

# The Heathers Residential Care Home Limited

# The Heathers Residential Care Home

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

# Summary of findings

## Overall summary

This inspection took place on 13 and 14 March 2017 and was unannounced. The Heathers Residential Care Home provides accommodation, care and support for up to 14 people who are primarily elderly and physically frail. At the time of our inspection there were 13 people living at the service.

There was no registered manager in post at the time of our inspection. The previous registered manager had left the service at the beginning of 2017. The new manager was in the process of applying to become 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.

At our last inspection on 01 June 2016 we found a breach of regulations because medicines had not always been safely managed at the service. Following the inspection the provider sent us an action plan telling us how they would address the concerns we had identified. However, during this inspection we found further concerns regarding the management of people's medicines amounting to a continuing breach of regulations because one person's prescribed eye drops had not been disposed of correctly in line with the manufacturer's guidance and were still being administered by staff at the time of our inspection, placing them at risk of infection.

We found further breaches of regulations because areas of risk to people were not always adequately assessed or safely managed. The provider's systems for monitoring and mitigating risks to people were not always effective in identifying or addressing areas of risk. Systems for ensuring people were lawfully deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) failed to ensure DoLS authorisation requests were submitted to the relevant local authority in a timely manner. There were deficiencies in the systems used to seek and act on people's feedback, in order to drive improvements at the service. The provider had not always followed safe recruitment practices because there were gaps in the information held by the service relating to staff which should have been considered as part of the recruitment process.

You can see what action we told the provider to take at the back of the full version of the report. 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.

People were protected from the risk of abuse because staff were aware of the different types of abuse and the action to take if they suspected abuse had occurred. There were sufficient staff deployed at the service to safely meet people's needs although improvement was required to ensure all staff were up to date with their refresher training in areas considered mandatory by the provider.

The manager had rolled out a new supervision programme for staff since starting work at the service and

staff told us they received the support they needed to carry out their roles. Staff were aware of the importance of seeking consent from the people they supported and told us people were involved in making day to day decisions about their care and treatment.

People were supported to access a range of healthcare services when they needed them and staff supported people to maintain a balanced diet. People told us staff treated them with kindness and consideration, and that their privacy and dignity were respected. Staff provided people with person centred care which met their individual needs, although improvement was required to the frequency at which people's care plans were reviewed to ensure they remained up to date and reflective of their current needs.

The provider had a complaints policy in place and people told us they knew how to make a complaint. People spoke positively about the new manager at the service and expressed confidence that any issues they raised would be addressed promptly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risks to people had not always been adequately assessed or action taken to safely manage identified risks.

Medicines were not always safely managed to reduce the risk of infection and improvement was required to records relating to people's medicines.

There were sufficient staff deployed at the service to meet people's needs but the provider had not always followed safe recruitment practices.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were supported in their roles through supervision. They received an induction when starting work at the service and training in a range of areas considered mandatory by the provider. However improvement was required to ensure staff remained up to date with any refresher training they required.

Staff were aware of the importance of seeking consent from the people they supported. However, the provider's systems for ensuring people were only legally deprived of their liberty when it was in their best interests under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was not effective because one person's DoLS authorisation had expired and a further authorisation had not been requested.

People were supported to maintain a balanced diet and had access to a range of healthcare services when they needed them.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People were involved in day to day decisions about their care and treatment.

Staff treated people with dignity and respected their privacy.

People were treated with kindness and consideration.

### **Is the service responsive?**

The service was not always responsive.

People received person centred care which met their individual needs, although improvement was required to ensure people's care plans were reviewed on a regular basis in order to remain up to date and reflective of the support they currently required.

People spoke positively about the range of activities on offer at the service and were supported to maintain the relationships that were important to them.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

The provider undertook checks and audits on a range of areas within the service, but these were not always effective in identifying issues or driving improvements.

There were deficiencies in the systems used by the provider to seek and act on feedback from people in order to improve the service they received.

People spoke positively about the manager and told us the service was well run.

**Requires Improvement** ●

# The Heathers Residential 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 13 and 14 March 2017 and was unannounced. The inspection team consisted of one inspector on both days of the inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted a local authority responsible for commissioning services at this location to seek their feedback. We used this information to help inform our inspection planning.

During the inspection we spoke with six people, one relative and one visiting healthcare professional to seek their feedback on the service, We also spoke with six staff, the manager and the service provider. We also spent time observing the care and support being delivered by staff, and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records, including five people's care records, four staff recruitment files, staff training and supervision records and other records related to the management of the service, including policies and procedures, audits and health and safety information specific to the service.

## Is the service safe?

### Our findings

At our last inspection on 01 June 2016 we found a breach of regulations because people had not always received their medicines as prescribed, and records relating to the administration of people's medicines had not always been accurately maintained. Following the inspection the provider wrote to us and told us the action they would take to address these concerns. However, despite this action, we found further concerns relating to the safe management of medicines at the service.

People spoke positively about the support they received from staff with their medicines. One person told us, "I get help with my medicines and the staff cream my legs every day. There haven't been any problems." Another person said, "I get my medicines at the right time."

However, although we received positive feedback from people in this area, we found that eye drops were not always managed safely where these had been prescribed. For example, records showed that staff had been administering one person's eye drops for more than five weeks after they should have been disposed of in line with the manufacturer's guidance. We brought this to the attention of staff during our inspection who agreed to dispose of the eye drops at the time. However on contacting the person's GP to request a new prescription for more eye drops, staff told us they had been informed by the GP that the person should no longer be taking the eye drops at all because they had cancelled the prescription on 05 March 2017. Both of these concerns placed the person at risk of developing an eye infection.

This issue was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines administration records (MARs) included a copy of their photograph and information about any medicines allergies they had in order to help reduce the risks associated with medicines administration. The MARs we reviewed showed that most people had received their medicines as prescribed when cross referenced with the remaining medicines stocks although improvement was required because the variable dose of an 'as required' medicine prescribed to one person had not always been clearly recorded.

Medicines were stored securely in a locked medicines trolley within the service and where people had been prescribed Controlled Drugs (CDs) these were stored in a locked CD cupboard in line with current regulatory requirements. Staff undertook daily temperature checks to ensure medicines were stored within safe temperature ranges. We noted that the recorded temperatures occasionally exceeded the maximum safe recommended temperature for the storage of medicines and records showed that staff had acted by turning on the air conditioning. However, further improvement was required as no subsequent checks had been made on these days to demonstrate that the temperature had reduced accordingly.

Risks to people were not always adequately assessed or safely managed. Records showed that risks to people had been assessed in areas including mobility, skin integrity, malnutrition and the risk of falls. However, we found that risk assessments had not always been reviewed regularly to ensure they were

reflective of people's current needs. For example, one person's skin integrity had not been assessed over a five month period, during which time records showed they had developed pressure sores, although these had healed at the time of our inspection. In another example one person's falls risk assessment failed to identify that they had suffered a recent fall during a recent review. This meant there was a risk that appropriate action may not have been taken to reduce the risk of the person suffering further falls.

We also found examples of areas of risk which had not been assessed or where the guidance in place to manage risks had not been followed. One person's pre-admission assessment identified that they were at risk of falls and records confirmed they had suffered from one fall in 2017. However, a falls risk assessment had not been conducted to ensure this area of risk was managed safely. In another example we found guidance in place from a Speech and Language Therapist (SALT) on food textures which should be avoided as they placed the person at risk of choking which included sandwiches and toast. However, daily records showed staff had regularly served the person toast and sandwiches as part of their diet.

These issues were a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the manager told us they would review and update people's risk assessments to ensure they were up to date and reflective of people's current needs. They also confirmed that all staff had been made aware of the need to follow the SALT guidance provided and submitted a request for a further SALT review to ensure the guidance they had provided was reflective of the person's current needs.

We also found that the systems for monitoring and assessing risks to people were not always operated effectively and did not always provide adequate guidance to staff on how to manage, or identify risks. For example, we found that the nutritional assessment tool used to assess the level of risk of malnutrition in people failed to provide sufficient guidance to staff in the event that people lost weight. The tool also failed to take into account the fact that weight lost by a person of already low weight would be a more significant risk than weight lost by someone of high weight.

This issue was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager told us they were in the process of considering alternate risk assessment tools that they would be seeking to put in place for all of the people using the service, although we were unable to check on the effectiveness of this at the time of our inspection.

At our last inspection on 01 June 2016 we found improvement was required to ensure that copies of relevant information relating to all staff members was maintained on file by the service to demonstrate that staff were of good character and suitable for the roles they had applied for. At this inspection we found that the provider had not always followed safe recruitment practices and that there remained gaps in the information held by the service relating to staff which should have been considered as part of the recruitment process.

Staff files contained application forms which had not always been fully completed. For example, we found examples where staff members had not disclosed their full employment history or given details for the reasons for any gaps in employment, and one staff member had not provided any information about their record of education. Two references were not always in place to help demonstrate that staff were of good character and we saw examples of references which did not adequately identify the status of the person providing the reference, or which had been provided by referees who disclosed that they had only known the staff member in question for a very short period of time. We also found that the provider had not complied with regulatory requirements when employing the new manager at the service who had been appointed without sufficient checks having been made of their conduct with their previous social care employers.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager confirmed they would ensure all staff provided full details of their education and employment histories and would seek two appropriate references for all new staff during any future recruitment. We also noted that criminal records checks had been made on all staff and that many of the staff members had worked for the service for a significant period of time during which feedback regarding their conduct had been positive.

There were sufficient staff deployed at the service to support people safely. One person told us, "There are enough staff here. I get help when I need it." Another person said, "There are enough staff here to meet my needs. I have an emergency call bell but don't need to use it. I accidentally pressed it once and the staff came quickly." We observed staff to be on hand and available to support people promptly where they required assistance throughout the duration of our inspection. The support people received was relaxed and they were assisted at their own pace in a comfortable manner. Staff also confirmed they felt they were able to support people safely with the current staffing numbers. One staff member told us, "We can meet people's needs; it can be busy in the afternoon, but it's manageable." Another staff member said, "I think the staffing levels are OK, we're able to support people without any problem and there are enough of us to cover the shifts each week."

People told us they felt secure and were happy living at the service. One person said, "I feel quite safe here; the staff are friendly and treat me well." Another person told us, "I'm quite secure here; it's a comfortable place to live."

People were protected from the risk of abuse. The manager had recently updated the service's safeguarding policies and procedures to ensure they were in line with current local area guidelines. Records showed that staff had undertaken safeguarding training although some staff were overdue refresher training in this area. However, despite this staff we spoke with were all aware of the different types of abuse and the signs to look for which may suggest abuse had occurred. They knew to report any concerns they had to the manager or senior member of staff and expressed confidence in following the provider's whistle blowing procedure if they felt any concerns they raised were not acted upon. Senior staff were also aware of the process to follow in reporting any safeguarding allegations to CQC and the local authority safeguarding team.

There were arrangements in place to deal with emergencies. Staff were aware of the action to take in the event of a fire or medical emergency. Records showed regular checks were made on emergency equipment and that regular fire drills had been conducted at the service which staff confirmed had taken place. People had Personal Emergency Evacuation Plans (PEEPs) in place which provided information to staff and the emergency services on the level of support people would need to evacuate safely. We also saw the manager had put updated emergency procedures in place covering a range of potential issues including flooding, problems with the electricity or gas supply, issues with the heating or problems with the lift which staff could refer to in the event of any issues in these areas.

## Is the service effective?

### Our findings

People and relative told us they thought that staff had the skills needed to support them effectively. One person told us, "The staff are well trained; they know what they're doing." Another person told us, "They [staff] understand my needs and how to help me." A relative commented, "The staff are competent; they know how to support the people here." Records showed that staff had received training in a range of areas considered mandatory by the provider which included health and safety, infection control, food hygiene, moving and handling and safeguarding. However improvement was required because some staff were overdue refresher training in line with the provider's training policy. For example, eight of 16 staff were overdue safeguarding refresher training and seven staff were overdue health, safety and fire training.

Despite this issue, it was clear from our observations and discussions with staff and people using the service that staff were competent and had the knowledge to support people using the service. Many of the staff had worked at the service for significant periods of time and demonstrated a good knowledge and awareness of the needs of the people they supported. Only one staff member we spoke with identified an area in which they felt further training would be helpful and the manager confirmed they had already identified a new training provider and would be seeking to ensure all staff were up to date with their training requirements promptly, although we were unable to check on this at the time of our inspection.

Staff received an induction when they started work at the service which included a period of orientation at the service, reviewing the provider's policies and procedures and shadowing more experienced staff. Staff were also supported in their roles through supervision. Records showed that the new manager had made it a priority to conduct supervision sessions with staff during the short period of time they had been in post at the service and we noted that plans were in place to complete annual appraisals once they were more familiar with the staffing team. Staff also spoke positively about the fact that the previous registered manager and current manager were on hand to offer them support and guidance if they needed it.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us that people were able to make day to day decisions about the support they received and were aware of the need to seek consent from people when offering them support. One staff member told us, "If

someone refused support with something like personal care, we'd respect their wishes; we can't force people to do things."

Where people lacked capacity around decisions made to restrict their freedoms in their best interests, we saw that in most cases DoLS authorisation requests had been submitted to the relevant local authority and authorisations had either been granted or were in the process of being assessed. However we found that in one case a person's DoLS authorisation had expired during the previous week and a further authorisation request had not been made because the provider's system for monitoring DoLS authorisation expiry dates had not been operated effectively.

This issue was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager submitted a DoLS authorisation request for the person in question during our inspection.

People spoke positively about the food on offer at the service and confirmed that their nutritional needs were met. One person said, "I like the food; it's very good." Another person told us, "I like the meals here; they're all good. I also have a fridge and a microwave in my room so some days I choose to have a ready meal instead." A relative said, "[Their loved one] likes the food; they cater for her needs."

The manager explained there was a set menu available to people each day but that alternative options could be provided if people did not wish to have the main meal on offer. Kitchen staff were aware of people's likes and dislikes as well as any culturally specific requirements they may have. We also saw records in the kitchen identifying people who had diabetes which staff told us was taken into consideration when preparing their food. During the inspection we identified one person whose specific dietary requirements were not known by kitchen staff with regards to specific food textures they should avoid. The manager ensured that staff were made aware of these requirements during our inspection so that only appropriate food options were offered to the person in question from that point onwards.

We observed a lunchtime meal during our inspection and noted that staff were on hand to offer support to people promptly when required, for example by cutting up their food where they found this difficult. Meals were served promptly and the atmosphere during the lunchtime period was relaxed and friendly.

People were supported to access a range of healthcare services when required. One person told us, "If I need to see a GP, they [staff] will arrange it." A relative told us, "I usually take [their loved one] to appointments at the dentist or optician, but if I'm not around the staff will cover it." Records showed that people had access to healthcare services on a regular basis where required including a GP, community nurses, dentist and Speech and Language Therapist (SALT). We also noted that the manager was due to support one person to a hospital appointment during the week of our inspection because family members were not available. During our inspection we spoke with a community nurse who was visiting the service. Whilst they did not visit the home on a regular basis, they told us they were not aware of any concerns in the way people's healthcare needs were managed.

## Is the service caring?

### Our findings

People told us that staff treated them with care and consideration. One person said, "The staff are all very nice and do a good job of looking after us." Another person told us, "The staff are very kind and friendly; we get on well." A third person told us, "They [staff] are all polite; I'm happy to be here." Staff also spoke positively about the caring atmosphere at the service. One staff member told us, "I've worked in a lot of places and think the staff here really do care about the residents. A lot of love goes into what we do."

We observed staff interacting with people in a caring and considerate manner. They moved quickly to provide support to people where their help was required and people were assisted at the own pace without being rushed. Conversations between people and staff were friendly and familiar, and people were relaxed in the company of the staff supporting them. We also noted several examples of people seeking reassurance from staff when displaying signs of confusion or uncertainty and responding positively to the responses they received.

People were involved in decisions about their care and support. Staff described how they offered people choices wherever possible in order to cater to their preferences. They told us people's wishes were respected and this was confirmed by people we spoke with. One person told us, "Staff know how to support me. We have a routine but if I need that to change, I can just let them know and they'll help me in the way I need." Another person said, "The staff do as I want; they give me the support I need when I need it and do things my way. They know I like to get up early and help me to get ready for the day."

Staff knew people well; they demonstrated a good knowledge of people's likes and dislikes, their life histories and the people and things that were important to them. For example they knew when people's relatives were likely to visit and were aware of their personal interests such as the activities they undertook or the music they liked to listen to. This knowledge helped them build strong relationships with people at the service enabling them to put people at ease in their conversations and interactions when providing care.

Staff were aware of the importance of treating people with dignity and respect, and described the ways in which they promoted people's privacy. One staff member told us, "I always knock before entering a resident's room and will make sure we're alone and not disturbed if I'm helping someone with personal care." People confirmed their privacy was respected. One person told us, "The staff respect my privacy; there are no problems there and if I want time to myself, I can have it." Another person said, "There are no issues here with privacy; the staff don't disturb me."

The manager confirmed that the service was committed to supporting people's diverse needs with regards to their race, religion, disability, sexual orientation and gender. Staff were aware of people's cultural requirements and confirmed they supported them accordingly, for example by ensuring people's cultural dietary requirements were met.

## Is the service responsive?

### Our findings

People and relatives, where appropriate, had been involved in discussions about the planning of their care and told us the support they received met their individual needs. One person said, "We've talked about the care I need; I'm happy with the support I get." A relative told us, "We've discussed [their loved one's] needs. I think [their loved one] needs anything doing differently, I let the staff know and they'll do it."

People were assessed prior to their admission to the home to ensure their needs could be met by the service. Records showed care plans and risk assessments had been developed based on these assessments and time spent with each person once they had moved into the home. Staff confirmed that they involved people in reviews of their care planning, although this was not always clear for the records we reviewed. Care plans covered areas of support people required including personal care, medicines, continence, eating and drinking and mobility. However, improvement was required because care plans had not always been reviewed regularly to ensure they remained up to date and reflective of people's current needs. Despite this issue, people told us that they were well supported by staff and happy with the care they received at the service.

People's care planning also contained information about their likes and dislikes, life histories, and the things and people that were important to them. Staff we spoke with were aware of people's individual needs and preferences in the way they wished to be supported. They could describe the support people needed to manage their daily routines and people we spoke with confirmed their preferences were met.

People confirmed that staff encouraged them to be as independent as possible. One person told us, "I never thought of myself as needing much support and like to do as much as I can for myself. However, I'm glad the staff are here to support me when I need it; living here suits me and I would recommend it to anyone." Staff also described the action they took to encourage people to be independent. For example one staff member explained how they encouraged one person to wash as much of themselves as they were able to whilst being on hand to offer assistance if required.

People were supported to maintain the relationships that were important to them. The manager explained that people were welcome to have visitors when they wished and this was confirmed with people we spoke with. One person told us, "My son visits whenever he wants and is always welcome." Another person told us, "My family visit regularly." A visiting relative also confirmed they were able to visit whenever they wished and that staff were always happy to see them.

The service provided a range of activities for people to take part in, including chair based exercises, reminiscence sessions and arts and crafts, as well as entertainment such as visits to the service by musicians and entertainers. One person told us, "The activities are fine, I've no complaints." Another person said, "The entertainment is good. We're having a musician in today and I'm looking forward to it." A relative commented, "[Their loved one] doesn't like to be bored so enjoys the activities they offer here." We observed an interactive music session conducted by a hire entertainer during the inspection and noted that people enthusiastically engaged with the activity and each other during this time.

People and relatives told us they were aware of how to raise a complaint if they had any concerns about the service, but explained that they had not needed to do so. One person said, "I'd speak to the staff if I had any issues, and they'd sort things out." A relative told us, "I'd talk to the manager if I had any problems."

The provider had a complaints policy and procedure in place which was available for review by people and visitors in a communal area of the service. This included guidance for people on how to raise concerns and the process that would be followed to investigate and respond to any issues they raised. Records showed that there had been no complaints raised in the time since our last inspection, and a previous recorded complaint in 2016 had been investigated and responded to in line with the provider's complaints policy.

## Is the service well-led?

### Our findings

At our previous two comprehensive inspections we identified concerns with the systems and processes used to monitor and mitigate risks to people at the service. These issues amounted to a breach of regulations found during our comprehensive inspection in November 2015 which resulted in our serving a warning notice at that time. Whilst the provider had addressed these concerns at the time we carried out a focused inspection in January 2016, we found further improvement was required following our inspection on 01 June 2016 because audits had not always been frequently conducted, and actions had not always been taken to address issues identified during audits and assessments. At this inspection we identified further concerns with the provider's systems because audits which had been conducted were not always effective in identifying issues in order to drive improvements.

The manager had conducted audits and checks in areas including care planning, infection control and medicines. We saw examples of action having been taken or plans in place to address issues where areas for improvement had been identified. For example, hand hygiene information had been put on display in response to the finds of a recent infection control audit, and records showed the provider was in the process of seeking to replace the boiler at the service because intermittent issues with hot water temperatures had been identified.

However we also found examples of audits which had not identified issues that we found during this inspection, and further examples where issues had been identified but had not been acted upon. A recent medicines audit had not identified that one person's prescribed eye drops should have been disposed of after 28 days of having been opened to reduce the risk of infection. In another example an audit of one person's care plan had not identified that staff had not been following guidance provided by a Speech and Language Therapist, placing the person at risk. We also noted that one person's care planning and risk assessments had not been reviewed to ensure they were up to date and reflective of their current needs, despite an audit identifying the issue and setting a deadline for the review to have been carried out which had passed.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager told us they would ensure the person's care plan and risk assessment were reviewed and updated following our inspection, and that they would review their audit processes to ensure they were more effective, although we were unable to check on the outcome of this at the time of our inspection.

Whilst people and relatives spoke positively about the service and expressed confidence that any improvements they suggested to staff regarding the support they received would be acted upon, we found that there had been limited opportunities made by the provider to seek people's views on the running of the service in order to help drive improvements. Staff told us that there had been resident's meetings conducted in the time since our last inspection to seek people's feedback, but were unable to provide an approximate date for when the last meeting took place. We requested to see the minutes from previous residents meetings but the most recent meeting minutes that staff could locate during our inspection were from a

meeting held in March 2016. The manager also confirmed that an annual survey had not been conducted in the time since our last inspection and that this was now overdue.

These issues were a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records showed that the manager had arranged a relatives and residents meeting during the week following our inspection. They explained that they would seek people's views during this meeting and would provide those attending with a survey to complete, although we were unable to check on the outcome of this at the time of our inspection.

There was no registered manager in post at the time of our inspection. The previous registered manager had left at the beginning of 2017. The manager was in the process of applying to become the registered manager for the service. They understood the requirements of being a registered manager and the responsibilities of the position under current legislation, including the Health and Social Care Act 2008.

Whilst the manager had only been in post for a short period of time, people and relatives told us they were a visible presence within the service and was available to them when needed. One person told us, "I've got no problems with the new manager. It's early days but the handover appears to have been smooth and the home is well run." A relative told us, "I'm very happy with the new manager."

The manager confirmed they were in the process of making a range of improvements to aspects of the service. For example we saw that they had updated a number of the service's policies and procedures and had centralised information on dealing with emergencies, to ensure the guidance was readily accessible to staff when needed. The manager told us they had not yet held any staff meetings as they were still working through the first round of initial one to one supervision sessions in order to better get to know the staff. However they also confirmed that they took part in the daily handover meetings between shifts in order to discuss the day to day running of the service with staff to ensure they remained up to date and aware of the responsibilities of their roles.

Staff spoke positively about the new manager and the support they received. One staff member told us, "I can speak to the manager whenever I need to if there are problems." Another staff member said, "I think the new manager has brought in some improvements. She has been supportive and has had a more active role in staff handover meetings. She has been updating a lot of the service's paperwork and has plans for increasing things like spot check which I think will be a good thing."

The significant majority of staff we spoke with also spoke highly of the way they worked as a team at the service and supported each other, although one staff member told us they felt team working was an area that needed improvement. They confirmed that they had not yet discussed this with the manager but would seek to do so during their next supervision meeting.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment processes did not effectively demonstrate that staff were of good character or had the necessary competence, skills and experience to undertake their roles.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not adequately assessed or managed safely. Medicines were not always safely managed.

**The enforcement action we took:**

We served a warning notice on the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems for monitoring and mitigating risks to people, and for seeking people's feedback to drive service improvements were not always operated effectively.

**The enforcement action we took:**

We served a warning notice on the provider.