including what they were able to do for themselves.

Staff meetings were occurring which allowed the staff the opportunity to share their views on the running of the service. The registered provider visited the service approximately monthly which the staff viewed as supportive. The manager told us they had received support from a 'mentor' who works within the care sector.

The provider had commissioned a quality assurance review of the service in the area of health and safety. Following this review further environmental improvements to the service were planned. An on-going maintenance plan to ensure that all areas of the service were safe was in place.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end 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?

The service was not fully safe. Recruitment processes were inconsistently followed. Therefore the provider could not ensure people were protected from staff that may be unsuitable for work with vulnerable individuals.

Medicine management systems were not robust and could place people at risk.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

**Requires Improvement** 

### Is the service effective?

The service was effective. People were positive about the staff's ability to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The registered manager and staff had a general understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

**Good** 

### Is the service caring?

The service was caring. People who used the service and their relatives were positive about the service and the way staff treated the people they supported.

Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

**Good** 

People were treated with dignity and their privacy was respected.

### Is the service responsive?

**Good** ●

The service was responsive. Care plans were detailed and informative and regularly updated. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of activities of their choice. However, the recording of the activities provided and their value, was inconsistent.

Information about how to complain was readily available. People and their families told us they would be happy to speak with the management team if they had any concerns.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led. The service did not have a registered manager and the acting manager had been tasked to provide leadership to two services some distance apart.

There were systems in place to assess and monitor the quality of the service provided to people. However, audits had not identified some areas where improvement was required.

Staff said they were supported by the management and they worked together as a team.

# Tolverth House

## 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 8 September 2016 and was unannounced. The inspection was carried out by 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. Their area of expertise was in older people's care.

The inspection was planned to check if the service had met specific needs identified following previous inspections in September 2015 and February 2016. Before the inspection we reviewed these inspection reports and other information we held about the service. We also looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with four people who were able to express their views of living in the service and one relative. We spoke with a commissioner about their views of the service. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the visit which included observations at meal times and when people were seated in the communal lounge throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three care staff, the deputy manager, catering staff, the administrator, the manager and the registered provider. We looked at three sets of records relating to the care of individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

## Is the service safe?

### Our findings

We reviewed the medicine system. The senior carer told us how the medicines dispensed from the pharmacist had changed from a blister pack to tablets being received in their original packaging. We reviewed three people's medicines and found that the system for recording medicines were not robust. Medicines Administration Records (MAR), were not completed as required. For example, they did not record the amount of medicines that were received into the service or medicines carried forward to the next month. This meant that when we attempted to count the medicines in stock and check these corresponded with the records in two out of three cases we were unable to do so. Therefore the service could not account for the quantities of medicines held in the service.

When staff hand wrote entries on to the MAR sheets these were not witnessed or signed by a second member of staff. This process is required to ensure that information added to MAR charts about changes to medicines was checked by a second member of staff to confirm the accuracy of the hand written record. This would help prevent errors when administering medicines.

Staff in the main recorded when they had administered medicines to people correctly. However, we noted that a staff member had signed to say they had given a person their evening medicine when it was still the afternoon. The senior carer told us this was a mistake and it had been recorded incorrectly. The manager was made aware of the error.

Some people needed to have their medicines given to them covertly (disguised in their food). This was because they refused to take their medicines and did not have the capacity to understand the consequences of not taking them. A risk assessment template had been completed which recorded that advice had been sought from the GP and family in that they agreed to the medicine being given covertly. However, we did not see evidence that this had been discussed within the best interest process.

The systems in place for the storage, administration and recording of medicines were not robust. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of the inspection we found the main lounge and people's rooms to be clean and tidy. However, we noted an odour as we entered the service. The manager told us they believed this was from the homes cat. We saw two piles of cat excrement in one of the communal areas of the service. The manager believed this was not from the resident cat but a different 'visiting' cat. On looking further it appeared that the area had not been cleaned for some time. A domestic support staff member was employed five hours a day during the week to clean the service and had the task of changing and making beds. On the day of the inspection this staff member was off work sick and a carer was undertaking some cleaning duties. In the staff meeting minutes of August 2016 it was noted that 'hygiene levels have decreased'. This raised concern as to how the cleanliness of the service was monitored to ensure acceptable standards were maintained.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



People told us they felt safe living at Tolverth house. Comments included: "I feel safe here, no bullying. I am calmer and happier here", "I feel safe enough, my door is always open to enable staff to keep an eye on me as they walk back and forth," and, "I feel very safe here, staff are very kind they never shout or swear." A relative told us they felt their family member was cared for safely. We saw throughout our visit people approaching staff freely without hesitation and that positive relationships between people and staff had been developed.

Staff were confident about the action they should take if they believed anyone was at risk from abuse. They told us they would report any concerns to the manager and were confident appropriate action would be taken but if not they would report concerns to the Care Quality Commission (CQC) or local authority. Information regarding the process for reporting abuse was accessible to staff.

Care plans contained risk assessments for a range of circumstances such as moving and handling, falls and eating and drinking. Where a risk had been identified there was guidance for staff on action they could take to minimise this. This helped ensure staff took a consistent approach to supporting people.

People felt that there were sufficient staff on duty. A relative queried the staffing levels but acknowledged that staff responded to their family member when needed. During our visit we saw staff respond to call bells promptly.

The provider had reviewed staffing levels and the care staffing level had been increased to three care staff from 8am to 1pm. This then reduced to two care staff through until 7pm. Waking night staff were then on duty though the night. A cook was available each day to prepare the main meal and teas and snacks. Administrators were also employed. Care staffs were happier with the increased number of care staff in the mornings and felt they had more opportunity to undertake care tasks and spend time with people.

There were no staff vacancies at the service. Staff told us there had been a period of sickness but staff had "mucked in" and covered the shifts. The service had not employed agency staff during this period. This meant that people received care from consistent staff who knew their needs well.

There was a system in place to manage people's money. At the previous visit we found that some people's money exceeded the amount stated in the service policy that the service would be able to keep. The manager said this would be amended. However on the day of this inspection the personal monies held for some people still exceeded the amount recorded in the services policy. Following the inspection we were sent an updated policy which now accurately reflected the service's practice. The manager showed us they continued to keep individual records of all transactions and expenditure so that all monies held were accounted for at all times.

# Is the service effective?

## Our findings

At the last inspection we found staff had not received regular training or support to provide them with the knowledge and skills to carry out their roles safely. Supervision sessions with the manager had not occurred. This meant staff did not receive effective support and any on-going training needs or personal development requests may not have been acted upon. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From both discussions with staff and reviewing staff files it was evident that staff had attended training since our previous inspection. Staff told us that training had been, "Good" and had helped them in their roles. Records confirmed staff had recently attended medicine and food hygiene training. The registered provider had increased the training budget. The manager had liaised with the trainer from one of the company's other care homes to come to the service to provide further training. Training was planned on subjects including the Mental Capacity Act, deprivation of liberties, dementia and, mental health. The local college was supporting one staff member with completion of their care certificate. We therefore found that the service had partially complied with the breach of regulation in that adequate training was now provided to staff.

The manager told us, that they had not had the opportunity to undertake any supervision sessions with the staff due to the demands of managing two services. Staff said they felt supported by the manager and could phone them if needed with any queries. However, time to individually discuss with staff their work practice and development was not currently in place.

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. A person told us, "I'm very satisfied. I like my clothes and I choose what to wear every day, I can shower or have a bath when I want and the carers wash my hair."

We used our Short Observational Framework for Inspection tool (SOFI) in communal areas during our visit over the lunchtime period. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. People were able to choose where they wanted to eat their meals, and ate in the dining area or in their bedroom. Lunch was leisurely and people enjoyed their food. Some people needed assistance from staff with eating. Staff provided sensitive prompting and encouragement to people when needed to ensure they ate their meal. Staff checked with people that the food choices were to their liking and offered people regular drinks.

One person did not want to eat their meal and sat in the lounge area. Staff regularly went to check with the person to see if they needed anything and asked if they wanted an alternative meal. The person declined and said they wanted to return to their bedroom. Staff supported the person back to their room. They told us they would keep a meal aside for the person if they wanted it later, and if they did not an alternative meal would be provided.

People said staff knew their food preferences. One commented, "I'm allergic to oranges and they know that." People said the food was "Good" and in response to a recent survey people had commented that the food had improved.

The catering staff had a good knowledge of people's dietary needs and catered for them appropriately. The cook prepared the main meal, snacks and tea, bought stock locally, and had an appropriate budget to buy all foods needed. Catering staff had attended relevant training. Care staff prepared breakfasts. They cooked on a domestic cooker for approximately 20 people, the size of the cooker and the demand of the service had been discussed with the registered provider at the previous inspections. On this inspection the registered provider agreed to review the effectiveness of the size of the cooker.

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. The manager had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The manager had carried out assessments to see if there were any restrictions in place for people that might mean an application under DoLS would need to be made. Where restrictions had been identified, appropriate DoLS applications had been submitted and the service was waiting for assessments to be undertaken.

People had access to healthcare services and received on-going healthcare support. Specialist services such as occupational therapists and community psychiatric nurses were used when required. People and visitors told us they were sure that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

Staff asked people for their consent before providing care or treatment. People were involved in making choices about how they wanted to live their life and spend their time. The service asked people, or their advocates, to sign consent forms to agree to the care provided. However, consent forms were not consistently signed or an explanation recorded if it was not possible to obtain written consent.

## Is the service caring?

### Our findings

We received positive comments from people who lived at Tolverth House. Comments included "Staff speak to me naturally, they joke and are very down to earth, they do not make me feel inferior, they treat everyone with respect. They always knock on my door and wait for a reply," "I get on with staff it's like a big family" and "The manager, in fact all of the staff are lovely." People told us they were completely satisfied with the care provided and the manner in which it was given. Relatives told us: "Staff here are wonderful."

The manager valued her staff and believed they provided good care. The manager and staff shared the view that they needed to remember the people they cared for were dependent on them, therefore vulnerable and it was essential they provided care for the person in accordance with their wishes.

Staff spoke about people fondly and went out of their way to support people. For example, the deputy manager had arranged to come into work on her day off to support one person to visit another care provider. The deputy manager said she wanted to do this as the person was anxious about the arranged visit. The deputy manager felt her presence would provide the reassurance the person needed. This demonstrated that the staff knew the people they cared for well and acted to support people with their future plans.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the communal areas or in their own room. We observed staff talking with visitors on arrival and making them feel comfortable.

Some staff had worked at the service for many years, and told us "It's lovely here, the people, the team, I wouldn't want to work anywhere else." Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer a good service to people. Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in a gentle and understanding way.

People's privacy was respected. Staff told us how they maintained people's privacy and dignity. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. Staff told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the premises staff knocked on people's doors and asked if they would like to speak with us. Where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care.

We saw that some people had completed, with their families, a life story which covered the person's life history. Relatives had been asked to share life history information and had provided photographs and memorabilia. This gave staff the opportunity to understand a person's past and how it could impact on who they are today.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Tolverth House. Comments varied in respect of the value of the activities that were provided. They ranged from "You can more or less do what you like. We do have activities. I don't think life could be improved everything is fine." And "I would like to do regular exercise as I have always been active. I would like to sit in the garden but there are not always enough staff to take me."

Previously an activity coordinator had been employed on a full time bases. With their departure this role and the amount of hours dedicated to this role had been reviewed. Activities were provided five times a week but the number of hours dedicated to activities had reduced. The service's activities coordinator told us they had reviewed the timing of the activities provided and now had sessions in the mornings. Staff felt that people responded to this change positively and participated more in the morning activity. Reminiscence work was provided by staff on the morning we visited and people appeared to enjoy the activity. We were told that since our previous inspection outside entertainers, the local minister and a group of school children had visited the service.

The service did not have its own form of transport and was trying to source a company who could provide transport so that outings could resume. People said they missed their outings and this was the one area they would like to be improved.

The activity coordinator had met with people to ask people what were their likes, dislikes and interests were. We were told this was also discussed in the resident meeting which she facilitated. This allowed an opportunity for people to share their ideas on future activities and events. The recording of what activities and who had been involved in the session was not consistent. We did not see minutes of the residents meeting.

We recommend that the service seek support from a reputable resource in order that meaningful activities were provided and their value for the person is reviewed.

Before people moved into Tolverth House one of the service's managers visited the person in their current home to assess their care and support needs. The assessment process included discussing their care needs with the person, their relatives and any previous providers of care to confirm the person's needs could be met. A person who recently came to live at Tolverth house told us "I was visited in hospital by a member of staff, I was impressed with her attitude, I was invited to live here, I'm a changed woman, I am happy here it was the right choice." Assessment records showed information about people's likes, dislikes, interests and life history had been recorded. This information was beneficial to staff as it helped them to understand how a person's background and experiences could influence their current care needs.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. This information provided direction and guidance for staff to follow to meet people's needs and wishes. For example, care plans described how staff should assist people with

their personal care including what they were able to do for themselves. Staff told us care plans were informative and gave them the guidance they needed to care for people.

Daily records detailed the care and support provided each day and how people had spent their time. Staff were encouraged to record any details of changes to people's needs and this information was shared with other staff during handovers used to update care plans where appropriate. For example, one person found it difficult to place food on their cutlery and it was falling over the sides of the crockery onto the table. It was suggested that a plate guard may be helpful. The deputy manager agreed with this suggestion and immediately ordered some. This demonstrated that managers listened to and acted upon information provided to support people's independence and ensure their needs were met.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. A relative told us they had raised a concern which was listened to and that had been quickly resolved.

Staff felt able to raise any concerns. They told us the management team were approachable and would be able to express any concerns or views to them and felt they would be listened to. Staff told us they had plenty of opportunity to raise any issues or suggestions.

## Is the service well-led?

### Our findings

At our previous inspection we found systems were not being operated effectively to assess and monitor the quality of the service provided. The manager told us the provider undertook some audits but they were not aware of what areas these audits covered. They were unable to produce any reports produced as a result of the audits. As the manager was unaware of the results of the provider's quality assurance audits they were unable to address any areas of concern they may have identified. This meant the service's quality assurance processes were not operated effectively and had failed to identify the areas of significant concern detailed in the last inspection report. This included concerns that recruitment processes were not robust or consistently adhered to. Supervision and training records were not occurring consistently and policies and procedures were not up to date. □ This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is required to have a registered manager. There had been no registered manager in post since January 2014. There was an acting manager in place, who had the day to day responsibility for running the service. The provider informed us that they had appointed the manager to also manage their other care service, which is located one hundred miles away. The consequence of this was that the manager had doubled their day to day managerial responsibilities and needed to divide their time equally between the two services. However there remain failings in the overall management of this service which have resulted in breaches of regulations being identified.

The manager told us they had submitted registered manager applications but they had been rejected for various reasons. At the last two inspections the manager reassured us they would send their application to CQC. However a valid application had still not been submitted.

The manager told us that they had not been able to provide staff support through supervision meetings with individual staff, as they had been tasked to take on responsibility for the management of another registered service. The manager explained that they now divided their week between the two services. This meant they had less time to undertake their managerial duties at Tolverth House. Therefore they had not individually discussed with staff their work practice and development. This example demonstrated that the manager was not able to effectively assess and monitor the quality of the service provided by staff.

The registered provider had recently promoted a senior carer to deputise at Tolverth House and support the manager. However, there was no clear understanding of what responsibilities had been delegated to the new deputy manager. The provider assured us this would be addressed.

We again found there was no robust system of effective auditing in place and therefore the provider and manager were unable to identify or address any areas of concern. For example, at the previous inspection we found recruitment processes were not followed. There was no record of employee's application forms and references had not been gained prior to new employees starting work. At this inspection we reviewed the recruitment files of two staff who had been recruited since July 2016. There were no application forms on record. References and Disclosure and Barring checks had not been obtained to help ensure the

employees were suitable and safe to work in a care environment. The manager showed us two other recruitment files where this information had been gained for other new members of staff. Following the inspection the manager obtained these recruitment documents and sent us evidence to support this. However, we were concerned that the manager only reacted to our findings and was not proactive in ensuring that staff were safe and suitable to work in a care setting within an appropriate time frame. The systems in place were used inconsistently and did not protect people from the risk of being supported by staff who were unsuitable for the role.

We noted that staff meetings were now occurring which allowed staff to share their views on the running of the service. The deputy manager told us they had chaired their first meeting recently. We noted that at one staff meeting a comment was made regarding the standard of the cleanliness in the service. This is referred to in the safe section of this report. This raised concern as to how cleanliness of the service was monitored to ensure acceptable standards were maintained.

As highlighted in the safe section of the report, audits of medicines had not been completed and the service did not have accurate records of the quantities of medicines currently stored at the service. This meant that the storage, administration and recording of medicines could place people at risk.

The provider is required by law to submit notifications to CQC of significant events such as injury or any safeguarding concerns. We found the service had not submitted statutory notifications as required. For example, we became aware through the media of an incident which the service should have notified us of. This demonstrated the provider was not acting in accordance with their legal responsibilities.

These examples evidence that the service's quality assurance processes were not operated effectively and the provider and manager had failed to identify areas of significant concern.

The evidence above demonstrated the provider's on-going breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

However, we also noted that there had been some improvements. For example the registered provider had commissioned an external consultant to undertake a quality audit in respect of Health and Safety at the service. This was completed in July 2016. It covered areas such as fire, premises, slips trips and welfare. Where recommendations to improve issues had been identified an action plan had been formulated. For example, it identified that safety film needed to be applied to certain windows and this was in progress. We found that care plans were up to date and were reviewed regularly. This meant people's current care needs were being recorded.

We were told that the service's policies and procedures were being reviewed to reflect current practices within the service.

The manager told us they had received support from a 'mentor' who works within the care sector. This was planned to take place four times a year. This had helped the manager as they reviewed the systems in the service and provided advice. The manager also had monthly visits from the registered provider. Staff told us they felt they had "got to know" the registered provider as he visited more regularly and could now approach him with any queries or suggestions. Staff spoke positively about the manager and registered provider and felt able to raise concerns with them and were confident they would be listened too.



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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment must be provided in a safe way for service users. Including: the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  All premises and equipment used by the service must be kept clean.

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 registered person did not have an effective system in place to regularly assess and monitor the quality of service provided and identify, assess and manage risks relating to the health, welfare and safety of people who used the service.</p>

**The enforcement action we took:**

warning notice