Abbottswood Lodge Residential Care Home

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Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 May 2016 and found breaches with regulatory requirements. As a result of our concerns we served a warning notice on 23 May 2016. The date for compliance to be achieved was 19 June 2016. The provider shared with us their action plan on 7 July 2016. This provided detail on their progress to meet regulatory requirements. A focused inspection was completed on 5 and 9 August 2016 to check compliance with the warning notice. We found at that inspection the warning notice had not been fully achieved. At this inspection the provider had not made all of the improvements they told us they would make.

The overall rating for this provider is still 'Inadequate'. This means that the service remains in 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Because the service was in special measures already we inspected within the six months timeframe. Insufficient improvements had been made; we are now taking action in line with our enforcement procedures.

A registered manager was in post. 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.

There was a lack of provider and managerial oversight of the service. Quality assurance checks and audits carried out by the registered manager were not robust. They did not identify the issues we identified during our inspection and had not identified where people were put at risk of harm or potential harm and where their health and wellbeing could be compromised. Lessons had not been learned and several areas of improvement had not been sustained in the longer term.

Suitable control measures were not put in place to mitigate risks or potential risk of harm for people using the service. Steps to ensure people and others health and safety were not always considered and risk assessments had not been developed for all areas of identified risk.

Suitable arrangements were needed to ensure that staff received an annual appraisal of their overall performance. Improvements were required to ensure that where subjects and topics were raised by staff as

part of formal supervision procedures, this was followed up and there was a clear audit trail to demonstrate actions taken. Improvements were required to ensure staff employed at the service had the skills, knowledge and competencies through appropriate training to meet the needs of the people they supported.

Improvements were required to ensure the provider and registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and how to apply the principles of this legislation to their everyday practice. Suitable arrangements were needed to ensure that where healthcare interventions and advice from a healthcare professional were required; these were actioned.

People and their relatives were not fully involved in the assessment and planning of people's care. Not all of a person's care and support needs had been identified and documented. Improvements were required to ensure that the care plans for people who could be anxious or distressed, considered the reasons for people becoming anxious and the steps staff should take to comfort and reassure them. Care plans for people who were at the end of their life were inadequate. Improvements were needed in the way the service and staff supported people to lead meaningful lives and to participate in social activities of their choice and ability, particularly for people living with dementia.

People and their relatives felt confident that people were safe. Staff knew how to identify potential abuse and report concerns. Suitable arrangements were in place to ensure that people were supported to take and receive their medicines safely. Suitable arrangements were in place to ensure the right staff were employed at the service and there were appropriate numbers of staff available to meet people's needs.

People told us they were happy with the care and support provided. People were treated with dignity and respect. Staff knew the care needs of the people they supported and people told us that staff were kind and caring. The dining experience was positive and people were supported to have enough to eat and drink.

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 consistently safe.

Although people felt safe using the service, risks were not suitably managed or mitigated so as to ensure people's safety and wellbeing.

Sufficient numbers of staff were available to meet people's needs.

People were supported with their medicines in a safe way.

Effective recruitment procedures were in place to safeguard people using the service.

Is the service effective?

Inadequate

The service was not effective.

Staff did not receive effective support to enable them to carry out their roles and responsibilities. Staff had not received an annual appraisal of their overall performance.

Although assessments had been carried out where people living at the service were not able to make decisions for themselves, the arrangements for the use of covert medication were poor and 'best interest' meetings to evidence decisions had not been considered.

Improvements were required to ensure there was a clear audit trail of actions taken to demonstrate people's healthcare needs were met.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Although people stated that staff treated them with care and kindness, care provided was often task focused and routine based.

Significant improvements were need to ensure end of life care

plans for people nearing the end of their life were in place and robust.

People's privacy and dignity was respected and their independence supported.

Is the service responsive?

Inadequate

The service was not responsive.

People's care plans were not sufficiently detailed or accurate to include all of a person's care needs and the care and support to be delivered by staff. Care plans not in place for all people living at the service.

Not all people were engaged in meaningful activities.

People were confident to raise concerns and were listened to.

Is the service well-led?

Inadequate

The service was not well-led.

Although systems were in place to regularly assess and monitor the quality of the service provided, quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and to drive improvement.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

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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 10 November 2016 and was unannounced. The inspection team consisted of two inspectors.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service, four members of care staff, the registered manager and the person responsible for providing meals.

We reviewed five people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Requires Improvement

Is the service safe?

Our findings

At our previous comprehensive inspection to the service on 11 May 2016, we found that medicines management was inconsistent and unsafe. Additionally, suitable control measures were not in place to mitigate risk or the potential risk of harm to people using the service. As a result of our concerns relating to the above, we served a warning notice on 23 May 2016. The date for compliance to be achieved was 19 June 2016. The provider shared with us their action plan on 7 July 2016. This provided detail on their progress to meet regulatory requirements. We found at this inspection that the provider had not made all of the improvements they told us they would make. This related specifically to assessing risk and doing all that is reasonably practicable to mitigate any such risks.

Not all risks were identified and suitable control measures were not in place to mitigate the risk or potential risk of harm for people using the service. For example, where a person was at risk of experiencing seizures as a result of a specific medical condition, a risk assessment had not been considered to evidence suitable control measures put in place to mitigate the risk or potential risk of harm for the person. No consideration had been made to look at how the person's seizures affected them on a day-to-day basis in relation to the care home environment and activities undertaken. No consideration had been made in relation to known and potential triggers, the frequency of seizures and what happened when they occurred. Staff told us that they were not confident that they would be able to respond appropriately to this person's needs in relation to this medical condition as they had not received appropriate training in this area or been told and made aware of the risks involved. This meant that there was a potential risk that the care and support for this person could not be provided and delivered in a safe way.

The records for another person detailed that they were at high risk of developing pressure ulcers. A member of staff told us that in order to maintain good skin integrity for the person, topical creams were to be applied each night. This was to protect the person's skin where it was observed to be red and to help the healing process and prevent further tissue damage, such as moisture lesion or pressure ulcer. However, we found that no record of application had been maintained since 30 October 2016. No rationale was provided as to why this had not been maintained. Therefore it was not possible to confirm if the person received this topical cream as required on a daily basis and this potentially placed their health at risk.

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

Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people; however the provider's arrangements for the management of medicines required improvement.

Observation of the medication rounds during the inspection showed these were completed with due regard to people's dignity and personal choice. However, we observed a member of staff to administer one person's medication on a spoon with a small amount of custard. The rationale provided for this decision was that staff had noted that the person swallowed their medication better when given with thickened fluids

or blended food items. The person's care plan also confirmed the above action; however this had not been discussed with a pharmacist or GP so as to ensure that the medication's effectiveness remained the same when given with thickened fluids or blended food items.

People told us that they felt safe living at the service. One person stated, "I feel very safe here and I know everyone else does, I can tell by their behaviour. Everyone is calm and happy." People were protected from the risk of abuse. Staff had attended training and were knowledgeable about identifying abuse and how to report it to safeguard people. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or the provider. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the provider was not responsive. Not all staff were confident that the provider would act appropriately on people's behalf. When questioned further staff advised that this related to the provider completing the appropriate documentation in a timely manner and submitting this to the Local Authority. The provider did not have a copy of the latest 'Southend, Thurrock and Essex Safeguarding Adults' guidelines however, an assurance was given by the provider that this would be sourced and made available for staff to access.

People told us that there were sufficient numbers of staff available to support them during the week and at weekends. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and staff were available to people when they needed them. For example, where people were seen to ask staff for assistance with personal care or to request a drink, staff responded in a timely manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. The staff recruitment record for one member of staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. The recruitment procedure included processing prospective staff member's employment application, seeking references and undertaking a Disclosure and Barring Service [DBS] check. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with the people they supported.

Inadequate

Is the service effective?

Our findings

At our previous comprehensive inspection to the service on 11 May 2016, we found that improvements were needed to ensure that staff received regular training opportunities, formal supervision at regular intervals and an annual appraisal. The provider shared with us their action plan on 7 July 2016 detailing their progress to meet regulatory requirements. Although this told us of the actions to be taken to achieve compliance with regulatory requirements, we found the improvements they told us they would make had not been fully achieved.

Staff did not feel the provider was proactive in providing suitable training for staff to meet the needs of the people they supported. Although staff had received up-dated mandatory training, as already highlighted within the main text of this report, people's needs were not consistently met by a staff team who had the right competencies, knowledge and skills to meet people's diverse care and support needs. This referred specially to training relating to specific medical conditions and dealing with people who could be anxious and distressed as a result of their behaviours. Staff told us that they were not confident that they would be able to respond appropriately to people's needs in relation to specific medical conditions or to deal with people who could be anxious and distressed, as they had not received appropriate training in this area. Following the inspection the registered manager confirmed that e-learning training relating to one specific medical condition was now available for staff to complete.

Whilst staff confirmed and records showed they had now received formal supervision, staff told us that it was not a two-way process and they did not find it beneficial. For example, staff stated there was no clear agenda and did not always feel supported or valued by the provider or registered manager. No staff had received an annual appraisal and this remained outstanding from our previous inspection. We discussed the latter with the registered manager however no rationale was provided.

This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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.

People can only be deprived of their liberty so that they can 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.

We found that the arrangements for the administration of covert medication for one person were not in accordance with the Mental Capacity Act (MCA) 2005. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink. We discussed this with the registered manager and they confirmed that the rationale for administering the person's medication in this way was because they consistently refused all but one medication. No information was recorded to indicate that the registered manager had instigated a 'best interest' meeting with all necessary parties involved, for example, GP and pharmacist. This is to agree a management plan to confirm that this decision was in the service user's best interest and the least restrictive option. The registered manager did not give a response when asked why the above had not been considered or actioned.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was difficult to determine in some instances if people had received appropriate healthcare interventions. Records were noted to be muddled and difficult to follow to ascertain outcomes and the involvement of healthcare professionals. For example, the weight records for one person showed over a two month period they had experienced a weight loss of approximately eight kilograms. Although information was recorded to evidence that a referral had been made to a healthcare professional for advice and involvement, no information was recorded to evidence that this had been followed up. Records showed and the registered manager confirmed that the healthcare professional had cancelled an appointment; however no action had been taken by the registered manager to follow this up via the GP surgery. A member of staff confirmed that the person was on a fortified diet but stated that they did not know anything about them being referred to a healthcare professional. They told us, "The manager here deals with all those things." We discussed the above with the registered manager and they confirmed that the above had not been addressed. An assurance was provided by the registered manager that they would contact the GP surgery and initiate another referral following the inspection. Information relating to other people's dietary needs were muddled, contradictory and inaccurate as information was recorded in several places and difficult to follow.

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

People were positive about the meals provided. One person told us, "Yes, the food is nice." Another person told us, "I enjoy the food and it is delicious." The dining experience was satisfactory and the majority of people ate independently. People were supported to use suitable aids to eat and drink as independently as possible, for example, to eat their meal using a spoon and use of specialist beakers. This showed that people were enabled and empowered to maintain their independence and skills where appropriate. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided by staff. People were provided with sufficient hot and cold drinks at regular intervals throughout the day of inspection.

Where people were deprived of their liberty, the provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval. Where these had been authorised the provider had notified the Care Quality Commission.

Requires Improvement

Is the service caring?

Our findings

At our previous comprehensive inspection to the service on 11 May 2016, we found that improvements were required in the way staff delivered personalised care and the way staff communicated with people using the service. Improvements were also required to ensure that end of life care plans were recorded. The provider shared with us their action plan on 7 July 2016 detailing their progress to meet regulatory requirements. Although this told us of the actions to be taken to achieve compliance with regulatory requirements, we found that the improvements they told us they would make had not been fully achieved.

At this inspection the provider told us that one person using the service was deemed to be on end of life care. Although the provider confirmed that a referral to the local end of life care team had been made for this person in April 2016 to discuss their future care needs, no evidence was available to demonstrate the outcome of this referral.

We found that the needs of this person approaching the end of their life, including preferences and choices relating to their end of life care needs were not recorded. For example, the care plan provided no information detailing the person's pain management arrangements and the care to be provided so as to provide comfort and dignity for the person nearing the end of their life. No information was recorded to identify if they had a few months, weeks or days to live; in order to aid care planning arrangements and discussions with the person and those acting on their behalf. In addition, no Preferred Priorities for Care [PPC] documents were in use. This is designed to help people prepare for the future and gives them an opportunity to think about, talk about and write down their preferences and priorities for care at the end of their life. This meant that people's 'end of life' wishes were not recorded, in line with guidelines issued by the National Institute for Health and Care Excellence [NICE]. The latter places emphasis for a more individualised approach to 'end of life' care. This remained outstanding from our previous inspection to the service in May 2016.

This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's comments about the care and support they received were positive. One person told us, "Yes, I think the care I get is fine. The staff seem OK and I have no complaints." Another person told us, "They [staff] are nice, they do everything for me." Satisfaction surveys by people's relatives and those acting on their behalf had been completed and these too were very positive. One relative wrote, 'The staff care for my relative in a caring way and I cannot fault the staff in any way. I am very happy with the way they are cared for at Abbottswood Lodge.' Another relative recorded, 'I have nothing but praise for the way my relative is cared for by all the staff.'

People were encouraged where able to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with staff support.

People told us that their privacy was respected and they were treated with respect and dignity. Our observations showed that staff respected people's privacy; people's modesty was upheld when personal care was provided as staff ensured that doors to bedrooms, bathrooms and toilets were closed. We regularly observed staff discreetly and sensitively reminding people about personal care needs. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to wear clothes they liked and that suited their individual needs so as to maintain their self-worth.

People were supported to maintain relationships with others. People told us that their relatives and those acting on their behalf could visit at any time. Staff told us that people's friends and family were welcome at all times.

Inadequate

Is the service responsive?

Our findings

At our previous comprehensive inspection to the service on 11 May 2016, we found there were inconsistencies relating to people's care records and the quality of information recorded to accurately reflect people's care and support needs. Additionally improvements were required to ensure that people had access to a varied programme of social activities that met their needs. The provider shared with us their action plan on 7 July 2016 detailing their progress to meet regulatory requirements. Although this told us of the actions to be taken to achieve compliance with regulatory requirements, we found that the improvements they told us they would make had not been fully achieved.

Arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. However, although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not reflective or as accurate of people's care needs as they should be. This meant there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered.

One person newly admitted to the service did not have a care plan in place explaining their specific care needs and how these were to be delivered and met by staff. This was despite the Local Authority forwarding an assessment of the person's needs to the provider prior to the person's admission to the service. The latter stated that the person was not able to consistently weight bear and required the assistance of one member of staff and equipment to mobilise. No care plan had been completed for the person detailing how their care and support needs were to be met by staff in relation to their mobility. No manual handling care plan had been completed to determine what the person was able or not able to do independently when they mobilised, their ability to support their own weight and other relevant factors, the extent in which the person could participate and cooperate with transfers and specific equipment needed. Additionally, no care plans had been completed relating to their specific medical conditions which could significantly impact on their care and wellbeing. Staff confirmed that they were not aware if the person had a care plan in place or not. Staff were not able to tell us about how one of the person's medical conditions impacted on them and the management strategies in place to provide a good level of care safely. The lack of a care plan relating to the person's care and support needs meant that staff did not have the most up-to-date information to care for the person safely and to ensure their needs were met to an appropriate standard.

Staff told us that there were some people who could become anxious or distressed. We found that improvements were required to ensure that the care plans for these people considered the reasons for them becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person required reviewing so that staff had all of the information required to support the person appropriately and to reduce their anxiety. Improvements were also required where information was recorded detailing the behaviours observed, the events that preceded and followed this and staff's interventions. There was little evidence to demonstrate staff's interventions and the outcome of incidents so as to provide assurance that these were effectively being dealt with and positive outcomes were attained for

people living at the service. Staff confirmed to us that they did not feel confident when supporting one person when they became anxious and distressed. This suggested that staff did not understand or were unaware of the strategies and interventions to deal with the person's behaviours. This meant that we could not be assured of the interventions carried out by staff were appropriate or that there were positive outcomes for the person or others using the service.

People told us they had the choice as to whether or not they joined in with social activities. The registered manager confirmed that all care staff employed at the service were responsible for the carrying out of social activities for people using the service. Our observations throughout the inspection showed that there were few opportunities provided for people to join in, particularly for people living with more advanced stages of dementia and who required more support to benefit from occupation and stimulation. There was an over reliance on the use of the television in communal areas and we observed long periods of inactivity where people were either asleep or disengaged with their surroundings and the people they lived with. Where activities were observed throughout the day, four people participated in armchair activities for 15 minutes and one person played several games of 'noughts and crosses' with a member of staff. No other activities were observed during the inspection.

This is a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A complaints procedure was in place and this identified how people could raise concerns and what would happen. People told us if they had a concern they would talk to a relative or a member of staff. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. The registered manager told us that there had been no complaints since our last inspection in May 2016.

Inadequate

Is the service well-led?

Our findings

At our previous comprehensive inspection to the service on 11 May 2016, we found that quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and to drive improvement. The provider shared with us their action plan on 7 July 2016 detailing their progress to meet regulatory requirements. Although this told us of the actions to be taken to achieve compliance with regulatory requirements, we found that the improvements they told us they would make had not been fully achieved. Where improvements had been made these related to the introduction of daily health and safety checks and the implementation of weekly and monthly medication audits. No areas for corrective action were highlighted.

We observed that the provider had failed to display their performance rating following the last comprehensive inspection in May 2016 and despite guidance being readily available on the Care Quality Commission's website. This refers to a requirement for all providers to display their Care Quality Commission performance rating at their registered service. This is to provide transparency and a clear statement to people using the service and others about the quality and safety of the care provided. We discussed this with the registered manager and they confirmed that they were unaware that the above should be displayed. This meant that the provider had failed to recognise their administrative and procedural obligations.

The registered manager was asked to demonstrate what progress had been made to be compliant with regulatory requirements as highlighted at our comprehensive inspection in May 2016. The registered manager told us they had attempted to address most areas but some of these remained outstanding. When questioned further, although the registered manager confirmed that an action plan was in place to address these, they were unable to tell the inspectors or specify the areas that continued to require improvement. This meant that the provider did not have effective arrangements in place to check and ensure the service was being effectively run on a day-to-day basis and to assess progress was being made to identify non-compliance or any risk of non-compliance with regulatory requirements.

Quality assurance arrangements and processes which should help the provider to assess, monitor or improve the quality of the service, continued to be ineffective. Although some improvements had been made since our inspection in May 2016 to address our previous concerns, the provider was not able to demonstrate how they evaluated and sought to improve other elements of their governance and auditing procedures so as to comply with all regulatory requirements. Additionally, evidence at this inspection showed that any improvements made had not been sustained and maintained over a six month period of time.

For example, following a monitoring visit by the Local Authority to the service on 22 September 2016 and 26 September 2016, a recommendation was made that a formal audit relating to care planning should be undertaken at regular intervals. We discussed this with the registered manager and they advised that a new template had been devised and a member of staff had been delegated to complete care plan audits at the service starting with one specific person. The registered manager was unable to clarify if this had been

undertaken as no completed care plan audit could be located at the time of our inspection. The registered manager told us, "I asked someone [member of staff] to complete one so that I could see what it was like." The registered manager confirmed that they had not monitored this to ensure that care plan audits for people were happening as they should. Had a care plan audit been completed this may have alerted the provider sooner where there were gaps and improvements required in relation to care planning. For example, it would have been noted sooner that there was no care plan for one person. This meant that suitable arrangements were not in place to ensure that records relating to people were being properly maintained.

Suitable arrangements had not been undertaken by the provider to ensure that they assessed, monitored and mitigated risks relating to the health, safety and welfare of people who may be at risk. For example, the provider had failed to provide appropriate training for staff in relation to one person's medical condition and therefore to mitigate the risks relating to people's health, safety and welfare. Staff confirmed they had not received any training relating to the above medical condition. Two staff members told us they were concerned that they had not received any training and confirmed they were not sure how best to support the person's medical condition.

Additionally, a recommendation was also made by the Local Authority that clinical audits relating to the prevalence of pressure ulcers, weight loss and gain, accidents and incidents, falls and urinary tract infections should be completed. We discussed this with the registered manager and they confirmed that the above had yet to be considered and implemented as part of the quality assurance process. This meant there were no systems in place to use findings from clinical audits to analyse and use the information gathered to monitor risks and trends and subsequently improve the service by identifying lessons learned.

No Personal Emergency Evacuation Plans [PEEP] had been considered for people using the service. This is a bespoke plan for people who are unable to reach an ultimate place of safety unaided in the event of an emergency. There was also no emergency contingency plan for the service detailing the actions required during or immediately following an emergency or incident that threatens to disrupt the normal running of the service.

Following our inspection several policies and procedures were requested to be sent to the Care Quality Commission, as these were not available at the time. The registered manager sent these to us on 11 November 2016; however it was noted that several policies and procedures related to our previous regulations [Health and Social Care Act 2008 (Regulated Activities) Regulations 2010] and not current legislation. This demonstrated a lack of understanding by the provider of relevant regulations and showed that their policies and procedures had not been updated to take into account any changes in legislation that could be relevant to the management and governance of the service to ensure people's continued safety and wellbeing.

It was evident that the absence of robust quality monitoring meant that the provider had failed to recognise any potential risk of harm to people or non-compliance with regulatory requirements sooner. Had there been a more effective quality assurance and governance process in place, this would have addressed previous identified shortfalls. Equally it would have identified the issues we found during this inspection, recognised where improvements were needed or applied learning across the service.

A staff meeting had been held in July 2016 following our last inspection so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service. Minutes of the meeting were available and demonstrated the topics discussed. However, no other information was available to evidence the discussions held or the areas highlighted for action or monitoring and timescales.

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

A meeting had been held with people who used the service in November 2016 so as to enable them to have a 'voice' and express their views about the service. The registered manager confirmed that the views of relatives and others acting on behalf of people living at the service had been undertaken and completed following our inspection in May 2016. All of the comments received were noted to be positive.