HC-One Oval Limited

Greengables Care Home

Inspection report

54 Sandbach Road
Congleton
Cheshire
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

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

Greengables Care Home provides accommodation for up to 30 people who have nursing needs. At the time of our inspection there were 19 people living at the home.

The premises is a detached, two storey Victorian house standing in its own grounds. It is located on the outskirts of Congleton, approximately one mile from the town centre.

There was no registered manager in post at the time of our inspection. 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.' The previous registered manager was summarily dismissed following our inspection in August 2017. A new manager had been deployed in the home on a temporary basis. We received assurances from the registered provider that a suitable manager would be recruited and registered with the Commission as registered manager in the near future.

Shortly after this inspection the parts of the company "Bupa Care Homes Limited", including this home Greengables Care Home, were sold and purchased by HC-One Oval Limited. This in effect meant that the company owning and operating Greengables Care Home changed and a new nominated individual was appointed. A nominated individual is responsible for supervising the management of the home.

At our last inspection in August 2017, we had found that the service was not safe, responsive or well led and was not always effective and caring. We identified breaches of regulations 9 (person centred care), 11, 12 (safe and appropriate care), 16 (the handling of complaints), 17 (good governance) and 20 of the Health and Social Care Act Regulations 2014 and regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We took enforcement action.

After our inspection in August 2017, the provider submitted an action plan to the Commission outlining the

action they would take to improve the service.

At this inspection, we found that significant improvement had been made in all aspects of service delivery. We found that some further improvements were required and the improvements that had been made needed to be sustained. The overall rating for the service is upgraded to: requires improvement.

We found that all the people resident at the home benefited from a personalised assessment of their needs, and personal preferences. Potential hazards to each person's health safety and welfare were identified and generally plans were put in place to minimise risk, but there were exceptions.

We found that one person remained at risk of falls because all identified safeguards were not put in place. Another person who was at risk of malnutrition had lost weight but staff had not responded to mitigate the risks of further decline. Staff were found to be unclear as to the correct setting for a person's pressure relieving mattress and we found it had been set incorrectly. This increased the risk of the person developing pressure sores.

The provider had instigated a programme of quality assurance checks, audits and procedures since our last inspection. Some of the systems were ineffective because they had failed to identify the concerns we found during our inspection.

We found that the atmosphere in the home was relaxed and sociable. All the people spoken with including all relatives made positive comments about the staff and the standard of care provided. They all spoke positively about the management of the home and the approachability and responsiveness of the manager. They were particularly pleased with the way the new manager had included them in decision making about their care and general day to day management of the home.

We found that the home's safeguarding systems, processes and practices protected people from abuse, neglect, harassment and breaches of their dignity and respect. Managers and staff were knowledgeable about adult safeguarding procedures. They knew what action to take and enjoyed good working relationships with the local social service team.

There was a sufficient number of suitably trained and qualified staff on duty to meet the needs of the people who lived at the home. The staff presented as enthusiastic and motivated. They told us that they appreciated the support, direction and leadership of the new manager.

All people spoken with praised the standard of catering in the home and we could see that people enjoyed a varied and nutritious diet. However, whilst staff were monitoring people's dietary intake and weights they did not respond effectively when a person lost weight unintendedly.

Care and nursing staff respected and promoted people's privacy, dignity and independence. They were caring and compassionate in their approach and encouraged people to express their views and actively involved in making decisions about their care and support. Managers and staff acted in accordance with the Mental Capacity Act and ensured that people received the right kind of assistance to support them in making decisions.

Healthcare professionals were involved in people's care and a visiting GP praised the standard of care provided.

People's concerns and complaints were listened to respond to and used to improve the quality of care

provided.

Nursing and care staff were aware of the need to support people approaching the end of their life and care planning arrangements were person-centred to ensure their wishes and needs were respected.

The new manager presented as an enthusiastic and caring professional who was skilled at involving people and developing solutions to problems and concerns. Nursing and care staff presented with confidence and we could see that the home was well organised, well managed and staff were well supported.

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 always safe.

Significant improvements had been made in the overall management of the home but measures designed to reduce risk were not always put into practice so people remained at risk of harm.

Safeguarding systems processes and practices protected people form abuse, neglect, harassment and breaches of their dignity and respect.

There was an adequate number of suitably trained and experienced staff on duty to meet the needs of the people who lived at the home.

Is the service effective?

Requires Improvement

The service was not always effective.

The standard of care had improved markedly with evidence of good practice but staff were not always responding effectively to changes in a persons' condition and on occasion lacked vital knowledge as to how to use equipment designed to keep people safe.

Managers and staff acted in accordance with the Mental Capacity Act and ensured that people received the right kind of assistance to support them in making decisions.

People enjoyed a varied and nutritious diet.

Healthcare professionals were involved in people's care.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate.

People were treated with kindness, respect and were given

emotional support when needed.

People were encouraged to express their views; they were listened to and actively involved in making decisions about their care and support.

People's privacy, dignity and independence were respected and promoted.

Is the service responsive?

Good

The service was responsive

People received personalised care that was responsive to their needs.

People's concerns and complaints listened and responded to and used to improve the quality of care.

Staff were aware of the need to support people approaching the end of their life and care planning arrangements were person-centred to ensure their wishes and needs were respected.

Is the service well-led?

Requires Improvement

The services were not always well led.

The manager was appointed on a temporary basis and was not registered with the Commission.

Quality assurances processes were in place but not always rigorously implemented.

Significant improvement in the management of the home and standards of care were identified.

People, their relatives' friends and staff praised the manager for their leadership, guidance and the way they were involved in the day to day running of the home.

Greengables Care Home

Detailed findings

Background to this inspection

Background

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 13 and 16 November 2017. The first day of the inspection was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We also contacted the Local Authority for their feedback on the service.

The methods used during this inspection included talking to people using the service, their relatives and friends and other visitors including visiting health and social care professionals. We interviewed staff, undertook pathway tracking, observed care practice, read records including personal care records for three people who used the service, staff recruitment records, staff training records, deprivation of liberty safeguards and mental capacity assessments, and quality assurance records. We also looked at a range of other records associated with the management of the home.

At this inspection we spoke with 12 people who lived at the home, four relatives, a visiting healthcare professional, the manager, the deputy manager known as the clinical services manager, two nurses, the area manager, the providers quality assurance manager three care assistants and the activities co-ordinator.

Requires Improvement

Our findings

The atmosphere in the home was relaxed and sociable. We asked people if they felt safe. All the people who lived at the home told us that they felt safe. One person said "I am very well looked after, safe! Of course I am, there are plenty of staff, they are very good, never need to wait for anything," another person said "yes I feel very safe; the staff are caring and kind".

All relatives and friends spoken with praised the home and the standard of care provided. Their comments included: "They (staff) are very good here, [Name] is very well looked after, they meet all her needs, and loves the food and is treated with dignity and respect. Yes I believe they provide safe and effective care it is so homely and we have confidence in the new manager. You might say we are one big happy family". Another relative said, "Things have improved so much, it is so good to see the staff so happy now. is well look after and the new manager is very keen to make sure things are right; you know they want to make sure we are happy. They are the same with everyone whatever it is, they listen".

At our last inspection in August 2017 we had found that people were at risk of receiving poor and ineffective care and their needs were not being met because care planning was ineffective and the manager and senior staff lacked oversight. People were exposed to uncontrolled health and safety hazards that put them at risk of harm and their medicines were not always managed or stored safely.

The provider took action to address the concerns we had identified. The registered manager was suspended pending investigation and was subsequently summarily dismissed. A new and suitably skilled and qualified manager was deployed in the home. A detailed home improvement plan was developed which identified what action needed to be taken and quality assurances processes were put in place to ensure people were safe.

At this inspection we found that significant improvements had been made but that further improvements were still required. At our last inspection we had found that a person who was prone to falls was at risk because they chose to spend time in their room and would attempt to walk without requesting the assistance staff. The new manager had addressed this by installing a room sensor that would detect movement and alert staff that the person required assistance. The manager told us that this had been discussed with the person's advocates at a best interest meeting and it was agreed that the room sensor would be required throughout the day and night-time. When we checked to see if the room sensor was in place; we found that it was inoperable. It had not been fixed to the wall and had been inadvertently turned against the wall rendering it ineffective. This put this person at risk of falls. We also found that bedrail

protective bumpers had been fitted incorrectly to two people's beds. This left gaps between bedrails exposed which presented entanglement hazards to the relevant people.

Another person who had been assessed at high risk of falls due to wandering at night time unbeknown to staff had been supplied with a pressure sensor mat in their bedroom to alert staff when they got out of bed. However, we could see from the records that this had not always alerted staff as on two separate occasions the person had been found wandering the home at night time and the pressure sensor mat had not activated the alarm. We found that neither the manager nor the deputy manager had been informed of these incidents and the person's care plans and risk assessment had not been reviewed and revised in the light of them.

The service continued to be in breach of Regulation 12 of the Health and Social Care Act.

The manager took immediate action to address these concerns and before we left the home. The room sensor had been fixed to the wall properly and bed rail bumpers had been fitted correctly and care plans and risk assessments had been reviewed and revised as required.

At out last inspection we had found that medicines were not being stored safely so people were at risk. We found that all concerns identified with the safe storage of medicines had been addressed. Medicines were stored securely in locked medicines cabinets, secured to the wall and in locked designated medicines room. The manager carried out routine checks at least twice a day to ensure that medicines were stored securely and a medicines review was carried out after every medicines round to ensure people received their medicines as their doctor had prescribed them. We carried out a medicines check and found that medicines were recorded and administered safely, with two exceptions. We found gaps in recording of one person's topical medication and incomplete records of the administration of a prescribed thickener to be used in another person's drinks to reduce the risk of chocking and aspiration. Staff told us that these people had been given their topical medication and thickener and gaps in recording were down to oversight. The manager acknowledged that recording remained an area for development.

The manager and the regional manager told us that they were aware that further development was required to ensure effective communication between managers, nurses and care staff and made further amendments to the home's improvement plan. This will help to ensure further progress is made and sustained.

The new manager presented as an enthusiastic and caring professional who was skilled at involving people and developing solutions to problems and concerns. Nursing and care staff presented with confidence and we could see that the home was generally well organised, well managed and staff were well supported. Two visiting relatives were extremely pleased with what they said the new manager had achieved in a short period of time .One relative, who was moved to tears, told us how the new manager had listened to them and acted on their concerns to improve care provided. Another relative gave an excellent example as to how the new manager had taken action when they felt staff had presented with poor and inappropriate attitudes. They said "they nipped it in the bud".

The provider had safeguarding procedures in place and staff confirmed that they were aware of what to look out for and what action to take if they had any concerns that people were being harmed or abused. We saw incidents had been appropriately notified to the Care Quality Commission since our last inspection. We saw safeguarding investigations had been carried out and learning was shared at staff meetings. Nursing staff were briefed at the daily "Ten minutes at 10am meetings" (known as "10 at 10" meetings) regarding any presenting issues or concerns as to the welfare of the people living in the home.

We looked at staff rotas for day and night staff, ancillary staff and cooks and could see that there were enough staff on duty to provide safe and effective care. All of the people we spoke with were satisfied with staffing levels.

Recruitment and selection of staff was carried out safely with appropriate checks made before new staff started working in the home. This reduced the risk of employing unsuitable people.

Incidents and accidents were well documented and analysed for any patterns or trends. Care plans had risk assessments completed to identify the potential risk to people. The risk assessments were clear and contained information for staff about potential risks and what steps to take to minimise these risks. We could see that they had been reviewed since our last inspection and where necessary revised to ensure people's needs were met.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. Staff had access to and used personal protective clothing when delivering care as well as when serving food. A recent infection control audit indicated that standards were improving with an overall score of 78% being achieved. The new manager told us that improvement in infection control was being driven via one to one discussions with staff at supervision and staff meetings, staff training and continuous monitoring.

Requires Improvement

Our findings

All the people spoken with during the inspection told us that they received effective care that met their needs. The atmosphere in the home was warm and welcoming and people spoke freely and openly about their experience of living at the home. One person said, "I feel happy, the staff make me feel like I'm their Mum, oh yes I really do feel involved. They tell me what is going on in their lives, I like that, it makes me feel important. I feel valued." Another person said, "The new manager is lovely, very good. The important thing is he listens, yes we are involved and we are treated with dignity and respect."

There was unanimous praise for the standard of catering. All people without exception told us that they enjoyed a varied nutritious diet of home cooked food. Comments included, "The food is very good it always has been", "The food is very, very good".

At our last inspection in August 2017 we had found that people did not always receive safe and effective care. Staff had received training in relevant topics but lacked knowledge and skills in hazard analysis, risk assessment, the Mental Capacity Act and safeguarding vulnerable adults and they did not always know how to assist people with their decision making.

At this inspection we found that significant improvements had been made but there was room for further improvement. We could see that care and nursing staff were more confident and were being empowered to take the initiative to respond to concerns as and when they arose. They told us that the new manager provided effective support, was approachable and open and honest with them as to what they did well and where they needed to improve.

All staff we spoke with presented with a good knowledge of the needs of the people they provided care for.

The manager had instigated a programme of quality assurance checks to ensure the required improvements were made and sustained. However, a planned weights audit programmed for the week before our inspection had not been carried out. Whilst we could see that people routinely enjoyed a varied and nutritious diet it was recorded on 3 November 2017 that one person, who was assessed at risk of malnutrition had lost 1.8kg unintendedly, but this had not resulted in review of their care. There was no evidence of subsequent consultation with the person's GP or dietician and no indication that food supplements had been considered.

The manager told us that they should have been informed of this either at the clinical risk meeting or at the

10 at 10 meetings but nursing and care staff had neglected to raise the matter. The Clinical Services Manager (CSM) advised that they had prepared a document to give to the manager which included reference to this person's weight loss but had not passed this on. Given that the person was already at risk of malnutrition before their unintended weight loss, 10 days before our inspection, action should have been taken immediately to ensure that they were receiving adequate nutrition.

There was also confusion regarding the correct setting of this person's pressure relieving mattress. We found that it was set incorrectly for a person who weighed 70Kg, when they only weighed 50Kg. An agency nurse told us that they had set the pressure mattress according to the setting recorded in the person's care plan. However, we could see that the given setting had been calculated incorrectly and therefore the pressure relieving mattress was not providing optimum protection.

The above comprised a further breach of Regulations 12 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.

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that 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 could see that care and nursing staff made sure that people had choice and control of their lives and supported them in their decision making where possible. The policies and systems in the service supported this practice.

We viewed paperwork in relation to MCA and DoLS and could see this was completed appropriately. Where people were subject of a DoLs authorisation staff were aware and senior staff told us that they were confident in completing a MCA assessment or DoLs application when required.

Staff told us that they received effective and regular mentorship, support, induction, supervision, appraisal and training and the home's staff training records supported this. We could see that staff had benefited from a range of relevant training courses including: Nutrition & hydration, behaviour that challenges, Mental Capacity Act and DOLs, food safety awareness, medication awareness Level 1, pressure ulcers for carers, pressure ulcers for nurses, and risk management for managers ,all with 100% compliance with the provider's standards. Other training courses completed included: Moving and handling, COSHH awareness, complaints handling in Bupa care services and infection control ,with between 85% and 90% of staff having completed the training. The manager advised that the staff training programme was designed to ensure that all staff received effective training in all required topics.

Supervision and appraisal records were maintained which enabled management to see at a glance that supervision and appraisal was taking place in a timely manner. Staff said supervision meetings and appraisals were valuable and they felt included in the process.

The frequency of staff meetings had increased since the new manager took over with meetings for all staff groups scheduled at least once a month. The most recent nursing staff meeting was held on 2 November

2017. It had an agenda which the manager and staff had devised. We could see that it was well attended and well documented and included a review of concerns, training, and required actions. Only issue was that it was not signed by those present. Also the notes of a general staff meeting held 3 October 2017 were informative. The notes showed topics discussed including the introduction of the new management team, but again did not indicate who was present at meeting. The new manager advised that this would be addressed for all future meetings.

Good

Our findings

We asked people living at Greengables Care Home and their relatives about the standard of care provided. All the people spoken with told us they were well cared for, their needs were met, they felt involved and they were treated with dignity and respect. One person said, "I am very well looked after, food good, everything is good, and I get regular showers just the way I like it." Another person said, "The important thing about the new manager is they listen. Yes we are looked after and yes we are involved; we are treated with dignity and respect." Relatives also made positive comments about standard of care provided. They told us that they were always made to feel welcome and were more than satisfied with the care provided.

At our last inspection we had found that care had not always been provided in accordance with the person's assessed needs and care plans did not always contain sufficient detail to enable staff to provide safe and effective care.

On this inspection we could see that standards of care had been improved. People living at the home and their relatives gave us examples as to how the standard of care had improved with their involvement. For example, one person told us that they get regular showers and said, "Just the way I like it, I don't like having baths."

We saw that the people living at the home were clean and well-presented and were dressed appropriately for the weather on the day and those being nursed in bed looked comfortable. We could see that people had good relationships with the staff. Throughout the inspection the care and nursing staff were observed to provide sensitive and compassionate care. We observed them taking measures to ensure the privacy and dignity of the person, such as opening and shutting bedroom and bathroom doors discreetly to preserve privacy and dignity. People were addressed in the name of their choosing and were offered choice and involved in day to day decision making wherever possible.

Staff spoken with presented with a good knowledge of people's needs including who was subject to a Deprivation of Liberty Safeguard decision, who had special dietary needs and who had a Do Not Attempt Cardiopulmonary Resuscitation best interest decision protocol in place, known as a DNACPR. (A DNACPR protocol is about cardiopulmonary resuscitation only and does not affect other treatment.) Care and nursing staff were also aware of people's personal preferences such as how they liked their tea and coffee, whether they preferred a bath or shower. Staff told us that the new manager provided clear direction on what was expected of them including reading care plans and knowing and understanding each person's

likes dislikes and personal preferences. We could see that this had a positive impact on the standard of care provided.

Before the inspection we spoke with a visiting general practitioner. They told us that they had good working relationships with the managers and staff who worked in partnership with them to ensure peoples' health care needs were met. We also received a report from the local authority's contracts monitoring officers. They told us that they had carried out a visit immediately before our inspection and found that standards of care were improved. Good communication between care staff, nursing staff and management was witnessed, staff training had improved and the people who used the service and their relatives spoke highly of the standard of care provided.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Good

Our findings

We asked people who lived at the home and a number of their relatives whether care provided was centred on the person's individual needs, whether they were involved in care planning and whether they were confident they could make a complaint if they needed to. People told us that they felt involved in their care and they were confident that their views would be taken seriously and acted upon. One of the relatives spoken with praised the new manager for the way he had involved them when their relatives care had been reviewed. They said, "He listens, you feel that you can speak to him, it's not like walking on eggshells, I'm not afraid to say anything he wants to know and he really does care."

When we carried out our last inspection in August 2017 we found care plans did not always reflect people's needs so some people were not always receiving care when they needed it. Staff lacked basic knowledge about people's needs and told us that they had not read care plans. At this inspection we found that the manager had instigated the "Resident of the day programme". This meant that each day one of the people resident at the home benefited from being involved in a review of their care with the involvement of their representatives if they chose. We could see that all 19 people resident at the home had had the benefit of a regular monthly review. Care plans demonstrated their and where appropriate their relative's involvement. For example, one person was assessed as being at risk of falls and needed to be supervised especially when attempting to stand and walk. However, it was their personal preference to remain in their bedroom during the day time and only wanted to sit in the lounge for short periods of time. Whilst staff wanted to respect this person's wishes they also wanted to ensure their safety. Because the person did not have capacity to make decisions themselves the manager organised a best interest meeting with the person and their representatives. It was agreed that the least restrictive way of ensuring this person's safety whilst respecting their wishes was to use a movement sensor in their room to alert staff when they needed assistance. When we checked this person's care plan we could see that an error had been made in the recording and it did not reflect the agreed arrangements for care. However, this was addressed on the day of the inspection. Another person told us how they had wanted to receive intimate personal care in a certain and way and that this was respected. We could see that their personal preferences were accurately recorded in their care plan.

Staff we spoke with told us that they knew people well and were expected to read care plans and familiarise themselves with people's needs and personal preferences.

Visits from other health care professionals, such as GPs were recorded so staff members would know when these visits had taken place and why.
The home employed an activities co-ordinator and in addition other staff supported and led activities. The

activity coordinator's role was to help plan and organise social and other events for people, either on an individual basis, in someone's bedroom if needed or in groups. We could see that a varied programme of events was on offer and on display around the home. One of the people told us that the home had organised a remembrance service on Remembrance Sunday and said, "It was really lovely, very respectful, we all enjoyed it." We also saw a small group of people on the way out one evening supported by staff. They said that they were going to get a Chinese takeaway and all looked jolly.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We could see that the home had received 10 complaints in 2017. We looked in detail at two of them and could see that they had been investigated and responded to appropriately.

The new manager kept a record of engagement with the people who lived at the home and their relatives and friends in a folder which he called the "You said, we did file". We found many examples of how changes had been made based on 'resident' feedback, for example menu changes, parties and speciality evenings and events. A "Residents/Relatives" meeting was held 12 November 2017. The minutes showed a wide variety of topics had been discussed with good level of attendance by staff, residents and relatives. The minutes of another residents' meeting on 12 October 2017 with the manager and four people who lived at the home addressed topics discussed including, laundry, kitchen, and activities.

Staff were aware of the need to plan for end of life care as required. We saw that relatives were asked to contribute to these care plans and where someone had been identified as being at the end of life, the GP had been consulted and appropriate provisions were in place for them to remain supported in the home.

Requires Improvement

Our findings

When we carried out our last inspection in August 2017 we found that the management of the home was inadequate to ensure the safety and welfare of the people who lived there. People were at risk of receiving unsafe and ineffective care because the management team failed to identify, assess and mitigate the risk of harm. The registered manager lacked knowledge of their requirements and responsibilities under the regulations. They failed to demonstrate the necessary skills and competencies to manage the home.

The provider took action to address the concerns we had identified. The registered manager was suspended pending investigation and was summarily dismissed.

A new and suitably skilled and qualified manager was deployed in the home. A detailed home improvement plan was developed which identified what action needed to be taken and quality assurances processes were put in place to ensure people were safe.

On this inspection we found that significant improvements had been made in the way the Greengables Care Home was managed which resulted in positive outcomes for the people who lived at the home. The provider had instigated quality assurance processes supported by an external quality manager to ensure the home's improvement plan was on track. The manager and other senior staff conducted a health and safety walk around twice each day and documented any issues and action taken to address them. Daily clinical audits were undertaken and weekly clinical risk meetings were recorded to address any presenting needs. A comprehensive monthly audit was completed with involvement of the external quality manager and regional manager. The report of the last comprehensive audit was dated 2 October 2017 and highlighted issues to be resolved and target dates for resolution with an indicative score of 31 out of 37. Quarterly health and safety audits were undertaken and actions taken to resolve any issues identified. For, for example, ordering of a new first aid kit. Health and safety committee meetings were held regularly, most recently 26 September 2017, to check that any identified actions had been completed.

Quarterly infection control audits were completed. There was an identified infection control lead who had carried out two audits since the pervious manager left. The first audit indicated a score of 67%. Actions to address findings were undertaken and another audit carried out on 5 October 2017 indicated a score of 78%.

We found however that some of the checks and audits undertaken by the manager were not always effective because they failed to identify the areas of concern we identified during our visit. For example, there were a

number of inconsistences in people's care records about their needs and care which had not been picked up by the provider's care plan audits. The care plan for a person who was deemed at risk of falls did not record all the measures that should have been put in place to ensure their safety. The pressure relieving mattress for a person assessed as at risk of developing pressure sores was set on too high a setting reducing its effectiveness and increasing the risk of pressure sores. The manager had not carried out a scheduled audit of people's weights so had failed to identify that a person who was already at risk of malnutrition had lost a further 1.8kg. Staff had not taken any action to address this increasing the risks of malnutrition. A room sensor had not been affixed to a person's bedroom wall and we found it had been inadvertently turned to the wall rendering it inoperable leaving the person at risk.

These examples demonstrate that some of the systems in place to monitor and address quality and safety issues were ineffective because they failed to mitigate potential risks to people's health, safety and welfare. This meant that the management of the service required improvement. This was a continued breach of Regulation 17 of the Health and Social Care Act.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Identified risks to the health and welfare of the people who used the service were not adequately mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person failed to mitigate the identified risks relating to the health, safety and welfare of service users