

Cornwallis Care Services Ltd

Beech Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced inspection on 25 May 2017. This was the first inspection for the service since registering under a new provider in late December 2016. Beech Lodge is a care home which is registered to provide personal care for up to a maximum of 26 older people, some of whom had a diagnosis of dementia. On the day of the inspection there were 14 people living at the service.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run. There was also a manager in charge of the day-to-day running of the service and they were supported by the registered manager, who was also the registered manager for another of the provider's services.

The service had been operating under new ownership for five months, since December 2016. In that time many improvements had been made to the environment. There was extensive building and repair work in progress to the exterior of the premises at the time of our inspection. Any disruption to people's lives, while the refurbishment was being completed, had been well managed. People lived in a pleasant environment because the premises were uncluttered, clean and odour free.

The layout of the building had been re-structured and this had resulted in a change of use for two downstairs bedrooms. There was also extensive work being carried out to the top floor, both to make some areas safe and to extend and improve the facilities on that floor. This meant two people who had bedrooms on the ground floor and one person who had a bedroom on the top floor being moved to other rooms. While one person was happy with the move, two people were not and told us they had not been consulted about the move. Their comments included, "I wasn't asked or given a choice. I don't like this room as much as my other room upstairs" and "I wasn't asked about moving room, just told that my room was needed for another use".

While there was no evidence that people's needs were not being met most people did not have a care plan of their needs in place. Of the 14 people living at the service only two had a care plan and both of these were still being developed so needed more detail. Staff told us all information about people's care needs was given to them verbally and new staff were given information, when they started, from existing staff. However, most staff had been recruited in the last three to four months so any new staff were being inducted by staff who also had not been working in the service for very long. One care worker told us, "I was told when I started that there were no care plans so I would have to ask other staff." This meant there was a risk that staff would not know how to provide the right care for people because there was a lack of written records about people's needs for staff to follow.

Some risk assessments had been completed to assess the level of risk in relation to areas such as nutrition

and the risk of people developing pressure sores. However, where these had been completed there was a lack of guidance for staff about how to manage these risks. There were no individual risk assessments in place in any of the care files we looked at. For example, guidance for staff when using moving and handling equipment, how to support people who could become anxious or what actions to take to help people who were at risk of falls.

When incidents or accidents occurred these were recorded. However, these records were not audited to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks. For example, when people had repeated falls and where people or staff had sustained an injury.

People's medicines were stored appropriately and mostly recorded when they were given. However, records for medicines which required stricter controls by law were not always recorded correctly. We found there were discrepancies between the stock of medicines held and what had been recorded as given. A lack of audits to check these medicines meant the service was not aware of these discrepancies.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. One person told us, "I have never seen any abuse, no shouting or swearing, staff are always patient with me." Due to people's health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. Staff were caring and attentive in their interactions with people and were kind and patient when supporting individuals. Comments from people included, "The staff are good to me, they are very kind, I can't grumble" and "I get on with all the staff."

People received care and support in a timely manner. There were enough suitably qualified staff on duty to meet people's needs. One person told us, "There are enough staff and I never have to wait for help."

Staff knew how to recognise and report the signs of abuse. Staff received appropriate training and supervision. New employees completed a thorough induction which had incorporated the care certificate, which is a care industry recognised induction programme.

People had access to healthcare services such as occupational therapists, GPs, community nurses and chiropodists. Care records confirmed people had access to health care professionals to meet their specific needs.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People told us they were happy with the meals provided. Comments included, "I have a choice of food, it is lovely", "We are asked the day before what food we would like the next day, they bring a menu with the choices" and "I don't usually leave any food so it must be good."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Where people did not have the capacity to make certain decisions the management and staff acted in accordance with legal requirements under the MCA. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity.

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.

We identified breaches of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. People were not completely protected from the risk of harm because individualised risk assessments had not been completed for people.

Medicines were stored and administered safely. However, there were discrepancies in record keeping in relation to the stock of some medicines.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Requires Improvement ●

Is the service effective?

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

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good ●

Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Good ●

Is the service responsive?

The service was not entirely responsive. Staff responded to people's needs and supported people in a person-centred way. However, most people did not have a care plan to detail their needs and how they would like to receive their care and support.

Requires Improvement ●

The service had not taken some people's views into account before making changes to their living arrangements.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the manager and were confident they would be listened to.

Is the service well-led?

The service was not entirely well-led. Audit processes were not effective as these had not identified shortfalls in relation to medicines, care plans and the management of risks when providing care and support for people.

The management provided staff with appropriate support. There was a positive culture within the staff team and with an emphasis on providing a good service for people.

Requires Improvement 

Beech Lodge

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 unannounced inspection took place on 25 May 2017 and was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Before the inspection we looked at the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people living at Beech Lodge. We looked around the premises and observed care practices on the day of our visit. We also spoke with four care staff, the head housekeeper, the chef, the registered manager and the service manager. At the end of the inspection we gave feedback to the registered manager, the service manager and the provider. We looked at eight records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

We found some risk assessments had been completed to assess the level of risk in relation to areas such as nutrition and the risk of people developing pressure sores. However, where these had been completed there was a lack of guidance for staff about how to manage these risks. There were no instructions for staff about how often to re-position people, or other action to take, to reduce the risk of damage to their skin. For example, one person had been identified as being at risk of developing pressure sores on their heels. Staff told us they placed a pillow under their heels to help protect their skin. However, on the day of our inspection we observed that staff had put a pillow between their knees. This demonstrated that the lack of written instructions for staff had meant the person had received incorrect care.

There were no individual risk assessments in place in any of the care files we looked at. For example, guidance for staff when using moving and handling equipment, how to support people who could become anxious or what actions to take to help people who were at risk of falls.

One person was at high risk of falls. Concerns about this person's safety had been raised as a safeguarding alert with Cornwall Council by an external healthcare professional. As a result of this alert some action had been taken to help reduce the risk of them falling. They had been provided with a bed that could be lowered and an additional mattress on the floor to help protect them from injury should they fall out of bed. However, they were still at risk of falling if they got up from a chair. Accident reports had been completed that stated the person continued to fall from their chair. Guidance about minimising this risk had not been sought. For example, there had been no research carried out to see if a different type of chair might help to prevent the person from getting up without support from staff. Records showed that the person's ability to weight bear varied. Their care records stated, "[Person's name] is occasionally unable to weight bear, at these times staff will need to take extra care with their transfers." However, risk assessments to guide staff how to minimise the risk of further falls or how to transfer the person when they were unable to weight bear were not in place.

Some people living at the service could display behaviour that might be challenging for staff to manage. There were no risk assessments in place to provide staff with information about what might trigger an individual to become upset. There was no guidance about what action staff should take to respond to a person to calm the situation and help protect the person and staff from injury.

When incidents or accidents occurred these were recorded. However, these records were not audited to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks. For example, when people had repeated falls or where people or staff had sustained an injury.

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

We looked at how medicines were managed. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were completed. Medicines were stored in a locked medicines trolley and when not in use the trolley was locked in the staff office. When medicines were given to people the

member of staff took the trolley to the person needing their medicines. However, we found on two occasions the trolley was left unattended. We spoke with senior care staff who assured us they would change their practice to ensure they kept the trolley within their sight in future. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

Medicines, which required stricter controls by law were held by the service. While these medicines were stored correctly records of what the service held were not accurate. We found there were discrepancies between the stock of medicines held and what had been recorded as given. When some of these medicines had been given they had been entered twice and there were others that showed as still being in stock but had been returned to the pharmacist. A lack of audits to check these medicines meant the service was not aware of these discrepancies. This was despite an external audit by the Kernow Clinical Commissioning Group (KCCG) on 02 February 2017 which stated, "Ensure a weekly balance of all CD medicines is recorded." There had been an overall medicines audit completed by the service on 10 February 2017 which recorded, "CD medicines weekly audits have been started." However, audits had not been started and senior care staff were unaware of the need to complete these checks. There was a folder in the manager's office with blank forms for weekly checks and none of these had been completed.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. One person told us, "I have never seen any abuse, no shouting or swearing, staff are always patient with me." Due to people's health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were enough staff on duty to meet the needs of people who lived at Beech Lodge. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were answered promptly. On the day of the inspection there were three care staff and one senior care worker on duty from 7.00am to 7.00pm and two night care workers for 14 people. In addition there were two domestics, the chef, a kitchen assistant, the registered manager and the service manager. The service also employed a part-time administrator, a maintenance person and an activities co-ordinator. Rotas showed this same number of staff were on duty every day.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The service had a policy of not starting new staff, even to shadow another member of staff, until all the relevant recruitment check had been completed.

People lived in a pleasant environment because the premises were uncluttered, clean and odour free.

Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use. There were robust cleaning schedules in place to ensure the environment was hygienic and safe for people to live in. The service had recently appointed a head housekeeper who had carried out a complete audit of the stock of bedding and towels and other soft furnishings such as curtains and chair covers. A large amount of new bedding, towels and soft furnishings had been purchased and were either already in use or waiting for delivery.

The premises and equipment were regularly serviced and maintained. The stair lift had recently been repaired. All necessary safety checks and tests had been completed by appropriately skilled contractors. For example, records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced. There were health and safety risk assessments in place for the premises and Personal Emergency Evacuation Plans (PEEP) had been written for each person. We did advise the manager that there was still a PEEP in place for one person who no longer lived at the service.

Is the service effective?

Our findings

People had their nutritional and hydration needs met. Hot and cold drinks were available for people throughout the day. There were jugs of juice, bowls of fresh fruit and an assortment of snacks on tables in both communal lounges. Freshly made cakes were offered to people with drinks throughout the day. People had a choice of meals and specialist diets were catered for. The chef and kitchen staff were knowledgeable about people's dietary needs, likes and dislikes.

We observed the support people received during the lunch time period. Lunch was a pleasurable experience for people and the meals served looked appetising. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. People told us they were happy with the meals provided. Comments included, "I have a choice of food, it is lovely", "We are asked the day before what food we would like the next day, they bring a menu with the choices" and "I don't usually leave any food so it must be good."

People had access to healthcare services such as occupational therapists, GPs, community nurses and chiropodists. Care records confirmed people had access to health care professionals to meet their specific needs. On the day of the inspection an optician visited one person, as requested by staff, to measure their eye pressure. Where people needed to have specific aspects of their care monitored staff completed charts that were kept in people's individual rooms. Completed charts showed staff monitored when people were re-positioned, when their skin was checked, their food and fluid intake and their weight.

Staff told us they felt supported by the manager and had received training relevant for their role. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Training was a mixture of on-line courses and internal and external training days.

As most staff were new to the service they had completed relevant training as part of their induction.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of working alongside existing staff getting to know people's needs and how they wanted to be supported. The induction was in line with the Care Certificate which is a care industry recognised induction programme. It is designed to help ensure care staff, that are new to working in care, have initial training that gives them an adequate understanding of good working practice within the care sector.

A programme for staff to have two monthly one-to-one supervision meetings with a manager had recently been put in place. Staff told us they had met with the manager. All staff had received their first supervision and second meetings were booked for July and August 2017. This gave staff the opportunity to discuss working practices and identify any training or support needs.

We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a passenger lift and stair lift for people to gain access to rooms on other floors. The service had been operating under new ownership for five months, since December 2016. In that time many improvements had been made to the environment. There was extensive building and repair work in progress to the exterior of the premises at the time of our inspection. The internal layout of the building had been re-structured to create more office space, storage space and a reception area. There was also extensive work being carried out to the top floor, both to make some areas safe and to extend and improve the facilities on that floor. There were plans in place to re-decorate the entire interior of the building and some vacant bedrooms had already been decorated. A new floor had been laid in the dining room and new carpets and flooring had been ordered for all communal areas. New chairs and table for the lounges and dining room had also been ordered. Any disruption to people's lives, while the refurbishment was being completed, had been well managed.

Is the service caring?

Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. Staff were caring and attentive in their interactions with people and were kind and gentle when supporting individuals. Comments from people included, "The staff are good to me, they are very kind, I can't grumble", "The staff are kindness itself" and "I get on with all the staff."

There was plenty of shared humour between people and staff. People, who were able to verbally communicate, engaged in friendly and respectful chatter with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing and respected their dignity. For example, we saw staff assisting one person to move from their wheelchair into a dining chair using a hoist. Staff were kind and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

Staff provided respectful support to people during lunch time. For people who might benefit from wearing a protective apron, while eating, staff discreetly asked if they wanted to wear one rather than just putting one on. One person became distressed and a member of staff knelt at their side and talked quietly and sympathetically to them encouraging them to eat their lunch.

Just before lunch we observed the chef talking with people about their lunch choices to check they were happy and asked if there was anything else they might want. Although, people had given their lunch choices to staff earlier, the chef gave people another opportunity to talk about the meals and discuss other options. For example, the chef discussed with one person, who had chosen not to have a dessert, if they would like one. The person needed to have sugar free desserts and they would often say they didn't want anything because they thought there would not be anything suitable for them. However, the chef gave them several options to encourage them to have a dessert and they chose to have a sugar free cake that they particularly liked. The chef said they would make the cake especially for them and put the remainder in the freezer so they could have it whenever they wanted.

One person had a 'do not resuscitate' notice displayed in red capital letters, on their bedroom noticeboard and a notice instructing staff to wear new aprons and gloves when providing personal care. We discussed this with the manager as these notices were not appropriate to have in a person's personal room and they did not protect their dignity. We were assured that the notices would be taken down.

People were able to make choices about their daily lives and were able to get up in the morning and go to bed at night when they wanted to. One person said, "I choose what I do every day, what time I get up and go to bed." People were able to choose where to spend their time, either in the lounge or in their own rooms.

Where people chose to spend their time in their room, staff regularly went in to their rooms have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink. One person asked for some fresh tea after they had finished their first cup and within five minutes another cup of tea and biscuits were brought for the person.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. One person told us, "I am able to use the house phone if I need it to speak with my brother."

Is the service responsive?

Our findings

While there was no evidence that people's needs were not being met most people did not have a care plan of their needs in place to guide and direct staff to meet people's needs in a consistent manner. The manager told us they had a programme in place to complete a care plan for everyone. However, this programme had fallen behind as they had concentrated on providing practical care for people and recruiting new staff. Of the 14 people living at the service only two had a care plan and both of these were still being developed so needed more detail. New care folders had been created for each person but only contained records of care provided, such as daily notes and records of healthcare professional visits. The sections for care plans and risk assessments were either empty or contained a blank care plan format that had not been completed.

It was not clear how the writing of new care plans had been prioritised as two people with particularly high needs did not have a care plan in place. One person was frail and cared for in bed and another person was at high risk of falls and could display behaviour that might be challenging for staff to manage.

Staff monitored some people's needs by completing charts to record when relevant checks had been carried out. However, the lack of care plans meant instructions for staff about how often checks should be completed were not recorded. For example, records showed that one person, who was cared for in bed, had hourly comfort checks. Their skin was checked and they were re-positioned approximately four hourly. However, it was not clear how staff knew the frequency of the checks as the chart did not state how often checks should be carried out and there was no care plan in place to record it either. While we judged the person was receiving appropriate care there was a risk that without written instructions for staff the person might not receive consistent care.

Everyone living at the service had moved there under the previous ownership. This meant the service inherited some information about people's needs from the previous owners. While this information would have needed to be updated it would have contained some guidance for staff until a new care plan was written. However, this information was only found in one person's file and not in any of the others we looked at.

Many staff who had moved from the previous owner to the new owner had since left and most staff were new to the service so had no previous knowledge of the people living there. Staff told us all information about people's care needs was given to them verbally and new staff were given information, when they started, from existing staff. However, most staff had been recruited in the last three to four months so any new staff were being inducted by staff who also had not been working in the service for very long. One care worker told us, "I was told when I started that there were no care plans so I would have to ask other staff."

All of the above meant there was a risk that staff would not know how to provide the right care for people because there was a lack of written records about people's needs for staff to follow.

We found the service had not taken some people's views into account before making changes to their living arrangements. The layout of the building had been re-structured and this had resulted in a change of use for

two downstairs bedrooms and bedrooms on the top floor were not in use due to the re-furbishment work. This meant two people who had bedrooms on the ground floor and one person who had a bedroom on the top floor had moved to other rooms.

While one person was happy with the move, and told us they liked their new room because it 'has a nice bathroom' two other people were not happy with the move. These two people told us they had not been consulted about the move. Their comments included, "I wasn't asked or given a choice. I don't like this room as much as my other room upstairs" and "I wasn't asked about moving room, just told that my room was needed for another use. I liked the other room because a cat came to my window every day and it reminded me of the cat I had at home, who I miss very much." A member of staff told us, "I don't think these people were asked about moving rooms. It hadn't been talked about and then I wasn't at work one day and came in the next and the moves had taken place." This meant people were not involved in the decision to have their bedrooms moved and their views were not considered.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were able to take part in activities of their choice. The service had recently employed a part-time activities coordinator who facilitated activities such as bingo, quizzes and craft work. External entertainers provided regular music and singing sessions. A full programme of activities was still being developed at the time of the inspection. People told us about the activities in the service, "I like doing the bingo and I had my hair done today", "I like to sing along with the songs when the singer comes in", "We sometimes play bingo, we have a sing along."

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. One person told us, "I have never had any complaints, but if I did I would speak to the head one."

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. The registered manager was also the registered manager for another of the provider's services. They took on the role of being responsible for this service until a new manager was appointed and could apply to become the new registered manager. A new manager had been in post since March 2017 and they were in charge of the day-to-day running of the service with support from the registered manager.

Since the service had registered under a new provider many improvements had been made. These changes included the updating of the premises, improvements to food, an increase in the number of staff on duty, improved staff training and a clear senior management structure.

However, we found there had been a lack of robust management in relation to the check of some medicines. This was despite internal and external audits in February 2017 which had identified the need to carry out weekly checks of the stock of medicines that required stricter control by law..

Accidents and incidents were not being audited to identify trends and take action to help prevent further incidents, particularly for people who were at high risk of falls

Care plans were not in place for most people and this posed a risk that people might not receive consistent and appropriate care. The manager told us they had put a programme in place to write new care plans. This programme had fallen behind which resulted in only two people out of 14 having a partial care plan. Also, no one living in the service had a risk assessment in relation to their individual risks. It was not clear if the programme to write new care plans prioritised people with higher needs. Two of the most vulnerable people living at the service had not had their care plans written first. Senior management had failed to check if the programme the manager had put in place was being successfully implemented and were therefore not aware of the lack of care plans.

The provider had a system in place for managers to complete bi-monthly management reports so senior managers could be aware of any areas of improvement or where a manager might need support. The registered manager told us a decision had been taken to give the new manager time to concentrate on the day-to-day managing of the service rather than completing management reports. However, this led to senior management being unaware of the issues we found in relation to medicine checks, risk management and care plans.

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

There were no records of any staff or 'residents' meetings. The manager and staff told us there had been a number of informal meetings. The manager also told us there had been informal meetings with people living in the service to let people know when different building work was going on.

Staff told us they felt supported by the manager and despite being a new team felt they worked well

together. One member of staff said, "The team is coming together." The manager was visible in the service and worked alongside staff to monitor their practice and support them in their roles.

There were a range of up to date policies which were accessible to staff and provided guidance and important information. These were reviewed and updated annually by the provider.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not carried out assessments of people's needs and preferences and had not consulted with people about their wishes. Regulation 9 (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not adequately assessed the risks to the health and safety of people receiving care and treatment. Regulation 12 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not adequately assessed and monitored the quality and safety of the service provided to people. Accurate records of people's care and treatment were not maintained. Regulation 17 (2)