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Heaton Grange Residential Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

Heaton Grange is a single storey detached residence located in the Heaton area of Bradford. The service is registered to provide care and support to a maximum of 20 people, some living with dementia in both single and double bedroom accommodation. At the time of inspection there were 17 people using the service.

We inspected Heaton Grange on 2 June 2017 and the inspection was unannounced.

Our last inspection took place on 24 August 2016 and at that time we found the service was not meeting five of the regulations we looked at. These related to safe care and treatment, need for consent, fit and proper person employed, staffing and good governance. The service was rated 'Inadequate, and was placed in special measures. This inspection was therefore carried out to see if any improvements had been made since the last inspection and whether or not the service should be taken out of 'Special measures'.

Following the last inspection we met with the registered provider and they informed us they were committed to improving the service and had put an action plan in place.

At the time of this inspection there was a registered manager in post. However, they were not in day to day management of the service and in their absence an interim manager from another service operated by the same provider was managing the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we found staff recruitment and selection procedures were not always being followed to ensure only people suitable to work in the caring profession were employed.

We found the care plans in place did not always provide accurate and up to date information and in some instances staff had completed monthly care plan evaluations without making sure the care plan was still relevant to the person's needs.

People told us they liked living at the home and staff were kind and caring. Staff we spoke with knew people well including what they liked to do and their care and support needs.

People's dietary needs were met. However, there were no effective systems in place to monitor people's weight.

People told us they felt safe. Safeguarding policies and procedures were in place and staff had received safeguarding training. Staff we spoke with were able to identify types of abuse and what to do if they had safeguarding concerns.

We saw individual risk assessments which identified specific risks to people's health and general well-being, such as falls, mobility, nutrition and skin integrity. However, we found they did not always provide accurate and up to date information. This might lead to people receiving inappropriate care, treatment and support.

We also found that although medication policies and procedures were in place staff did not always following the correct procedures which meant we could not be confident people received their medicines as prescribed.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA).

We saw the complaints policy had been made available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received. However, we were not confident all complaints were being recorded as required.

We found although the interim manager had started to implement an internal quality assurance monitoring system it was not yet fully embedded and the present system had failed to identify the shortfalls in the service we found during the inspection process.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, person centred care, fit and proper persons employed and good governance. Three of these were continued breaches from the last inspection.

We found the overall rating for the service remained 'Inadequate' and therefore the service remains in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe

Medicines management was not safe and effective, which meant we could not be confident people received their medicines as prescribed.

Staff recruitment and selection procedures were not always being followed to ensure only people suitable to work in the caring profession were employed.

Risks to people's health, safety and welfare were not always properly assessed and mitigated. Some risk assessments did not provide accurate information or had not been updated.

Is the service effective?

Requires Improvement

The service was not consistently effective

Staff were supported to meet people's needs by means of a planned programme of staff training, supervision and appraisals.

The location was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals if appropriate.

People's dietary needs were met. However, there were no effective systems in place to monitor people's weight.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff demonstrated a caring attitude to people living at the service and knew them well.

People and their relatives were involved in developing plans of

care.

People's dignity and privacy was respected. However, we found little evidence to show people were involved in planning their care or had the opportunity to air their views and opinions of the care and facilities provided.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care records did not always reflect people's preferences and assessed needs.

A limited range of social and leisure activities were provided on both an individual and group basis.

Although there was a complaints procedure in place we were not confident all complaints had been recorded as required.

Is the service well-led?

Inadequate

The service was not well-led.

Although there was a registered manager in post they were not in day to day management of the service at the time of inspection.

Areas for improvement previously raised by the Commission had not been addressed by the registered provider and there was no evidence to show they effectively monitored the quality of the service or had held the registered manager to account.

The interim manager had started to put quality assurance monitoring systems in place. However, they were not yet sufficiently robust to ensure people received safe, effective and responsive care and treatment.

Heaton Grange Residential 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.

The inspection took place on 2 June 2017 and was unannounced. The inspection team consisted of two inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with six people living in the home and three relatives. We also spoke with the interim manager, four care staff members and the cook.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered provider had sent us.

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

Inadequate

Is the service safe?

Our findings

At the last inspection in August 2016 we found medicines were not managed in a safe or proper way. At this inspection we found significant improvements still had not been made.

Medicines were administered by senior care workers who had received training in medicines management. However, staff did not receive checks on their competency to ensure they retained the skills to administer medicines safely. We also identified this as an issue at the previous inspection and were concerned no action had been taken to address this matter.

Although some medication administration records [MAR] were well completed, others showed gaps, where it could not be established if people had received their medicines as prescribed. When people had not received their medicines, appropriate explanation as to the reasons why had not been recorded. One person's MAR showed they had been consistently receiving a prescribed laxative up until the 23 May 2017. Staff told us they had run out of this laxative on 23 May 2017 so the person had not been given this medicine as prescribed since that date. Another person's MAR showed they were prescribed 1 or 2 tablets of paracetamol, but the number of tablets given was not always recorded. This meant a compete record of the medicine support provided was not recorded.

We saw one person had recently been discharged from hospital and prescribed a pain relief patch to administer once a week, when required. Staff told us the person had not been wearing their patch. When we spoke with the person they said they were in a lot of pain. Although staff told us this person was not keen on wearing the patch, there was no record of this within the person's care records. The person's medicine profile was not up-to-date and contained no details of the pain relief patch and there was no protocol or risk assessment describing when to offer this medicine and how to manage the person's pain. Where other people were prescribed "as required" [PRN] medicines there were a lack of protocols in place describing when to offer these, to ensure safe and proper use. The same person was also prescribed a nutritional supplement to take once a day for three to four weeks. However, this had run out of stock on 23rd May 2017 and therefore the person had not been given their medicine as prescribed since that date.

Some people were prescribed medicines to be given before food. Although the senior care worker told us night staff usually administered these medicines before breakfast, on the day of the inspection, this had not happened therefore the senior staff member administered these tablets after people's breakfast. This meant they may not have been as effective as they were not given in line with prescribers instructions.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drugs were stored on the premises however they were not stored in line with the required legislation and were kept within a locked cash box within the medicines trolley. Controlled drugs must be stored within a specific type of locked cupboard bolted to the wall. The registered manager had recognised this shortfall and had purchased a conforming cupboard, which was awaiting fitting.

Some people were prescribed topical medicines such as creams. We found administration of these medicines was not consistently recorded, as also identified at the previous inspection. There was no guidance to staff on where to apply topical creams. The manager agreed with our findings and told us they would put in place new topical medicine administration records (MAR) and body maps to address this problem.

These findings evidenced that the provider continued to breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We saw the provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to detect different types of abuse and the reporting procedures. The service also had a whistle blowing policy for staff to report matters of concern.

The staff we spoke with were aware of how to detect signs of abuse and of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously. People who used the service told us they felt safe and that staff treated them well. One person told us "I feel safe they are not nasty to me here." Another person said, "Everything is fine I am well cared for and the staff are very friendly." The Commission {CQC] are aware of one safeguarding incident which remains under investigation. The CQC will continue to support and share intelligence with the other agencies involved in leading this investigation.

We looked at the systems in place for the safe keeping of people's money and found the service only held money in safe keeping for two people. We cross referenced the money held with their financial transaction sheet and found no discrepancies.

Risk assessments were in place where areas of potential risk to people's general health, safety and welfare had been identified. However, we found the risk assessments in place had not always been updated in line with people's needs. For example, one person's care records showed risk assessments in areas including nutrition, falls and pressure areas had been updated monthly until March 2017 but not since. This risked that staff may not have accurate information about the person's current needs.

We saw the person had experienced two recent falls, one of these resulting in a fracture and a hospital admission. However, following their discharge, their falls risk assessment had not been updated to re-assess the risk to the person and there was no updated care plan in place to help reduce the risk to the person. This meant we were unable to see what actions staff were taking to reduce the risk of future falls for this person. A third person had no manual handling risk assessment in place stating how they would be safely handled despite requiring the assistance of two staff. This risked that staff would not provide them with safe and appropriate support.

We found some risks associated with the premises which were not appropriately managed. Some wardrobes were not attached to the wall to prevent the risk of injury and a number of radiators were not guarded to reduce the risk of scalding. The door to the room containing the fuse board and boiler was not locked. This posed a possible risk hazard for people living with dementia.

Checks were undertaken on some safety systems such as the fire and electric systems. The annual gas safety check had just expired and was therefore the system was a few days overdue it's safety check.

At the last inspection we found water temperatures were not recorded in a satisfactory way to monitor whether hot water remained a safe temperature for vulnerable people to use. At this inspection we found this was still the case. The manager was unable to find any documentation relating to water temperatures but said they would implement new robust checks immediately. The manager was unable to produce a legionella or fire risk assessment to demonstrate that risks in these areas had been appropriately assessed. The manager was unable to produce documentation to show that lifting equipment such as hoists had been serviced six monthly in line with legal requirements.

These findings evidenced that the provider continued to breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the service had no record of any accidents or incidents taking place. On this inspection we found although the interim manager had started to record all accidents and incidents there was no audit system in place and no evidence lessons had been learnt as a result of accidents and/or incident occurring.

We discussed the above concerns with the manager who told us the lack of up to date and appropriate documentation should have been identified through the internal audit system. They acknowledged this had not happened and confirmed the matter would be addressed.

These findings evidenced that the provider continued to breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEP's provide staff with information on how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

At the last inspection we found there was no staff rota available and therefore we were unable to establish who was actually employed by the service and if there were always sufficient staff on duty to meet people's needs.

On this inspection we found a staff rota was in place showing the staff on duty and the hours worked. The interim manager told us although the service only had a small care staff team, sufficient care staff were employed for operational purposes. They told us staffing levels were based on people's needs and staff had a flexible approach to work practices and ensured annual leave and sickness was always covered without the use of agency staff. At the last inspection we had found the service did not employ a cleaner or laundry assistant and therefore these tasks were undertaken by the care staff in addition to their primary duty of providing people with care and support. On this inspection we found the situation remained the same although the interim manager told us they were recruiting for a cleaner and until one was appointed a cleaner from another service operated by the provider would deep clean some areas of the home.

We looked at the staff rota and saw during the day there were three care staff on duty including a senior care assistant until 17:00. However, on the evening shift staffing levels were reduced to two care staff including a senior care assistant. Night duty was covered by two care staff one of whom was a senior care assistant.

We found the service had recently employed two new care assistants and although they both had previous experience of working in the caring profession at the time of inspection had only worked at the home a few days. We saw both staff had completed induction training but we were concerned they did not have an in depth knowledge of people's needs to provide effective care and support. For example, we saw one staff

member had only worked one day at the home before working the evening shift with only one other staff member on duty.

This was discussed with the interim manager who told us the service had experienced some staffing problems resulting in some staff leaving and new staff being employed. They acknowledged the concerns raised and told us they would speak with the registered provider about the matter. Following the inspection we found the staffing levels on the evening shift had been increased to three care staff on duty. However, the registered provider should have identified this matter through the quality assurance monitoring systems in place without it being brought to their attention through the inspection process.

These findings evidenced that the provider continued to breach Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection we found the registered manager had not always ensured safe staff recruitment and selection procedures had been followed to ensure only people suitable to work in the caring profession were employed. At this inspection we looked at the personnel files for two recently employed care assistants and again found shortfalls in the recruitment process. For example, we found no application form or interview notes on file for one person and we were unable to establish who had provided one of the references. For the second person we found the employment history section of their application form showed they had only worked at one other care home. However, when we discussed their previous employment with the staff member it was apparent they had worked at other care homes in the Bradford area. We found no evidence in the interview notes to show gaps in their employment history had been discussed at interview. In addition, we found no proof of identity on file and their application form was actually dated two days after the start date recorded on their terms and conditions of employment.

This was discussed with the interim manager who told us some of the missing information was at another home operated by the registered provider but acknowledged the recruitment process need to be more robust.

These findings evidenced that the provider continued to breach Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

The interim manager told us on taking up the post they had identified gaps in training records of individual staff members and had therefore carried out a training audit to establish the training needs of the staff team. They told us as a result of this audit they had decided that all staff would update their mandatory training and we saw evidence this training had either been completed or was planned.

The interim manager told us the service still used their own induction programme for new staff members. However, they confirmed that in the future all new staff with no previous experience in the caring profession would be required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The interim manager also told us they had planned or were in the process of arranging training specific to the needs of people who used the service and we saw palliative care and continence training was planned for July 2017. However, we found that there were still shortfalls in this area. For example, the records we looked at showed one person living in the service had epilepsy and whilst the staff we spoke with were clear of the action they would take to support the person whilst having a seizure they had not received any formal training in the subject. This was discussed with the interim manager who told us they would address this matter.

At the last inspection we found staff did not receive regular one to one supervision with the registered manager or have an annual appraisal of their work. On this inspection there was evidence the interim manager had started to address this matter and saw they had put a supervision matrix in place to ensure all staff had the opportunity to benefit from regular supervision.

Staff spoke positively about the training provided. They said it was face to face training undertaken by an external training provider and assisted in giving them the skills needed to undertake the role. Staff said they felt well supported. One staff member said the service was supporting them to achieve a level 3 qualification in health and social care.

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

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

We saw evidence in people's care files that they had signed to consent to their care and treatment. The

interim manager and staff we spoke with understood the principals of the Mental Capacity Act and the need to involve people in decision making as much as possible. Staff told us they always asked people's consent before assisting them with any personal care tasks and that care and support was provided in line with their agreed care plan.

We observed both the breakfast and lunchtime meals and saw people were given time to eat their meals. The people we spoke with told us the meals were good and they were always offered a choice if they did not like what was on the menu. We saw people had access to cereals, toast and porridge for breakfast, although there was no cooked option available. We saw if people required assistance or prompting to eat their meals staff sat with them and encouraged them to take an adequate diet.

We saw at lunchtime and in the evening there was usually a choice of two options at each mealtime with lighter options generally served in the evening. The cook who had only been employed at the home a short period of time told us they were in the process of developing a four week menu based on people's likes and preferences. They told us most food was cooked from fresh although some frozen food such as the fish served at lunchtime on the day of inspection was provided and fresh cakes were made and served daily. The cook had a good understanding of people's individual needs and preferences and the importance of ensuring people received a nutritious and balanced diet.

We saw people's weights were recorded, however this had been done inconsistently in recent months with some people not being weighed regularly. This meant at the time of the inspection it was difficult to track people's weights over time to monitor any weight loss. However, the interim manager had recently re-weighed everyone and was in the process of putting in a system to ensure greater oversight of people's weights. As this system had only been in place for a short time it was too early to test its long term effectiveness in monitoring people's weights.

We also found staff did not monitor people's body mass index to determine whether they were underweight for their height. This increased the chances that underweight individuals would not be recognised. The interim manager said they were planning to introduce the Malnutrition Universal Screening Tool (MUST) in order to monitor this more effectively.

The interim manager told us that staff had a good working relationship with other healthcare professionals and the care records we looked evidenced that people had access to the full range of health professionals including GP's, district nurses, speech and language therapists and chiropodists. However, contact with these professionals was recorded in different areas of care plans we looked at making finding and reviewing information difficult.

At the last inspection we found the not all doors to people's rooms had identification such as room numbers or people's names and there was no dementia friendly signage or adaptations available. We recommended the registered provider looked into making the environment more dementia friendly. On this inspection we found no evidence to show the registered provider had acted on our recommendations.

Requires Improvement

Is the service caring?

Our findings

The people we spoke with told us they were happy living at the home and were complementary about the staff team. One person said, "The staff are very good and make sure I have everything I need." Another person said, "All the staff are friendly and it's nice to see some new faces."

The relative of one person who used the service told us in their opinion things had improved significantly at the home since the arrival of the interim manager. They said, "I feel much happier about the way the home is now being managed. The new manager is approachable, [Name of person] appears much happier and the general atmosphere is much better."

This was confirmed by our observations of care and support. We saw staff greeted people warmly when they saw them throughout the day. Staff talked to people and provided companionship whilst carrying out care and support tasks. Staff chatted and smiled with people and shared jokes. This made for a friendly and inclusive atmosphere.

We saw care plans contained information on peoples past lives, interests, likes and dislikes. This helped staff to provide personalised care in line with people's individual needs. We saw wherever possible people had consented and agreed with the content of their original care plans however there was little evidence to show they had been involved in reviewing their care plan on a regular basis. In addition, we were told by the interim manager that no resident/relatives meetings were currently held to give people the opportunity to air their views and opinions of the service and facilities provided. This was discussed with the interim manager who told us they were in the process of implementing new care planning and quality assurance monitoring systems which would address these matters.

We saw people had choice and control over their daily lives .For example, people could get up and go to bed when they wanted and have meals saved for later if required.

Staff recognised the importance of giving people choices and respecting their views and opinions and had a good understanding of the need to promote independence. For example, staff told us that they always encouraged people to try and do as much as they could for themselves within a risk management framework.

People told us their privacy and dignity was respected. Staff always knocked on people's doors before entering and gave examples of how people were supported to have the privacy they needed. For example, ensuring curtains were closed when personal care was being provided.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the interim manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

However, we found information on people's cultural, spiritual and sexual needs was not adequately recorded. For example, one person's sexuality care plan simply stated they were 'heterosexual' with no further information recorded and their religious beliefs plan was blank. This was discussed with the interim manager who told us they would address this matter.

We saw care plans contained End of Life documentation however we saw this had not been completed. This was discussed with the interim manager who told us they would ensure all care plans were updated by the end of the May2017.

We saw the provider had policies and procedures in relation to protecting people's confidential information and all care records in the office were stored securely to maintain people's confidentiality.

The interim manager told us at the time of inspection no one who used the service required an advocate to assist them. However, they confirmed if necessary people would be supported to access advocacy services if they had no family and friends to act on their behalf. Advocates are trained professionals who support, enable and empower people to speak up. This demonstrated that where people did not have the capacity to express their choices and wishes or found it difficult to do so, the service would ensure they had access to independent professional support.

Requires Improvement

Is the service responsive?

Our findings

People told us staff were responsive to their needs. The relative of one person who used the service told us, "The staff are very good they keep me informed of any significant changes in [Name of person's] health and welfare and are never too busy to stop and have a chat when I visit." Another relatives said, "I cannot fault the staff but I am glad to see a change in management and there is room for improvement in some areas."

We found most staff knew people well and reacted promptly when people made requests of them. For example, when someone asked for a drink a staff member reacted quickly and also asked the person how they liked their drink. However, some staff had only recently been appointed and therefore were still getting to know people.

The interim manager told us they were in the process of updating care records into a new format. At the time of the inspection, we saw some people did not have an up-to-date assessment of their needs. This was because the old care plans had not always been kept up-to-date or populated with new information, and the new care plans had not yet been completed. The interim manager told us they would ensure all care plans were updated by the end of June 2017.

We found examples where care plans did not reflect people's needs. For example, one person's care plan update in August 2016 showed their mobility had significantly deteriorated. However, there was little updated information provided as to their current care needs as their care plan had not been updated since with any further information on their mobility.

Another person's Waterlow pressure area risk assessment showed they had gone from a score of 14 in March 2016 to a score of 26 (very high risk) in March 2017. However their pressure area care plan had not been re-written since March 2016 despite this significant change in risk level. Whilst we saw they had a pressure relieving cushion, the need for this was not recorded within their care plan. During the inspection we saw they were not sat on their cushion. We asked staff about this, who told us the person should have been sat on the cushion and made arrangements to ensure this was actioned. However this showed a lack of up-to-date assessment of this person's needs and showed appropriate care was not being provided.

For a third person living with dementia we found some of the care plans in place had been initially written in 2015. Although they had been updated on a monthly basis the reports were very brief and in many instances just stated 'No change.' It was therefore difficult to access if the care plans in place were still relevant to their current needs.

These findings evidenced a breach of Regulation 9 (Person centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Although no dedicated activities coordinator was employed, staff undertook activities with people on an ad-hoc basis. The interim manager told us they were increasing the range of activities available to people, developing a schedule and trialling new external entertainers. We saw visitors such as a musical entertainer

had recently visited the home to entertain people. On the day of the inspection we saw staff played games with people and two people were enjoying building a jigsaw. However, there were also times when people were not provided with meaningful stimulation or interaction.

There was a complaints procedure in place and people we spoke with and their relatives told us they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One relative told us they had complained about some aspects of the service to the previous registered manager but although they had listened to what they had to say nothing had changed. However, they told us they had confidence in the new interim manager who they described as approachable and caring.

We asked to look at the complaints received since the last inspection and were informed by the interim manager that they could find no record of any complaints being received. However, given the comments made by one relative it was unclear if complaints had not been recorded by registered manager as required or the records had been misplaced.

This was discussed with the interim manager who told us they had a proactive approach to managing complaints and senior staff were always available to talk to people and deal with any concerns as soon as they arose. They told us in future all complaints would be thoroughly investigated in line with the complaint procedure and the findings would be used as a learning tool to improve the service for everyone.

Inadequate

Is the service well-led?

Our findings

At the last inspection we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to the governance of the service. We had found the internal audit and quality assurance systems were not robust and had failed to identify the shortfalls in the service we found during the inspection process.

On this inspection we found the registered manager was no longer in day to day management of the service and an interim manager had been appointed. We found although the interim manager had, over a relatively short period of time, started to implement a new quality assurance monitoring system there had been no significant improvement in the overall governance of the service. We again identified concerns relating to the medication system, individual people's risk assessments, care plans, weight records, staffing arrangements and staff recruitment and selection.

We found the registered provider had not taken the required action to address the shortfalls in the service identified at the last inspection even though we had met with them following the inspection and been very specific about the areas which required immediate improvement. We found three continued breaches of regulation these related to safe care and treatment, fit and proper persons employed and good governance. We therefore could not be confident people received safe, effective and responsive care and treatment.

We saw the interim manager had started to implement a range of audit processes to try and improve the service. For example, a medicines audit done on 12 April 2017 had identified a number of concerns such as the lack of medicine competency checks, unsuitable controlled drugs storage and lack of PRN protocols. Whilst it was encouraging that these were identified in April 2017, they had yet to be fully actioned, which meant the medicines management system was still unsafe. We were also concerned that these issues were not addressed immediately after our previous inspection in August 2016.

We saw the interim manager had carried out a training audit which had identified gaps in the training records of individual staff members and had put a training plan in place. However, specific training to meet the needs of some people who used the service was still required.

The interim manager had also started putting in place a system of audits in other areas such as care plans, accidents and incidents and health and safety. However, some of these were not yet in place at the time of the inspection. Care plan audits were due to start once care plans had all been updated and the falls audits were due to begin in June 2017. This meant there had been a lack of robust systems of quality assurance in place, which should have been actioned immediately after the previous inspection.

Whilst we saw evidence provider visits had begun in April 2017, these were very basic and contained a lack of information on the areas checked, the outcomes and actions needed to drive improvement. No provider audits were recorded before this time. We were concerned that the service had showed very little improvement following our last inspection with many of the issues we pointed out in the last report not addressed. These should have been rectified by the provider through robust monitoring of the service,

checking improvement actions were addressed.

These findings evidenced that the provider continued to breach Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw the interim manager had held a staff meeting in May 2017 however no meeting minutes were available. It is important to record meeting minutes to provide an account of what was discussed and record improvement actions and responsibilities. The staff we spoke with praised the interim manager and said they were supportive and approachable. One staff member said, "Things are better now." Another staff member said, "If we suggest improvements they get done". Staff said they would recommend the home to their relatives and that they believed good quality care was provided.

People who used the service and/or their relatives also told us they had confidence in the interim manager and new senior management team. They told us they were approachable and valued their views and opinions of the care and facilities provided. One person said "The new manager is very good and will go out of their way to speak with you if you have a problem." Another person said, "The new manager is changing things for the better and I can see improvements every time I visit."

We looked at how the registered provider gathered the views and opinions of people who used the service and their relatives and how they used the information to improve the quality of the service. We saw no resident/relative meetings were held although the interim manager confirmed they were considering arranging these in the future.

However, the interim manager told us as part of the quality assurance monitoring process the service did send out annual survey questionnaires to people who used the service and their relatives to seek their views and opinions of the care and support they received. They told us the most recent questionnaires had only recently been sent out and they were still waiting for some people to respond. They confirmed that once received the information provided would be collated and an action plan formulated to address any concerns or suggestions made.

We saw the registered provider had the current CQC rating for the service on display at the entrance to the home and the interim manager was aware the rating must also be displayed on any website the provider may develop in the future.