

Grange Healthcare Ltd

Haydock Nursing and Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on 11, 12 and 13 July 2018 and was unannounced.

Haydock Nursing and Residential Care Home is registered to provide accommodation for up to 50 people who need nursing and personal care. The home has two separate units, including a unit for people with dementia and is a modern, purpose built home located on a quiet road with views over the local countryside.

Haydock Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We undertook a comprehensive inspection of Haydock Nursing and Residential Care Home on the 16 September 2015. The overall rating from this inspection was Good, with requires improvement in effective. This was due to two recommendations being made in relation to staff training and staff supervisions.

During this inspection we found no improvements had been made in relation to staff training or staff supervisions. We also found a number of concerns and highlighted five breaches of the regulations in relation to recruitment, risk assessments, medicines management, training and supervision of staff. We also made recommendations in relation to supporting people and the environment on the 'dementia specialist unit' and end of life care.

We also highlighted other concerns throughout our inspection which were addressed immediately.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals are concluded.

We found risks had been identified for people such as, weight loss, falls and pressure ulcers. However, there were no risk assessments in place to show how these risks were being managed and to direct staff. People who were at risk of choking did not have risk assessments in place. The registered manager had also not considered the risks present within the environment.

Medicines were not managed safely within the service. We found topical creams were not being stored safely, thickening powder was not being stored or used safely, rooms where medicines were being stored were exceeding the recommended temperatures and handwritten medicine administration records were

not signed or had only been signed by one person.

Recruitment systems and processes within the service were not sufficiently robust. For example, we saw people subjected to conditions on their visas were working over the stipulated hours. People whose other concerns had been raised about had not been risk assessed prior to commencing employment.

We identified concerns in relation to the premises and its safety. The nurse call system in one part of the building was not working correctly; immediate action was taken and we received confirmation shortly after our inspection it was fully functioning. Some hot water outlets were running higher than the recommended 43 degrees; this was dealt with during our inspection. Water samples were not being sent off as required to check for legionella; action was taken to address this during our inspection and we were told going forward this would be maintained. Substances which would be hazardous if ingested were found accessible in bathrooms and in a cupboard; these items were immediately removed. In a number of bedrooms, we found the bedding was poor, pillows and duvets were lumpy and some sheets were threadbare; the registered manager told us they would ensure these were replaced as they had stocks of new bedding.

All the people who used the service and their relatives told us they felt safe. All the staff members we spoke with told us they had undertaken training in safeguarding and were aware of their responsibilities to raise any concerns.

We found there was adequate staffing levels within the service. Staff did not appear rushed during our inspection.

The registered manager told us the first floor was a 'dementia specialist unit', however, training records we looked at showed that dementia training had not been offered to staff since 2013. The training matrix was out of date and did not reflect what training people had or had not done. We gave the deputy manager time to update this and found a number of people were overdue 'mandatory' training [training the provider deemed was necessary for the role]. Staff members were also overdue supervisions and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005. However, one person's capacity assessment we looked at did not accurately reflect the person's current capacity.

All the people we spoke with told us the meals within the service were good. We saw people had a choice of two hot meals at lunchtime; if people wanted alternatives these were available. The kitchen had a good stock of food items. The service employed a cook and a kitchen assistant.

All the people we spoke with told us staff were kind and that staff listened to them and respected them. We observed kind and sensitive interactions with people who used the service.

On the first day of our inspection we found information that was confidential and should be stored securely, was stored in accessible areas. Before the end of our inspection on the first day, all confidential, personal information was held securely and in locked areas.

Records we looked at showed staff had not received equality and diversity training. We spoke with the registered manager regarding this who could not tell us why this training was not available to staff. The deputy manager informed us they were commencing with a new training provider very soon and new

training would be available.

We saw the service had open visiting times. We observed large numbers of visitors within the service throughout our inspection.

None of the people we spoke with had been involved in the development of their care plans. They were not able to explain if they had the opportunity to discuss with staff how they wanted support from them. Care plans we looked at were not person centred and did not reflect people's current needs.

We looked at how complaints and concerns were managed within the service. The registered manager told us they had not received any complaints. However, after speaking with relatives we found a number of complaints/issues had been raised with the registered manager. Whilst people were satisfied they had been dealt with, complaints should be documented and reflect actions taken and lessons learned.

All the people we spoke with who used the service told us they were able to make everyday choices, such as what they wanted to eat. We observed staff giving people choices throughout our inspection.

Whilst the registered manager was very knowledgeable about the people who used the service and their needs, our findings showed the registered manager lacked understanding of their pivotal role in overseeing all aspects of the service and guiding staff to ensure people received good quality care.

Audits within the service were not sufficiently robust to identify the issues and concerns we raised throughout our inspection. Notifications that should have been submitted to us in relation to incidents/accidents/safeguarding had not been sent.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe.

Recruitment processes and systems were not safe. Risk assessments had not been completed when concerns had arisen during the recruitment process. People were not always working in line with restrictions on the hours they worked.

Medicines were not managed safely within the service. The storage of topical creams and thickeners was not safe. Medicines were being stored above recommended limits.

People who used the service told us they felt safe. Staff told us they had undertaken safeguarding training and knew their responsibilities to report any concerns.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff members did not always receive appropriate support, training, supervision and appraisals to meet the needs of people who used the service.

We have made a recommendation in relation to the design and adaptation of the first floor which currently supports people living with dementia. Consideration needs to be made to best practice guidance in relation to supporting people with a dementia.

Records we looked at showed the service involved other health care professionals, such as, GP's, dieticians, speech and language therapists and district nurses, as and when required.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Personal and confidential records relating to people who used the service were not being stored safely or securely.

People were supported to maintain contact with their family

members. We saw relatives were able to visit any time of day.

People who used the service and their relatives told us staff were kind and caring. We observed interactions from staff that were caring.

Is the service responsive?

The service was not always responsive.

Care plans we looked at did not reflect people's current needs and were not person centred. People told us they had not been involved in developing care plans and had not seen them.

We received mixed views about the activities available within the service. The service had an activities co-ordinator in place. During our inspection we saw some activities such as dominoes and exercise type activities.

People who used the service and their relatives, felt they were able to make everyday choices.

Requires Improvement 

Is the service well-led?

The service was not well-led.

Whilst the registered manager was very knowledgeable about the people who used the service and their needs, we found they lacked some understanding around the regulations and their responsibilities to ensure they met these.

Audits in place within the service were not sufficiently robust to identify the issues and concerns we raised during the inspection.

Policies and procedures we looked at contained information that was incorrect or out of date.

Notifications had not been submitted to CQC by the registered manager. This meant we were not able to see if appropriate action had been taken to ensure people were kept safe.

Inadequate 

Haydock Nursing and 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 the 11, 12 and 13 July 2018 and was unannounced on the first day. The second and third day the registered manager was aware we were returning. The inspection team consisted of one adult social care inspector, one assistant 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, in particular dementia care.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We carried out observations in the public areas of the service. We spoke with three people who used the service and six relatives. We also spoke with the registered manager, deputy manager, one registered nurse, four members of care staff, the assistant cook, one member of laundry staff and three visiting professionals.

We looked at a sample of records including nine people's care plans and other associated documentation, five staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, nine medication records, maintenance certificates, policies and procedures and quality assurance audits.

At the end of our inspection we asked the registered manager and deputy manager to send us the audits for the ground floor of the service to cover the past three months [April, May and June 2018] and details of the activities the service provided. We did not receive what we asked for.

Is the service safe?

Our findings

People we spoke with who used the service all told us they felt safe at Haydock Nursing and Residential Care Home.

Two out of three people we spoke with who used the service were unaware if risks to their health and well-being had been assessed. One person told us they had fallen and the service had supported them to get a new walking aid. Three of the six relatives we spoke with felt their family members risks had been assessed.

We looked at what consideration the registered manager had made about risks that people presented with. One person's records we looked at showed they required a pureed diet and thickened fluids however, there was no risk assessment in place to show how to manage this risk. Another person was at risk of significant weight loss, their Malnutrition Universal Screening Tool (MUST) had not been fully completed and no risk assessment was in place to show how the service were mitigating the risk of the person losing weight. Another person displayed behaviours which were challenging, again no risk assessment was in place to guide staff in managing these risky behaviours. Other records we looked at and observations we made throughout the duration of the inspection showed staff were taking some action to keep people safe. However, everyone using the service should be assessed for risks to their health and well-being and control measures put in place in relation to managing the risks. This information is vital for staff in order to consistently and appropriately keep people safe.

We asked the registered manager what risk assessments they had in place for any hazards within the environment. They told us they had not considered any risks the environment may pose to people who used the service or staff and as a result there was no environmental risk assessment in place.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The accident record form did not give the registered manager the ability to record the action they had taken as a result of the incident. The amount of accidents and incidents each month was recorded however we did not see any evidence of action being taken or lessons learned from these.

The service provider and registered manager had failed to carry out risk assessments and manage risks appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records we looked at showed one person had fallen out of bed, cut their head and had needed to attend hospital. However, the registered manager had not informed us of this as required. We have addressed this in the well-led section of this report.

We looked at how medicines were managed within the service.

During our tour of the service on the first day of our inspection we noted some topical creams were being stored in en-suite bathrooms that should have been stored within specific temperatures. For example, one

topical cream should have been stored in a fridge. This meant they were not being stored as directed which had the potential to affect the efficiency of the topical creams. We also noted that body maps were on people's en-suite bathroom doors; these should have depicted where staff members were to place topical creams on the person's body. However, most of these had not been completed. This meant that new staff or agency staff would not necessarily know where or when to apply topical creams. In one bedroom we found two topical creams that did not belong to the person residing in that room and two topical creams that were out of date. In another bedroom we also found topical cream that was out of date. We brought this to the attention of the registered manager who could not explain how this had occurred but removed them all. As topical creams had not been signed for we could not be sure these had been administered as prescribed.

In another bedroom we found 15 tins of thickening powder [used to thicken drinks and food for those at risk of choking] being stored in a wardrobe. We also found two tins of thickener accessible in the lounge area. There is a significant risk of asphyxiation by accidental ingestion of thickening powder and therefore it is important these are stored safely. We discussed this with the registered manager who made immediate arrangements for them all to be stored correctly.

In the same cupboard in the lounge area, we found Calogen Extra Shots [a high energy, fat emulsion with protein, carbohydrate, vitamins and minerals, and added sweeteners; prescribed for those at nutritional risk] with the prescription label ripped off. This meant it was not possible to know who they had been prescribed for or how to take them. The registered manager arranged for these to be stored safely.

We looked in the treatment room on the ground floor to see how medicines were being stored and managed. There was no medicines policy and procedure available in the treatment room for staff members to refer to. We saw room temperatures were being under taken but found that on a number of occasions the temperature had been above the recommended 25 degrees. For example, on nine consecutive days the temperature had been between 26 and 27 degrees. There was no section on the temperature sheet to show if any action had been taken to address this. If medicines are not stored within temperature recommendations they may not work in the way they were intended, and so pose a potential risk to the health and well-being of the person receiving the medicine.

Information from the speech and language team (SALT) was available in the treatment room to show how thickeners had been prescribed. For example, the consistency to make drinks and food, type of utensil to use, such as teaspoon and best position for the person to be in when eating and drinking. However, this was not easily accessible to staff members as they could not have keys for the treatment room. This meant they were reliant on this information being handed over to them and the ability for them to remember this. We also noted that food and fluid charts did not mention how much thickener had been used. We asked a registered nurse how thickeners were used and were told, "The care staff take two tins out [into communal areas] and use them for everyone that is prescribed them." These were not being signed for when given. This meant they were not being administered as prescribed for individual people.

We checked the medicines trolley and found this was clean and tidy. We noted a number of liquid medicines were stored in the trolley, some of which had a date of opening on and some which did not. It is good practice to write on bottles the date they are opened so they can be safely discarded when out of date.

We looked at the medicine administration record's (MARs) for nine people on the ground floor. We found on occasions, people had refused a medicine that had been prescribed; identified by 'R' on the MAR. However, we found this was not documented further on sheets provided to explain the reason for refusal. Refused medicines should be monitored so that they can be reviewed and referred to the person's GP to see if a replacement could be taken or if they are safe to be discontinued. Apart from one evening, all MARs had

been completed with the signature of staff administering.

We saw three MARs had been handwritten. One did not have any signatures at all and two only had one signature. Handwritten MARs should be signed by two people at the time of writing to ensure it has been written correctly. One of these stated that a shampoo had to be applied twice per week, the MAR was dated 21 June 2018 and when checked during our inspection there was no signatures to state this had been administered. The two other hand written MARs stated the item had to be given as directed, however; there were no directions so we did not know if this was being given correctly.

We checked to see that controlled drugs were safely managed. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines. We checked the stock of two people's controlled medicines and found these matched the records within the service.

One MAR showed two controlled drugs had been prescribed 'as required' (PRN). However, the MAR was dated for August 2017 and had not been updated. We spoke with the registered nurse who informed us the medicines had not been discontinued. MARs should be in place for the correct date in order for the medicines to be administered safely and in line with legislation.

MAR files contained PRN protocols. These are designed to ensure staff are very clear when giving medicines 'as required', that they are suitable for the nature the person is requesting them, assess if there is an alternative and to be aware of the side effects that giving the medicine may have on the person. The protocols we looked at did not show any side effects of any of the medicines, so that the person could be monitored and they did not always contain all of the PRN medicines the person had been prescribed. This is not safe practice and places the person at risk.

On the last day of our inspection we asked the provider to send us three months medicines audits for the ground floor so that we could check the suitability of these and if they had highlighted the issues we found. On the 16 July 2018 we were sent February 2018 ground floor audit, January 2018 first floor audit and an action plan which did not state which floor it related to or month/year. We made a further request for the most recent three months audits for the ground floor and did not receive these.

Only people who had been trained to do so were able to administer medicines. We asked the registered manager if they undertook an assessment of medicine competencies with staff members to ensure they remained competent to do this. We were told competencies were not checked. Medicines training was not included on the matrix we looked at so we were unable to verify when people had undertaken this training.

The service provider and registered manager failed to ensure medicines were managed safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment systems and processes in place to check these were sufficiently robust. We looked at five staff personnel files in detail.

We saw two staff members had a visa in place which stipulated they were only permitted to work 20 hours per week during term time. Records we looked at showed these people had been working in excess of these stipulated hours. We spoke with the registered manager regarding this. They were unable to tell us when their term times were or why they had been working over the restricted hours. We asked the registered

manager to address this immediately. On the second day of our inspection the registered manager told us they had been unable to verify any further information and they had stopped these two people from working in the service until such time as proof could be given that they were permitted to work the hours they wished.

The provider had requested that enhanced disclosure and barring checks (DBS) were undertaken when people applied for employment and evidence of this was included in staff files. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. On one file we saw that concerns relating to their suitability to be recruited had not been risk assessed to ensure they were safe to work with vulnerable people. This meant the provider had not ensured they were employing people of good character who were suitable to work with vulnerable adults. We asked for reassurance from the registered manager that they would address this immediately and prior to the person working in the service again. Soon after our inspection we were advised of the actions the registered manager had taken and were satisfied that the concerns had been risk assessed.

Whilst references had been obtained for some staff whose files we looked at, we also saw that for two staff they had only received one reference prior to them starting and one reference after they had commenced employment. Another file we looked at where concerns had been raised, also only had one reference on file.

Records we looked at showed some staff members were regularly working over 48 hours per week without having signed to state they had opted out of the working time directives.

The service provider and registered manager had failed to operate a robust recruitment process. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our tour of the service we checked the nurse call system to ensure it was working effectively. We saw the system on the wall in the corridor on the ground floor was not working and when we pressed the nurse call in one bedroom we could not hear the alarm sounding. We spoke with the registered manager regarding this and requested this was addressed as a matter of urgency. We received written confirmation on the 17 July 2018 that the engineers had been to the service and fixed the fault.

We checked the hot water outlets in a number of bedrooms and bathrooms. We found the water temperature in the ground and first floor bathrooms to be over 50 degrees [the thermometer only went up to 50 degrees so we could not verify the exact temperature]. One bedroom had no hot water at all. Hot water outlets should not run higher than 43 degrees to prevent burns and scalds. We brought this to the attention of the registered manager and head of maintenance and all hot water outlets were fixed by the end of our inspection.

We also looked at what action the service was taking in relation to the prevention of legionella. We saw the risk assessment in place stated the service were to provide a number of samples every three months to ensure water safety. However, records we looked at showed these were not being done. We brought this to the attention of the registered manager and head of maintenance. We were told they would ensure this was carried out as a matter of importance and would ensure going forward this was carried out as required.

In two bathrooms we found substances that were dangerous if ingested [bathroom cleaner]; they were accessible to people who used the service including those with dementia who may not know what the product was. In one of the cupboards on the dementia unit we also found bathroom cleaner and nail varnish remover was again accessible. This kind of practice is hazardous and poses a risk to people using

the service, especially those people living with dementia. We asked for these to be safely stored with immediate effect. The deputy manager addressed this at the time.

In a number of bedrooms we checked we saw bedding that was old and worn and pillows and duvets that had been washed and were out of shape. We spoke with the registered manager regarding this and questioned if this was comfortable for people. They told us they had a stock of new pillows, duvets and bedding and staff were expected to inform them if new ones were required. However, this system had not been effective as we found bedding that required replacement during our inspection.

The service provider and registered manager had failed to ensure the premises were properly maintained. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted there was a system in the home for staff to report any required repairs or maintenance issues. The provider employed a maintenance person to work across the three homes they owned. One of the directors was also responsible for overseeing the maintenance of Haydock Nursing and Residential Care Home.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, electrical installations and portable appliance testing (PAT). Other equipment had been serviced appropriately.

People who used the service and their relatives said the service was clean. However, the inspection team noted an offensive odour on the first floor, in particular in two bedrooms and the main lounge area. We brought this to the attention of the registered manager who stated, "I do not believe in masking things, we need to know if there is a problem." However, the odour was evident and should have been addressed previously. The registered manager asked for the carpets in bedrooms to be cleaned immediately, however; in the long term, more robust cleaning procedures need to be considered to ensure people are not subjected to offensive odours.

In the main people who used the service and their relatives told us staff wore personal protective equipment (PPE) when supporting them with personal care. However, one person who used the service told us staff only wore gloves when supporting them with personal care. A relative also stated, "The staff just wear gloves and not aprons." We saw en-suite bathrooms contained boxes of gloves for staff to use but no aprons. We asked the deputy manager if staff had access to aprons. They told us aprons were available in sluices for staff and they knew the importance of using them.

One bathroom we looked in contained male and female toiletries. We spoke with the registered manager regarding this who informed us they were not communal toiletries and had been left in there from the morning of our inspection by mistake. These were removed immediately. In the same bathroom we noted the laundry bag was ripped at the bottom and dirty towels were hanging out and trailing on the floor. This is not good practice in preventing the spread of infection. We made the registered manager aware of this immediately.

All the people we spoke with who used the service told us their laundry was cared for appropriately and they always had access to clean clothes. Relatives told us, "Occasionally things go missing" and "Odd things go missing but everything is numbered now."

The laundry was situated off-site, across the road from the service. We accessed the laundry and found it to be operating effectively.

We looked at all the records relating to fire safety and found these to be in order. Personal emergency evacuation plans (PEEPs) were in place for people who used the service. However, we noted one did not reflect the person's current health and support needs. We asked that this was addressed immediately. The following day the registered manager confirmed they had all been updated.

All the people we spoke with told us they felt safe from bullying when being cared for by staff. One person we spoke with told us, "They are very nice; friendly and gentle." Another person stated, "I have to do certain things because there are rules. You have to try and help yourself. I get put in my place sometimes, which is right." Relatives we spoke with told us, "They [staff] show him such a lot of affection" and "My [family member] would tell me and speak up for herself." Two of the three people we spoke with who used the service told us they would talk to the staff, one naming the manager, if they did not feel safe. One person said, "I have no idea who I would tell, I cannot think."

All the staff members we spoke with told us they had received safeguarding training and knew their responsibilities to report any concerns. Two staff members were able to tell us the different types of abuse they would be observant for such as, bruising. Records we looked at showed that most staff had undertaken safeguarding training which was deemed as a mandatory course within the service.

We also asked staff if they were confident to raise whistleblowing concerns [reporting of poor practice] to the registered manager. All of the staff we spoke with told us they would not hesitate in reporting concerns and felt they would be dealt with. Policies and procedures were also in place to guide staff on safeguarding and whistleblowing.

All the people we spoke with who used the service, told us there was enough staff to support them. Three people told us they did not have to wait for long if they required the support of staff. One person commented, "The staffing levels are as well as can be expected. When I fall, at least five people come very quickly." All six relatives we spoke with told us there were enough staff on duty. One relative told us, "There is enough staff here, especially upstairs." Another told us, "Yes there is enough staff, I am impressed."

One visiting professional told us they felt there was enough staff on duty when they visited. They commented, "I have never had to look for staff. Two people I visit are on one to one support and I have never been and there had not been a staff with them."

All the staff we spoke with told us there were adequate staff on duty. We asked the registered manager if they used a dependency tool to determine the amount of staff they had on duty each day. They informed us they did not use one as they knew people well enough to be able to make the judgement independently. We observed throughout our inspection that staff did not appear rushed and nurse call alarms were promptly responded to.

Is the service effective?

Our findings

At the last inspection in September 2015, this key question was rated as 'Requires improvement'. At this inspection, the rating remains 'Requires improvement'.

Two of the three people we spoke with who used the service believed that staff were knowledgeable and skilled to meet their needs, although one person stated, "Not the very young ones, but most of them are very good. One or two are a bit surly [bad tempered and unfriendly] but 99% are okay." Two relatives we spoke with felt that staff were not always knowledgeable in relation to dementia. One commented, "Some may need a little more understanding of the dementia needs." They went on to state that they should be distracting people living with dementia and not arguing with them, they stated they had witnessed, "Odd ones arguing with people with dementia." Another relative we spoke with was concerned staff had not received training in catheter care as their family member had previously had a number of urinary tract infections.

We looked at what induction, training and supervisions staff received in order to undertake their roles and support people who used the service.

Records showed that when commencing employment all staff members were given an induction booklet to complete. Five of the staff personnel files we looked at did not have an induction booklet in that had been completed. We spoke with the registered manager regarding this who informed us that they had been struggling to get these back off staff. They told us going forward they would note in the diary when these were due back and ensure they were handed in completed.

We asked the deputy manager if they used the Care Certificate for those staff members new to the care sector. The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life. They informed us they had one staff member who had enrolled on this but others had not as they had been enrolling people on the Diploma's in Health and Social Care. However, it takes time for people to enrol on these and we discussed with the registered manager and deputy manager current best practice.

At our inspection of 16 September 2017, we made a recommendation that the staff completed all the necessary training to fully meet the needs of people who used the service. During this inspection we found the registered manager had not addressed the recommendation.

The registered manager told us the first floor of the service was 'a dementia specialist unit' for people with varying types and degrees of dementia. Something which is specialist suggests that staff have undertaken better training and have more experience. We checked this during our inspection and found the last time dementia training was offered to staff members was in 2013. Therefore, staff members that commenced employment after this time had not received training in dementia.

We noted a number of people within the service displayed behaviours that challenged. One visiting

professional we spoke with told us, "In terms of staff tolerance in regard to challenging patients they have a high tolerance and they have worked wonders with some really challenging patients. I couldn't see them settling as well anywhere else." Training records showed that 20 staff had undertaken challenging behaviour training and the deputy manager assured us those staff working on the first floor had all been trained in this area. However, good practice would be for all staff to be trained in this area, so they are equipped to work throughout the service.

We found the training matrix we looked at was out of date, we therefore gave the deputy manager the opportunity to update it as much as possible to give a true reflection of what training staff had undertaken. We saw training the service had deemed as mandatory was overdue for some staff who used the service. For example, 10 people were out of date with moving and handling training, 15 people [seven of which were new staff] had not undertaken fire safety training and 15 people [seven of which were new staff] had not undertaken safeguarding training.

Whilst we saw other courses were available to staff such as nutrition, fire evacuation, first aid and food hygiene, these were not mandatory. Only 12 people who used the service had undertaken catheter/incontinence training despite a number of people in the service being incontinent or requiring the use of a catheter. Equality and diversity training was not offered to staff.

The deputy manager told us they were in the process of commencing with a new training provider for all their training requirements and assured us that going forward everyone would be offered more training opportunities.

Supervision and Appraisal policies and procedures showed staff should receive formal supervision every two months, although the deputy manager stated they were every three months. We looked at the supervision and appraisal records for five members of staff. Records we looked at showed one staff, who had commenced employment in 2011, had only received one supervision. Two other staff who had commenced employment in February 2018 had not had any supervisions. Two other staff members records showed the last supervision they had received was in 2016. We spoke with the registered manager and deputy manager regarding this who both felt there had been some mix up with the paperwork for supervisions and appraisals. They both stated staff members had received supervision more frequently than records were showing. We did not receive any evidence to confirm what we were told.

The service provider and registered manager failed to ensure that staff members received appropriate support, training, supervision and appraisal as necessary to meet the needs of people using the service. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We considered how people's needs were met by the design and decoration of the home. All the people we spoke with were happy with their bedrooms and communal areas. One person told us, "I think the environment is suitable. Some things I don't agree with. The telephone rings at 05:30hrs sometimes; that's a bit awkward." Relatives we spoke with felt that some of the areas were in need of re-decoration and updating.

We observed all corridors and doors were wide to accommodate wheelchairs. Two bathrooms we looked at required updating with equipment that was suitable for people who used the service. The registered manager told us there were plans to install a new bath as the current one "Did not meet the needs of people using the service." This did not impact on people too much as most bedrooms had access to an en-suite shower.

There was a significant lack of storage area within the service. One bathroom we looked in, which was in use, had 11 wheelchairs being stored in there. We mentioned this to the registered manager who agreed storage was an issue within the service but they would look to move the wheelchairs.

In the lounge downstairs, the chairs were lined up [in a corridor style], so people had little choice but to look at each other. Seating areas set out like this do not promote a homely environment for people. There was also a quiet lounge people had access to, although only one person was using this on the first day of our inspection. There was a conservatory on the ground floor which was well used and provided scenic views over the local countryside.

We also looked at how the design and adaptation of the dementia specialist unit [on the first floor] met people's needs. In the main lounge there were only four comfortable chairs for people to sit in if they wanted to watch television; the layout of this space meant the rest of the room was used as a dining area. To the side of this was a continuation of the lounge, again with chairs lined up [in a corridor style]. People sat in here would not be able to view the television.

There was also a quiet lounge for those people who preferred to be in a smaller, less busy place. We saw five people using this space during our inspection. There was a relaxed atmosphere in this lounge. We did note around the latter part of the day the atmosphere changed on this unit as people were becoming unsettled or agitated. It is important during these times that meaningful activities or low-level stimulation is offered to people and also that the environment is considered.

Corridors within this unit had the addition of wall art, such as a football themed display and a display containing locks and bolts. These are particularly useful when supporting people living with dementia to stimulate them and promote reminiscence. Some bedrooms had memory boxes outside, some were not being used to their full potential and other people did not have them. We found there was no means for people to be able to locate their own bedrooms independently on this unit.

Signage, such as toilets, bathrooms, lounge and dining room, within this unit was not available. We asked the registered manager why these were not available to support people living on this unit. They told us that one of the people using the service was taking them off as soon as they were put up. We questioned why signage could not be made a more permanent fixture to prevent this being tampered with or removed. The registered manager did not know why this had not been undertaken.

The environment can have a huge impact on people living with dementia, both positive and negative. We recommend the service provider considers current best practice guidance in relation to the environment for people living with dementia; ensuring this is suitable for people's needs.

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 make 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.

Records we looked at showed a detailed mental capacity assessment was completed for each person who used the service. This demonstrated if the person lacked capacity or if they had varying capacity to make some decisions about their personal care needs. However, one assessment we looked at dated 7 November 2017, showed the person had capacity. When we looked at the information relating to DoLS we found an application had been made to restrict the person on the 28 March 2017. The registered manager also told us the person did not have capacity to make decisions. This meant the records did not reflect people's current needs.

We saw DoLS applications had been made for all the people the service felt they were restricting due to a lack of capacity. A system was in place to ensure further applications were made when the one in place had ended. This system should ensure people were not being restricted without the correct authorisation being in place.

All the people we spoke with and their relatives told us that staff asked for their consent before providing any care and support. Throughout our inspection we also observed staff gaining verbal consent from people. However, records we looked at had been signed by family members to consent to care and treatment. We asked the registered manager if the appropriate lasting power of attorney (LPA) was in place for these people, who was unsure. We were later informed that at least one of these relatives did not have an LPA in place in relation to health and welfare and therefore was not legally able to sign consent forms. The registered manager addressed this during the inspection and consent forms had been adapted to ensure LPA's were checked prior to family members signing. We also saw those who had capacity to do so had signed consent forms.

People we spoke with were positive about the meals they received in the service. One person told us, "Food is first class." Another person told us they were not involved in choosing the menus but they got plenty to eat.

Relatives we spoke with made varied comments about the meals. Comments we received included, "The food looks very good but sometimes I do not think there is enough", "Sometimes the fish and chips are soggy" and "The food is very good. [Family member] loves it."

Observations during the lunchtime period showed people were supported to eat their meals if required. We saw adapted cutlery and plate guards were also available to support people to be as independent as possible. We observed one person was struggling to use a knife and fork, so a staff member gave them a spoon; this supported the person to eat their meal independently. We did not see people having access to salt and pepper and sauces, however; beetroot was offered with their meal. After people had finished their lunch, staff brought out hot drinks. However; these were already made up and so people did not get a choice of what they wanted. Whilst staff may know what people usually have to drink, this practice does not give people choices and alternative options.

We asked people who used the service if they were involved in meal planning. One person stated, "No, not really. If I didn't like something they would give me a salad which I like." Relatives generally said if their family member did not like what was on offer they would get something else for them. They were unaware if they were involved in meal planning.

We also asked people if fruit and snacks were offered to them during the day. Comments we received included, "I buy my own but they come out with ice cream when we are sat out", "I would ask for it and get it" and "I would see somebody if I wanted some." One relative told us they brought snacks in for their family member and another told us, "They have a fruit tray on a Friday." During our inspection we saw ice creams

were offered to people as it was a hot day.

We checked the food stocks within the kitchen and found ample supplies of food. The cook told us they were not given a budget and could purchase any food items within reason. We found the kitchen was clean and tidy. The service had received a 'Good' rating from the national food hygiene rating scheme which meant they followed safe food storage and preparation practices.

We looked at how people were supported with their healthcare needs. We asked people who used the service if staff members contacted other healthcare professionals if they were feeling unwell, such as a doctor. One person told us, "I would tell staff or somebody and it depends what they think is needed." Relatives told us of instances when doctors had been called or if hospitalisation had been required. One visiting professional told us they were regularly in the service and they got referrals through from the service.

Records we looked at showed the service involved many healthcare professionals to meet the needs of people who used the service such as tissue viability nurses, district nurses, dieticians, speech and language therapists and GP's.

Is the service caring?

Our findings

All the people we spoke with told us staff were kind and that staff listened to them and respected them. Comments we received included, "If you ask for anything, they see you get it" and "The staff are very, very good." Most of the relatives we spoke with believed staff were kind and that they got to know their family member, listened to them and acted on what they said. One person told us, "Some are better than others, some go the extra mile. [Name of staff member] is a good one." Another relative told us there was a different atmosphere in the home during the weekend, commenting, "It's more like they couldn't care a less. On the whole there is a good bunch of carers and I don't think they are appreciated enough." We observed caring interactions from staff throughout our inspection.

One visiting professional told us, "The staff are brilliant right from the management down, they all seem really dedicated. I have never had to question anything or seen anything that worries me." Another visiting professional told us, "I visit here regularly and the staff are caring."

On the first day of our inspection we found information that was confidential and should be stored securely, was stored in accessible areas. On the ground floor a room near the front door was unlocked and contained detailed information about people who used the service. On the first floor, there was an open space with unlocked cupboards and shelves which again contained confidential information relating to people who used the service. We discussed this with the registered manager who did not appear to fully understand why personal information should be held securely and stated that things needed to be accessible. Before the end of our inspection on the first day, all confidential, personal information was held securely and in locked areas.

We also observed during our inspection that one staff member was openly discussing a person with a visiting doctor, in communal areas where people could hear. Discussions that relate to people who use the service should be held in private in order to maintain individual's privacy and confidentiality. You can see what action we have taken to address this in the well-led domain.

We looked at how the service promoted equality and diversity throughout the service. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. Records we looked at showed staff had not received equality and diversity training. We spoke with the registered manager regarding this who could not tell us why this training was not available to staff. The deputy manager said this would be addressed with the new training company they were changing over to. There were policies and procedures in place within the service for people protected under specific characteristics.

We saw people were not involved in developing and reviewing their care plans to ensure their views were listened to and respected. The process of reviewing care plans helps people to express their views and be involved in decisions about their care. We discussed this with the registered manager and after our inspection we were informed this process was being reviewed to ensure it was person centred.

People were supported to maintain contact with relatives and friends. One person who used the service told us, "My relatives can come whenever they want to." All the relatives we spoke with told us they were able to visit their family member any time they wished. We observed relatives visiting throughout the three days of our inspection and noted they were made to feel welcome. The relatives spoken with told us they were made welcome in the home.

One visiting professional we spoke with commented, "I feel like I can sign in and go upstairs like they have nothing to hide, they are always very accommodating."

We asked the registered manager if people had access to an advocacy service. They told us they involved Independent Mental Capacity Advocacy [IMCA] when necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. We did not see any evidence that any other advocacy service was available or offered for those people with capacity.

All the people we spoke with felt their preferences and dignity was respected with one person adding, "Sometimes they knock and wait for an answer before entering my bedroom." People's privacy was respected and people could spend time alone in their rooms if they wished. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered.

All the people we spoke with felt they were supported and encouraged to remain independent, although were unable to give us examples of how they did this. Relatives we spoke with told us, "They walk [family member] up and down. I can see the progress; her walking has improved" and "They allow him to feed himself with a spoon." Throughout our inspection we observed people being encouraged by staff to be independent.

There were a number of notice boards throughout the service which included information on daily activities and informed people of the date and what options were on the menu for the day. One of the notice boards contained information leaflets and items of interest, such as, the Haydock Gazette – a newsletter about what had been happening within the home.

Is the service responsive?

Our findings

None of the people we spoke with had been involved in the development of their care plans. They were not able to explain if they have the opportunity to discuss with staff how they wanted support from them, with one person commenting, "I don't know how they know but they do." Relatives we also spoke with told us they had not been involved or seen care plans. Comments we received included "I was involved in filling in some forms to begin with" and "I haven't seen care plans. If I asked they would show me."

We looked at nine people's care records. We saw people's needs were assessed prior to moving into the service to ensure they could meet their needs. One person was identified as at risk of developing pressure ulcers; their pressure ulcer assessment stated they were high risk, however; their pressure ulcer care plan stated they were low risk. This care plan had been reviewed on 4 occasions and stated no changes were necessary. The care plan also noted the person had a grade 2 pressure ulcer, however; the deputy manager told us this had now healed. This was not reflected in the care plan. Whilst this person's care plans did not reflect their current health care needs and support, staff were meeting needs in practice.

Another person's care records we looked at showed they had both visual and auditory impairments. However, the care plan we looked at only mentioned the visual impairments and stated the person was totally reliant on verbal communication. However, the personal hygiene care plan stated they were deaf. There was an entry on the 02 March 2018 that stated the person now had a piece of equipment so they could hear staff and visitors and an explanation of how to use it. However, this did not reflect the persons current needs.

Other records showed some people displayed behaviours that may challenge. However, one person who displayed these behaviours did not have a care plan in place to direct staff members on supporting the person. There was a 'challenging behaviour record' in place which staff used to document when the person was displaying behaviours and what may have triggered them. It was clear from looking at the record that a trigger was when staff were supporting the person with personal hygiene, however; this had not been identified by the service. We spoke with the registered manager regarding this. They told us they had worked extremely hard with this person and they were now at a stage where the display of behaviours that challenge was significantly less. They added that the person was much happier since they had moved bedrooms and were able to spend time on their own. This level of information was not evident within records and was not reflected in care plans.

A visiting health care professional told us, "If I was to have one small criticism it is that when we visit we have to go through paperwork and sometimes there is no date or time on things or it doesn't flow in date order. The paperwork is always there it is just difficult to find it sometimes". We found in one person's care records the care plan index showed they should have in excess of 20 care plans. However; when we looked for one of the care plans we found a total of six care plans were missing. Care plans/records should be accessible to staff [and other professionals] as and when needed to meet the needs of people who used the service.

None of the care plans we looked at showed the person had been involved in the development of them. They were not signed by the person, or a family member if relevant, to show they agreed to the care and support being planned. Care plans were not being reviewed regularly to ensure they remained relevant and were meeting people's needs.

The service provider and registered manager failed to ensure the risks, health and support needs of people who used the service were care planned and reviewed to ensure they were meeting people's current needs. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with who used the service told us they were happy with the activities that were offered to them. One person told us they went out five days per week, another person told us they like to go shopping in town and there was nothing else they liked to do. Another person confirmed the activities co-ordinator had asked them about their likes and dislikes. Some relatives we spoke with had some ideas for improvement. For example, one relative said, "They sing songs about once per month, it might be better if they did this more often as people seem to enjoy this." One relative told us the hairdressers was supposed to come into the home once per week but that this had not been occurring.

The service had an activities co-ordinator. On the first day of our inspection we noted they were doing some exercise type activity with people in the lounge area. We also saw some people were playing dominoes. There was a volunteer and a student also within the service on the first day of our inspection who were spending time interacting with people on the ground floor. We also saw that a singer came into the service once per month. The kitchen also got involved with activities, for example they had 'Fruit Friday' and 'Super Sundae'. Other activities we saw documented included, manicures, coffee mornings, pot planting and sitting in the garden. A complimentary therapist also visited the service during our inspection to undertake massages, reiki and therapeutic touch head massages.

We looked at what activities were available for people who were living with dementia. We did not see any items in communal areas that people could just pick up and use, such as a 'fiddle mit' or dolls that are specifically designed for people living with dementia. We spoke with the registered manager regarding this. They told us they had specialist items and shortly after the deputy manager returned with a couple of items. Tactile and sensory items are an effective stimulation for people living with dementia and good practice is to have a plentiful supply of these in communal areas so people can pick them up when passing.

At the end of our inspection we asked the registered manager and deputy manager to email us all the activities they undertake with people and anything they felt they were particularly good at in terms of activities. We did not receive the information we requested.

On the first day of our inspection we asked the registered manager if anyone was on end of life care. They informed us currently no one was receiving end of life care. However, one visiting professional we spoke with on the last day of inspection, told us they had been in to visit a person that was at the end of their life.

Care records we looked at did not include end of life care plans and there was no evidence to show this had been discussed with people to ensure their needs could be met at the end of their life. The training matrix did not include end of life training for staff. We recommend the service considers current best practice guidance in relation to end of life care to ensure people's needs are met at the end of their life.

We looked at how complaints and concerns were managed within the service. The registered manager told us they had not received any complaints. None of the people we spoke with who used the service had

needed to make a complaint or raise a concern. Although none of them knew how to raise a concern or make a complaint. Five of the six relatives we spoke with told us they had raised issues/concerns, three said they were minor and two were more serious complaints. All of the relatives that had complained or raised minor issues stated they were happy that it had been dealt with and were satisfied with the outcome.

We looked at the complaints file and found none of the above minor issues or complaints had been documented. We discussed with the registered manager, who stated going forward they would ensure that these things are documented. It is important complaints and concerns are documented and dealt with appropriately. It is also an opportunity to look at lessons learned.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager told us they could access information in braille if required, they had visual cards, enlarged print and audio options available also. They also told us they sat and read to people who were unable to read. However, the care records for one person who was visually and auditory impaired did not describe the use of any of these items that staff should attempt to use to communicate effectively.

Technology was used to support people to receive care and support. The service used a call bell system, which enabled people to alert staff that they were needed. Records we looked at showed some people were unable to use their call bell; care plans were in place to address this to ensure people remained safe when they were in their rooms. Sensor mats had been placed in bedrooms, where people were assessed as having a high risk of falls.

The registered manager told us there was Wi-Fi throughout the service and they had recently spoken to all the people who use the service or their relatives about the use of Skype or portable phones to keep in touch. The service had a list of people's preferred methods of communication, best times to call/Skype. There was no laptop or computer in the service for people to use.

We asked people who used the service if they felt they were able to make everyday choices. One person told us, "Yes, you really do. For example, if I want to wash my hair I just do it." All the relatives we spoke with felt their family member made choices and staff respected them. Throughout our inspection we observed staff giving people choices, such as, where they wanted to sit.

Is the service well-led?

Our findings

Two people who used the service told us they knew who the registered manager was and all of the relatives we spoke with knew them by name. We asked people if they felt they could approach the registered manager; all agreed they could. One visiting professional told us, "The manager is approachable and knowledgeable."

There was a registered manager in post within the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

The service was not well led. Whilst the registered manager was very knowledgeable about the people who used the service and their needs, our findings showed the registered manager lacked understanding of their pivotal role in overseeing all aspects of the service and guiding staff to ensure people received good quality care.

During our inspection we asked the registered manager for information and evidence to support what they were telling us about aspects of the service. On occasions we were given the information requested and on other occasions, despite asking several times, we did not receive the information.

We asked the registered manager to show us the audits they had in place within the service. We were shown audits in relation to care plans, infection control, mattresses, pressure relieving cushions, hand hygiene, environment, pressure ulcers and catering. Audits we looked at did not show what action had been taken to address issues raised or when action had been taken.

Provider visits were also undertaken as part of the quality monitoring within the service. We saw the last provider visit was undertaken over three days [24/05/2018, 31/05/2018 and 07/06/2018]. Records showed similar issues were highlighted during this audit to the issues we found during our inspection. There was no evidence what action the registered manager had taken as a result of this audit.

Quality audits should be an integral part of managing the service to be able to form a view about the quality and safety of the service being provided. They also ensure identification of issues and consider the improvements that need to be made. The lack of robust audits in place demonstrates why we found a number of concerning issues during our inspection in areas such as care plans, medicines, risk assessments, confidentiality and recruitment.

Records we looked at showed a number of policies and procedures contained information which was out of date or no longer relevant. Signature sheets were in place for staff to sign when they had read and understood the policies and procedures. None of the signature sheets we looked at had been signed by staff. We discussed this with the registered manager who arranged for the updated policies and procedures to be sent. Policies and procedures are an integral part of managing the home; they should be reflective of the service and are a means of guiding staff members in their roles.

As previously discussed in another domain, confidential information relating to people who use the service was not stored securely. All information relating to people who use the service and staff members must be stored in line with current legislation and nationally recognised guidance.

We asked people who used the service if they were given the opportunity to give feedback on the service in a meeting. Two people we spoke with were not aware that any such meetings were held. One person told us, "Not that I know of." Relatives we spoke with spoke of a 'family forum' and things they discussed, such as food. We also asked if people were involved in making decisions about how the service was run. None of the people we spoke with felt they were involved. Relatives generally felt consulted with through the family forum and were contacted individually if necessary.

Records we looked at showed there had been three relatives meetings in the current year. The registered manager told us they encouraged relatives to bring their family member with them as historically meetings for people who used the service had not been well attended. We saw people were able to raise issues if they wished and notes recorded the action to be taken. However, some of the issues raised had not been transferred into the complaints file or any action taken documented.

The service provider and registered manager failed to ensure systems, processes and records were effective in managing the service and to ensure compliance. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had not notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were not able to see if appropriate action had been taken to ensure people were kept safe.

The service provider and registered manager failed to notify us of relevant incidents. This is a an offence under the Registration Regulations 2009 and is being dealt with separately from this report.

The service had sent out questionnaires to relatives to gain feedback. We saw 48 questionnaires had been sent out to gain feedback on the food available and the feedback was in the main positive. Questionnaires sent out in relation to the care in the service were returned with mainly positive comments although feedback on activities was mixed. We also saw surveys sent out to other healthcare professionals had been returned with positive comments.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider and registered manager had failed to carry out risk assessments and manage risks appropriately, failed to ensure medicines were managed safely and failed to ensure the risks, health and support needs of people who used the service were care planned and reviewed to ensure they were meeting people's current needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service provider and registered manager had failed to ensure the premises were properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service provider and registered manager had failed to operate a robust recruitment process.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The service provider and registered manager failed to ensure that staff members received appropriate support, training, supervision and appraisal as necessary to meet the needs of

people using the service.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The service provider and registered manager failed to ensure systems, processes and records were effective in managing the service and to ensure compliance.
Treatment of disease, disorder or injury	

The enforcement action we took:

Warning notice