

Minster Care Management Limited

Hamshaw Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Hamshaw Court is registered with the Care Quality Commission (CQC) to provide care and accommodation for a maximum of 45 older people some of whom may be living with dementia. It is close to local amenities and is located on a bus route into Hull city centre. Accommodation is provided in individual flat-lets, each of which has a bedroom/sitting area, a small kitchenette and an en-suite shower room. There are communal rooms for people to use and an enclosed garden.

This inspection took place on 28, 29 September 2016 and was unannounced. The service was last inspected in December 2015 and was found to be non-complaint with regulation 10, 12 and 17 of the Health and Social Care act 2008 (Regulated activities) Regulations 2014. We undertook this inspection to check whether the registered provider had complied with what we had asked them to do following the last inspection.

At the time of the inspection 29 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we identified concerns about the handling of medicines. This could put people at risk of not receiving medicines as prescribed by their GP. The service had recently undergone an extensive refurbishment and this improved the overall appearance of people's rooms. However, some of the refurbishments had not been finished off properly before people had moved into the rooms and there were lots of jobs that still needed doing. This was discussed with the operations manager and the registered manager and actions were put in place to rectify this. Many of the issues had been resolved before the end of the inspection. We found staff did not always follow good practice with regard to infection control; we have made a recommendation about this.

People's care plans did not contain enough detail to ensure they received care and attention which met their needs. Care plans lacked clear instructions for staff to follow with regard to supporting people who may find certain situations threatening or frustrating. Documentation regarding people's care needs had not been updated, for example catheter care, repositioning charts and the use of pressure relieving equipment. People's weights had not been recorded consistently so assessments could not be made as to any changes in their nutritional and dietary needs. No other recognised good practice methods were used to ascertain people's weights.

Although audits had been undertaken no time scheduled action plans were in place to address any issues found. Despite audits finding shortfalls in the care planning no follow up action had been taken to make sure any issues found had been rectified, similarly none of the audits undertaken had identified the short falls we found during the inspection.

Staff were able to tell us about the registered provider's procedures in place to keep people safe from harm and how to report any safeguarding issues they may become aware of. They had received training in this area. Staff had been recruited safely and were provided in enough numbers to meet people's needs.

People received a wholesome and nutritious diet which was of their choosing. People were offered drinks and snacks throughout the day and snacks were freely available in the main entrance. Staff had received training in how to meet people's needs and this was updated regularly, they also received support to gain further qualifications and experience. Systems were in place which ensured current legislation was followed which protected people when they needed support to make informed choices and decisions. People who used the service were supported to access health care professionals when needed.

People were cared for by staff who were kind and caring. They had a good rapport with each other and staff understood the importance of respecting people's dignity and privacy. Staff were patient when assisting people and explained what they were doing and how people should assist where possible. Staff also understood the importance of maintaining people's independence and supported people to maintain skills.

An activities co-ordinator was employed to ensure people had access to activities both inside and outside of the service. A complaints procedure was available for people to access if they had any concerns about the service. This was displayed around the service and all complaints were recorded and investigated to the complainants' satisfaction, wherever possible.

People had been consulted about the running of the service and meeting had been held with the people who used the service and their relatives about the refurbishment project. Meetings had also been held with the staff. Equipment used was serviced regularly and safety equipment was maintained.

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 

Not all areas of the service were safe.

People who used the service were at risk of not receiving their medicines as prescribed by their GP.

People were moved into rooms that were not ready to inhabit following a refurbishment project.

Staff did not always follow good practice guidelines with regard to infection control.

Staff understood the provider's policy for raising any safeguarding concerns they may have or witness and they had received training in this area.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who had received training in how to effectively meet their needs.

Staff were supported to gain further qualifications and experience.

The registered provider had systems in place, which protected people who needed support with making decisions.

People were provided with a wholesome and nutritional diet; however staff did not always monitor people's weight. People's dietary wellbeing was monitored and health care professionals had been involved when required.

Is the service caring?

Good 

The service was caring.

People were cared for by staff who understood their needs.

Staff respected people's dignity and privacy. They also maintained people's independence.

Is the service responsive?

Not all areas of the service were responsive

People's care plans did not provide enough detail so the staff could meet their needs effectively.

People had a choice of activities they could participate in and activities considered the needs of those people who were living with dementia.

The registered provider had a complaints procedure in place which people could access. This was displayed around the service.

Requires Improvement ●

Is the service well-led?

Not all areas of the service were well-led

Despite audits being undertaken no action had been taken to ensure issues identified had been rectified. Audits had not identified the areas we found which required improvement during the inspection with regard to the environment, people's medicines or care plans.

People had been consulted about the way the service was run.

Staff meetings had been held and equipment used was serviced at regular intervals. Safety equipment had been serviced and regularly tested.

Requires Improvement ●

Hamshaw Court

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 registered 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 28 and 29 September 2016 and it was unannounced. The inspection was completed by three adult social care inspectors. We involved a specialist professional adviser (SPA) in the inspection team to look at the infection control and prevention processes as we had asked the registered provider to take action in this area following the last inspection.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider. The local authority safeguarding team had some investigations on going and outcomes for these are still to be finalised.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with eight people who used the service and five of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with ten members of staff including, care assistants, the house keeper, domestic staff, the deputy manager, the operations manager and the registered manager.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medication administration records (MARs). We looked at how the service used the Mental Capacity

Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them and disposed of appropriately. Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge and the medicine room were checked daily and recorded to monitor that medicine was stored at the correct temperature.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. We found that controlled drugs were securely stored and records showed these were checked and recorded when given.

We checked samples of medicines against the stocks held and found these balanced. Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Staff told us that the service had recently started using a different pharmacy and medications were now supplied in a monitored dosage system. This contained a 28 day supply of that person's medicine, colour coded for the time of administration. Records of ordering and disposal of medicines were kept in an appropriate manner. Staff told us they checked these against the medicines received from the pharmacist. We saw the pharmacy provided printed Medication Administration Records (MARs) for staff to record medicine given to people who used the service.

We found improvements were needed in the way the people's medicines were managed and recorded. We saw evidence on the MARs we checked that there were discrepancies in recording. For example, we saw one person's MARs for their morning medicines had not been completed. Staff found the medicines during the inspection in an envelope to be returned to the pharmacy as the person had refused them. This had not been recorded on the person MARs. We also saw examples of missed signatures on some of the MARs we checked.

We saw several examples of medicines that were kept in bottles that had been opened; none of them had been labelled to show when they had been opened or the expiry date. We checked one bottle which had an opening date on it of 13 September 2016; the instructions showed this was to be discarded 14 days after opening; this was still available in the medicine trolley. Staff disposed of this during the inspection. Topical medicine charts were in use for the application of external use creams, gels and lotions. We found that these were not always completed appropriately and we noted significant gaps in the recording on two people's topical medicine charts and no indication as to why this had not been applied. For example, one person's chart instructed staff to apply a gel twice daily. We saw two entries that had been missed in a morning and nine missed entries on the evenings. Another person's chart instructed staff to apply cream twice each day to their lower leg and we noted three missed entries in a morning and 14 missed on an evening. This could have the effect that the person might be in pain, made uncomfortable or the condition may be exacerbated due the omission of the creams, therefore requiring further treatment.

We found that information was available in the medicine folder which informed staff about each person's protocols for their 'as required' medicine. However, we saw that this guidance did not contain enough information to ensure that 'as required' medicines were administered consistently. For example, we saw two people's protocols for pain relief stated, '[Name] will express if they are in pain.' The guidance did not document how the person would express if they were in pain. This meant that 'as required' medications may be given inconsistently. We discussed these issues with the registered and operations manager who agreed to address them. People not receiving their medicines as prescribed by their GP is a breach of Regulation 12 (2) (g) of the Health and Social Care act 2008 (Regulated activities) Regulations 2014.

Following the last inspection we told the registered provider to take action with regard to the cleanliness of the building and people's rooms. We also asked them to take action with regard to the infection control process, which had the potential to put people at risk of cross contamination.

During this inspection we found the registered provider had commenced a refurbishment programme of the premises. They had started with people's rooms. The small kitchenettes in each room had either been taken out or left in place dependent on the person's preference. The shower rooms in each room had also been refurbished. Over all the rooms which had been completed were much improved, they had been painted and carpets had been taken out and replaced with non-slip wood effect vinyl flooring. Someone had chosen to keep the carpet in their room and this had been replaced with new one of their choosing. People told us they had chosen the paint for their rooms and were happy with the finished product. However, while we were walking around the building we found some of the occupied rooms had not been finished off properly, for example, paint and dirt on sockets and builders dust on floors and window sills. We also saw some electrical sockets had been damaged and not replaced and we also saw some of the extractor fans in the en-suite shower rooms were blocked.

This was brought to the attention of the operations manager and following negotiation with the builder during the inspection a plan was put in place to make good all the finished room before any more work commenced. The operations manager assured us no one would be moved into a room if it was not finished off to the right standards. This included a temporary move while rooms were being refurbished.

During the refurbishment people had been moved into other rooms whilst theirs was being redecorated. The registered manager told us this had caused some disruption for the people who used the service, especially those who were living with dementia. Again the builder had been working closely with the registered manager and those people who would potentially find the move more difficult than others were to have their rooms completed last and they were to be moved to rooms close by.

During the inspection we saw staff were generally good at following infection control procedures. However, we did see some staff were not following good practice guidance in the use of personal protective equipment, for example the use of gloves, washing of hands and using the correct bags for soiled linen. The management team dealt with these issues during the inspection and took appropriate action with the members of staff concerned. It is recommended that the registered provider ensures all the staff have a good working knowledge of infection control procedures and their training is updated so people who use the service are not put at risk of cross infection.

Staff we spoke with could describe the registered provider's policy and procedure for the reporting of any abuse they may witness or become aware of. They also told us they had received training in how to recognise different types of abuse. We saw training records which evidenced this. Staff were aware of their duty to report any instances of abuse or poor practise to the registered manager; they also knew they could make direct referrals to other agencies, for example the CQC or the local authority safeguarding team and

we saw the phone numbers were available for staff. They also knew about the registered provider's whistle blowing policy and how this should protect them if they raised any concerns.

Emergency numbers were available to staff so they contact senior managers during the night or at weekends.

The registered provider had policies in place which reminded the staff about their responsibility to respect people's ethnic and cultural backgrounds. Staff we spoke with were aware of these, they told us they did not judge people and supported people to pursue a lifestyle of their own choosing. They told us they protected people from discrimination whilst both in the service and out in the community. Staff had received training about human rights and how these should be upheld and protected, whenever possible.

People's care plans contained risk assessment which highlighted areas of daily living where they may need more support or aspects of care which needed closer monitoring. This included mobility, falls, pressure area care and behaviour which may put themselves and others at risk. We found that although risks assessment had been undertaken they had not been updated when people's needs had changed. This could mean that people were at risk of receiving care and support, which was not correct or met their needs.

The registered manager had undertaken environmental risk assessments to ensure people lived in a safe and well maintained environment. However, the risk assessment had not identified that rooms should have been completed before people moved in to them. They also undertook fire risk assessments and access to the building. People's care plans contained information about how to safely evacuate the person if there should be a need, for example in the event of fire. Emergency procedures were in place for staff to follow if there should be a flood or the electric or gas supply was cut off.

As part of the auditing of the service the registered manager looked at the incidents and accidents which happened in the service. They analysed this information to establish patterns or re-occurrences. If they did identify anything this was shared with the staff and practices were changed or people's care plans reviewed and up dated if appropriate.

As part of the inspection process we contacted the local authority safeguarding team and they told us they had received some concerns and these were currently ongoing investigations. They will share the outcome of the investigations with the CQC once completed and we will report upon this during our next inspection of the service.

The registered manager ensured the correct amount of staff were on duty at all times to meet the needs of the people who used the service. We saw rotas which confirmed the amount of staff which should be on duty at all times. Staff told us they felt there were enough staff on duty to meet people's needs. They told us, "We work well as team" and "I never really feel rushed and we get to spend time with the residents if we want."

We looked at the recruitment files of the most recently recruited staff. These contained evidence of application forms which asked for details about gaps in employment and previous experience, references from previous employers, a Disclosure and Barring Service (DBS) check and a record of the interview. The files also contained copies of contracts and job descriptions. This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable people and the prospective employee had the right skills and experience required for the job.

The registered manager told us since coming back to the service they'd had a lot of work to do with the staff

group and there had been a larger than normal turnover of staff this included senior staff as well as care staff. They told us they thought this had settled now and the staff group were working well as a team.

Is the service effective?

Our findings

Everyone we spoke with said they received sufficient drinks and meals that were appropriate to their needs. We asked people using the service about the food provided at the service; comments included, "Its nice food", "The food is good, I can't complain about that", "The food is quite good" and "The food is all right I enjoy it, we have chops and stews and mash potatoes. They have been and asked me what I would like today and you generally get two choices." "I think it's quite nice here and not very restrictive. You can't go out on your own and have to wait for someone to take you, that's the only bugbear."

The registered manager had systems in place which recorded what training the staff had undertaken and when this needed updating. The registered provider had identified some training as essential for staff to undertake annually; this included amongst other topics, health and safety, moving and handling, safeguarding adults and fire safety. Staff had also been supported to undertake further qualifications and specialist training about the people they cared for. Records we looked at showed staff had achieved nationally recognised qualifications and had undertaken training in communicating effectively, equality and inclusion, duty of care, person centred support, the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff also received regular supervision and annual appraisals which set targets and goals for their development and training. Staff told us they were offered lots of training and felt it equipped them to meet the needs of the people who used the service.

Staff had handover time between each shift where they passed on essential information to the next shift, this included the outcome of any GP visits or if the staff needed to monitor certain people more closely due to illness. Some concerns had been raised recently with regard to lack of effective communication with relatives. These had been investigated and the registered manager had put amended practices in place which stressed the importance of communicating effectively with people's next of kin.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager showed us three applications had been submitted to the authorising body and they were awaiting the outcome of these. They explained they were in the process of assessing more of the people who used the service as to

their capacity so more applications may be made soon. We saw best interest meetings had been held and those who had been designated as decision maker for the person had been consulted along with other health care professionals.

They understood they had to notify the CQC as to the outcome of any applications made.

We observed hot and cold drinks being offered mid-morning with biscuits. We noted the member of staff providing the drinks did not offer a choice of drinks or biscuits to people. When we asked them if people were given a choice they told us, "I know [Name] likes plain biscuits and [Name] does too, so I normally know what their choices would be." We asked one person using the service if what they had been given was what they would have chosen and they told us, "I've got fig rolls and they know they're my favourite." We saw one person was given a hot drink at 10.20am; the person was woken by the staff to make them aware the drink was there, however they soon fell back to sleep. We noted a member of staff came back at 10.50am to wake the person again and they drank the drink that had been there approximately 30 minutes. This was brought to the attention of the registered manager who assured us this would be addressed with the member of staff and it would be reinforced that people were to be supported to eat and drink to avoid dehydration.

Observation of the lunch time meal showed food was presented well. We observed 18 people had their lunch in the main dining area whilst others chose to eat in their rooms. Four staff were providing support in the main dining area. Everyone was provided with a hot or cold drink or both and condiments/cutlery and glasses were laid out on the tables with a small vase of artificial flowers on each one. People sat together and chatted so there was a relaxed atmosphere.

Staff moved around offering support to people and clothes protectors as needed. We observed one person appeared to be very tired at the table and a member of staff went and sat with them and encouraged them to eat a small amount of their food. We saw another person tell staff they didn't want the soup; they were asked if they wanted some cheese on toast which they did and this was provided. Another person ate all of their food; they were asked if they would like more to eat and this was given as requested.

Care plans we saw evidenced referrals had been made to health care professionals when needed, for example, dieticians and occupational therapists. There was also evidence people attended hospital or out patients appointments when needed and were supported by staff. The outcome of these visits had been recorded; also any changes to medicines or how the staff were to support the person was documented.

We spoke with a health care professional as part of the inspection process. They told us they felt the care provided at the service was good and the staff ensured people were referred in a timely manner. They also told us staff worked closely with them, kept them informed of any changes and carried out their instructions well. We found the service used the Malnutrition Universal Screening Tool (MUST) to identify those at risk of malnutrition. However, we saw one person's MUST had been reviewed approximately every month with no indication of their weight. We saw the person had a risk management plan for 'food intolerances' that set out the person should be weighed weekly for the first few weeks after admission in February 2016 to determine their MUST risk. We asked the person if they had been weighed whilst at the service and they told us, "They came to weigh me one day and they said I had to be weighed once a month but I haven't." This was discussed with the registered manager and the operations manager. They told us appropriate equipment had been ordered to alleviate the issue and they were awaiting delivery. We saw an order form which confirmed this.

The service is currently undergoing a complete refurbishment and the registered manager and the operation manager told us the plans included adapting the building to more suited for those people who

maybe living with dementia.

Is the service caring?

Our findings

People we spoke with told us, "The staff don't rush me, they give me time. They cover me with a towel and I've never really had a lot of concerns with the staff" and "I go to bed at 10pm and manage my own day." One person told us "I have a clean nightie on every day and choose to have a strip wash as it can be awkward for a shower as I need hoisting. I usually choose to have a shower once a fortnight but I'm happy with that as I get a good wash every day." Other comments included, "The staff are kind to me", "I get washed and dressed myself" and "The carers are kind." One person said, "No one has ever spoken to me in a bad way and I've never heard others badly spoken to."

Following the last inspection we told the registered provider to take action in this area. This was because staff were argumentative and wrote derogatory remarks about people in their daily notes. All the observation we made during this inspection showed staff were kind and caring and understood people's needs, at no time did we hear any confrontational conversations between the staff and people who used the service. We observed staff calmly assisting people when they became anxious, frustrated or frightened due to their dementia. We heard lots of laughter and friendly conversations.

The registered provider had policies in place which reminded the staff about the importance of respecting people's backgrounds and culture and not to judge people through their actions or disabilities. Staff we spoke with told us of the importance of respecting people's rights and up holding people's dignity. They told us they gave people options and asked them for their views. We observed staff asking people if they wanted to undertake activities and they respected their right to say no. They told us they viewed the service as the person's home and respected their privacy, always knocking on doors and waiting to be asked to enter.

During observations undertaken throughout the inspection we saw staff explaining to people what they were doing and asking how they would like them to help them. For example, when it was lunch time staff explained to people that they were going to assist them to the dining room and they either helped them to walk or used a wheelchair and the appropriate lifting aids. During any caring task, for example transferring people into wheelchairs or assisting with mobility the care staff were constantly reassuring the person and making sure they were safe and not distressed.

We saw one person who was being discharged on the first day of the inspection had an advocate involved with their care. The registered manager gave them information they asked for and fully cooperated with them. They told us advocate could be arranged for anyone at the service if they requested it but currently this was the only person with an advocate.

Staff could describe to us how they would uphold people's dignity, they said, "We always knock on people's doors and wait to be asked in", "I always make sure they are covered over if I'm doing any personal care for someone" and "I wouldn't like it if my grandma was left naked on her bed so I make sure all the doors and curtains are closed and they are covered over." They also respected people's privacy and their choice to be alone, they said; "Sometimes people want to be on their own and that's fine, we have to respect that and give them space" and "If they want to be in their room that's fine, it's their home not mine, they should be

able to do as they want."

Staff understood the importance of keeping people's personal information safe and knew they should only share information with those people who were authorised to see it. Care plans were kept locked away and staff only accessed these when they needed to.

Is the service responsive?

Our findings

People we spoke with told us, "I would like to go out most days but when you ask they say there is nobody to take you. I don't always think that's true" and "[Name of activity worker] comes and chats to me in my room about gardening and animals as my eyesight isn't very good at all now." They told us they knew how to make a complaint, one person said, "I complained once. One staff member was not very pleasant and I told one of the other staff and things are fine now" and "If you want to complain you can, but I have never had to." People told us they were happy with the level of care and support they received, comments included, "I stay on my back during the day and I sleep on my right side. The staff come more or less every couple of hours to ask me if I want to move" and "I ask for a shower and I have to wait but not for long."

All the people who used the service had a plan of care. This detailed their likes and dislikes and their past histories. This was written in person centred way, for example, 'I used the play scrum half', and 'my favourite meal is curry'. However, we found that while consultation had been undertaken with other health care professionals their advice was not always detailed in the person's care plan. For example, advice that one person's diet should be supplemented was not recorded, despite staff knowing this and supplementing their diet.

The care plans did not give specific detail as to how staff should support someone if they became anxious or frustrated. For example, one person's care file stated staff should reassure them they are safe; however, details were not given as to how this should be done or what triggers staff should be aware of to prevent this happening.

One person's care plan did not provide sufficient detail and directions for staff around their care need in terms of catheter management. There was no guidance about personal hygiene, bag types and tubing positioning, what fluid intake and output were being monitored and day and night care. We asked the person about their catheter care and they told us, "I have a catheter and the district nurse comes regular. Twice a day they [staff] usually put me a new bag on when it's full." We saw there were gaps in the reviewing of this part of the person's plan of care.

Another person's risk assessment detailed they were at high risk of pressure area damage due to skin integrity, however, there was no care plan in place which detailed how staff were to support the person or if any pressure relieving equipment had been used. Records showed that advice had been given that the person's position should be changed every two hours but daily notes showed they remained on their backs. This meant staff were not following recommendations and guidance from health care professionals and the person was potentially at risk of developing unnecessary pressure area damage.

Records showed that because of mobility people were not able to be weighed, however, no other system was used to ascertain people's weights using measurements of particular limbs which would show the person's body mass index (BMI) which would help staff to establish people's nutritional wellbeing. During the inspection we observed some people had long finger nails and these were dirty. This was pointed out to the registered manager and they explained one person was none compliant with care and they had difficulty performing any personal care task. However, the others were not so on the second day of the inspection a

pair of nail clippers was purchased and people's nails were attended to. People not receiving the appropriate care and attention they need is a breach of regulation 9 of the Health and Social Care act 2008 (Regulated activities) Regulations 2014.

An activities co-ordinator had been employed at the service; we saw them undertaking activities with the people who used the service. The activities included karaoke, games and quizzes, and one to one conversation with people who were living with dementia. During the activities people seemed engaged and interested. One person particularly enjoyed the singing and gave everyone else a solo performance which they all enjoyed. The activities co-ordinator told us they tried to do more low key activities with those people who were living with dementia as they could not always join in with everyone else. They also took people out shopping to buy personal items from the local shops.

Staff understood the importance of including those people who spent time in their room, they told us, "You've got to think of those in their rooms as well, they need to be kept informed of what going on" and "I go in and chat to the residents who spend a lot of time in their rooms. I know it's their choice but I don't like to think of them sat there all day on their own." Another member of staff said, "If someone spends too much time in their room alone they can become depressed it's up to us to make sure that doesn't happen."

The registered provider had a complaints procedure which was displayed in the entrance to the service. This was also provided in the 'Service user guide' given to all new admissions. This told people they could raise concerns with the registered manager or a member of staff and this would be investigated and a response provided, both of these were time limited. The complaint procedure also informed people they could contact the Local Government Ombudsman or the local authority if they were not happy with the way the registered manager had conducted the investigation.

Staff told us they tried to resolve people's concerns immediately if possible, for example, concerns about missing clothing or meals, but they would pass anything more serious to the registered manager to investigate.

We saw a record of complaints which had recently been investigated; this included a lack of important communication which resulted in a relative being distressed. There was a full account of the incident and the investigation. The relative's opinions had been recorded also. Measures had been put in place and existing procedures reinforced amongst the staff in an attempt to stop a reoccurrence.

Is the service well-led?

Our findings

There was a mixed reaction when we asked people about their involvement in the running of the service, comments included; "I've not been asked about the service since I've been here", "[Name of deputy] is the manageress and she is all right there are no problems", "The manager seems to be okay" and "We've had two or three different managers and no they don't speak to you much, they just walk past."

Following the last inspection we asked the registered provider to take action in this area. This was because there was a lack of auditing and quality monitoring of the service through the use of surveys to allow people to have a say about hoe service was run and to ensure it was safe, effective, caring, responsive and well-led. During this inspection we found that this had improved and audits were in place for care plans, medicines, environment, and surveys had been undertaken with the people who used the service. Findings had been collated and action plans put in place to address any issues raised from the surveys.

The registered provider had set up a centralised auditing system which the registered manager was expected to feed data in to so an overall view of how the service was performing could be made. However, despite care plans, medicines and environmental audits being undertaken we found no action had been taken to rectify issues identified. For example, updating risk assessment and essential information in people's care plans to keep them safe and ensure they received the appropriate care and attention to effectively meet their needs. Also we found there were issues with the administration of people's medicines, for example lack of recording of when medicines had been started, none application of topical creams and lack of protocols for medicines which were to be given as and when required. Despite environmental audits being undertaken we found that rooms which had been refurbished as part of the ongoing programme had not been finished off properly before people had moved into them. This is a continued breach of regulation 17 of the Health and Social Care act 2008 (Regulated activities) Regulations 2014. We are considering our regulatory response to these concerns and will report on this in due course.

Prior to the inspection we had received a few concerns with regard to the management style of the registered manager. We spoke with staff and while staff said the registered manager was firm they thought they were fair and had a tough job. The registered manager showed us copies of supervision they had conducted with the staff following incidents of bad practise and told us, "It's been a difficult time as the staff had not been managed effectively for long time but I'm a getting good support from the new operation manager and we're getting there. A lot of staff have left, but we are recruiting more and training them to work to good practice guidelines." At no time during the inspection did we see any bad management practices from the registered manager; we observed them talking to staff in a professional manner and addressing poor practice where they saw it.

Staff meetings had been held and minutes seen showed staff could discuss openly issues or problems with the registered manager. The minutes also showed information had been passed to the staff regarding working practises and any changes in policies and procedures. This made sure people who used the service were supported by staff who had up to date information.

Staff understood they had a responsibility to keep people safe and to ensure they received the best care possible. Staff knew they were accountable for their actions and knew they needed to communicate people's needs effectively and any changes in these to the senior staff so swift action could be taken to address any issues. Staff told us, "We need to make sure we tell the deputy manager what's going on, if someone's ill or if they've had a fall so they can call a doctor or an ambulance."

There was a registered manager in post, they understood the need to inform the CQC of any untoward incidents which happened at the service so we could assess the ongoing risk and compliance of the service. They also understood how the regulated activity of the service impacted on and prescribed the scope of service offered.

All records were stored securely and were well maintained. All equipment was serviced at the intervals recommended by the manufactures' and regular water tests had been undertaken for legionella. The fire alarm system had been tested and fire drills had been undertaken regularly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were at risk of receiving care which did not meet their needs as their care [plans had not been updated and were not person centred.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment due the recording and staff practices people who used the service were at risk of not receiving their medicines as prescribed by their GP

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 audits had been undertaken but action plans were not effective in ensuring issues found were put right. audits had not found the issues with the environment, care plans or medicines found during the inspection.

The enforcement action we took:

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