

Grandcross Limited

Begbrook House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 20 November 2015 and was unannounced. The last full inspection took place in January 2015 and, at that time, four breaches of the Health and Social Care (Regulated Activities) Regulations 2010 were found in relation to safeguarding, supporting staff, records and assessing and monitoring the quality of service provision. We also found a breach of Regulation 18 of the CQC (Registration) Regulations 2009 relating to the failure of the provider to notify the Commission of an important incident. These breaches were followed up as part of our inspection.

Begbrook House Care Home is registered to provide personal or nursing care for up to 32 people. At the time of our inspection there were 27 people living in the service.

There was no registered manager in place. 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

Summary of findings

and associated Regulations about how the service is run. A manager has been in post since September 2015. They have yet to submit their registered manager's application form.

In January 2015, we found that staff were not consistently supported through an effective training programme. At this inspection we found that insufficient improvements had been made.

In January 2015, we were not satisfied that records were accurate and reflected the current needs and care people were receiving. Although work had been progressed since our previous inspection, care plans did not always consistently reflect people's individualised needs. Care plans were not consistently written in conjunction with people or their representative.

In January 2015, we found that the provider had not responded to a safeguarding incident appropriately. They had not followed their own safeguarding policy and procedures and those of the local authority safeguarding team. At this inspection we found that sufficient improvements had been made.

At our last inspection in January 2015, we found that the management arrangement in place to assess and monitor the level of service were not always effective. The previous registered manager had not notified the Commission of an incident when someone came to significant harm. At this inspection sufficient improvements had been made.

People's rights were not always being upheld in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make certain decisions themselves.

The majority of staff demonstrated kind and compassionate behaviour towards the people they were caring for. During the lunchtime service we observed staff treating people with kindness, but there was limited social interaction with people. Staff focussed on their tasks and did not spend time talking with people, even when they were assisting people to eat.

The staffing levels were sufficient to support people safely. Staffing levels were assessed by following the Care Home Equation for Safe Staffing (CHESS) dependency tool. The tool determines the level of staffing required whilst taking into account the dependency needs of the people who lived at the home.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

A dedicated activities coordinator was employed by the service. There was a structured weekly activities programme. This included pampering sessions, quizzes, bingo, arts and crafts, film shows and gentle exercises.

People and relatives had told us that that service had gone through a difficult time and had experienced changes in management and loss of staff. However, positive feedback was received about the new manager from people and their relatives and they acknowledged that things were improving.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Although staff knew their responsibilities in relation to the prevention and control of infection, we observed staff who went to provide personal care without wearing the appropriate Personal Protective Equipment (PPE).

The staffing levels were sufficient to support people safely. Safe recruitment processes were in place that safeguarded people living in the service. Robust checks were made before people started working in the service.

Staff demonstrated an understanding of how to recognise and report suspected abuse.

Requires improvement



Is the service effective?

The service was not always effective.

Staff were not consistently supported through an effective training and supervision programme.

People's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

People had their physical and mental health needs monitored and had access to healthcare professionals according to their specific needs.

Requires improvement



Is the service caring?

The service was not always caring.

The majority of staff demonstrated kind and compassionate behaviour towards the people they were caring for. We observed staff treating people with kindness, but there was limited social interaction with people.

We received mainly positive comments from people and their visitors about the level of care provided. People felt they were being treated with dignity and respect.

Requires improvement



Is the service responsive?

The service was not always responsive.

Care plans did not consistently reflect people's individualised needs. Care plans were not consistently written in conjunction with people or their representative.

People maintained contact with their family and were therefore not isolated from those people closest to them.

Requires improvement



Summary of findings

A complaints procedure was in place and the manager responded to people's complaints in line with the organisation's policy.

Is the service well-led?

The service was well-led.

Since the appointment of the manager the overall feedback from staff, people and their relatives had been positive and they had perceived a notable improvement in the running of the service.

People were encouraged to provide feedback on their experience of the service.

Good



Begbrook House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 November 2015 and was unannounced. The inspection was undertaken by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people were able to tell us of their experience of living in the service. For those who were unable we made detailed observations of their interactions with staff in communal areas. 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 to us.

We spoke with 12 people, four relatives and five members of staff. We also spoke with the senior clinical facilitator, the deputy manager and the manager.

We reviewed the care plans and associated records of seven people who used the service. We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision.

Is the service safe?

Our findings

In January 2015 we found that the service had not responded to a safeguarding incident appropriately. They had not followed their own safeguarding policy and procedures and those of the local authority safeguarding team. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During this inspection we found that sufficient improvements had been made. Where any form of safeguarding occurred the provider took the appropriate action. This included undertaking an appropriate investigation and referral to the appropriate external body.

Staff we spoke with demonstrated an understanding of how to recognise and report suspected abuse. All staff gave good examples of what they needed to report and how they would report concerns. Staff told us they felt confident to speak directly with the manager and felt that they would be taken seriously and listened to. They also advised that they would be prepared to take it further if concerns were unresolved and would report their concerns to external authorities, such as the Commission. Staff comments included; “If I had any concerns about people I would tell my manager and take it as far as it has to go”; and, “I would take it above home level, take it to regional level take it to CQC.” The training matrix identified that 81% of the staff had attended safeguarding vulnerable adults training. The manager was aware that further safeguarding training is required and assured us that this will be taken forward.

Staff understood the term ‘whistleblowing’. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

The staffing levels were sufficient to support people safely. Staffing levels were assessed by following the Care Home Equation for Safe Staffing (CHESS) dependency tool. The tool determined the level of staffing required whilst taking into account the dependency needs of the people who lived at the service. On the day of our inspection there were five care staff and one nurse on duty. One staff member had called in sick. To ensure that sufficient numbers of staff were maintained, the service used an agency member of staff.

Staff we spoke with believed the staffing levels were usually sufficient, and said they had support from the activity, housekeeping, catering and administrative staff. We spoke with a member of staff who worked the night duty. Night time staffing levels consisted of one nurse and two carers. They told us that the staffing numbers were sufficient for most of the night duty. They told us; “Sometimes it’s hard early in the morning, when people need help or start ringing their bells”. A carer on day duty said, “[the home manager] is improving the staffing levels”. Another member of staff told us, “If we need help, [the home manager] rolls up his sleeves and helps us”. People and visitors commented on the current shortage of permanent staff. They said there have been many changes over the past few months as a result of staff leaving the service. They feel there is a great reliance on agency staff, some of whom only stay for a day. The deputy manager told us of their current recruitment drive to appoint care staff and nurses. We reviewed staffing rotas from 26 October to 15 November 2015. Staffing levels were maintained in accordance with the assessed dependency needs of the people who used the service.

Although staff knew their responsibilities in relation to the prevention and control of infection, we observed three staff who went into people’s bedrooms to provide personal care without wearing the appropriate Personal Protective Equipment (PPE), such as an apron to help keep the risk of cross infection to a minimum. We observed staff wearing gloves when providing personal care. When we asked two staff about their understanding of infection control, both gave the correct principles, including hand washing and the use of gloves but only one mentioned using an apron. Staff not wearing the appropriate PPE when undertaking tasks had also been identified by the regional manager at their most recent monthly visit in October 2015.

Peoples’ rooms and communal areas appeared to be clean and odour free. It had been noted in a recent internal report that there were some unpleasant odours at time. It was noted that the service did have a full deep clean of the service, but there were still some residual smells, although these seemed to come and go. The manager was continuing to try and resolve this issue.

Recruitment and selection procedures helped protect people. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer

Is the service safe?

recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made in order to confirm an applicant's identity and their employment history.

Risk assessments in relation to keeping people safe were in place within care plans and had been reviewed monthly. These included assessments for mobility, falls, skin integrity, nutrition, choking and the use of bed side rails. Care plans were in place to reduce the risks specific to the individual. Some people were supported to move with the use of hoists. The type of sling required was completed in the care plan and people had their own individual slings. We received conflicting information from staff about the use of slings. One member of staff told us slings were shared between people. Other staff told us slings were for individual use. We told the manager about the staff not fully understanding about people having their individual slings and this needed to be addressed with staff members.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up.

Medicines were managed appropriately so that people received them safely. Medicines were ordered in 28 day cycles and delivered mainly in blister packs. Medicines were signed into the service following delivery, and recorded on the Medicine Administration Record (MAR) sheets. The MAR sheets contained photographs and details of allergies. Separate topical MAR sheets were maintained for creams applied by care staff. A topical medication is a medication that is applied to a particular place on or in the body. For example creams, ointments and lotions are applied topically on the skin.

Medicines were safely stored. A locked treatment room was used to store medicines, medicines that required cool storage, controlled drugs and dressings. The temperatures of the treatment room and the fridge were recorded daily.

We observed part of a medicine round. Medicines were transported around the service in a medicines trolley. Most medicines were signed for after they had been administered. We saw one medicine was signed for before the person had taken them. The medicine was paracetamol. The nurse told us, "I know she'll take them because she has asked for them". The nurse acknowledged this was not acceptable practice and told us they did not usually do this. We checked the MAR sheets and found no gaps.

Some people had documented details about how they liked to take their medicines. The nurse told us the people who had this documented were the people who preferred to take their medicines in a specific way. For example, for one person the instructions stated, "[the person's name] is able to take her medications one at a time with a glass of water." People told us they were happy with the way their medication was given and confirmed that staff waited until they had swallowed it before moving on, although we observed one person was given two tablets in the morning, and saved one of these to take later in the day.

We checked stock amounts in blister packs and two controlled medicines and found these were correct. We also randomly checked PRN medicines and found some of the stock amounts difficult to accurately check. This was because the code for medicine not required or refused was difficult to differentiate from the initials used to confirm administration. Medicines that are taken "as needed" are known as "PRN" medicines. Where PRN medicines were prescribed, protocols were in place, and these were stored with the MAR's.

Medicines were disposed of safely. Contractual arrangements were in place to collect medicines no longer required. A medicines policy was in place. A British National Formulary was available to provide guidance for staff. The formulary provided authoritative and practical information on the selection and clinical use of medicines.

Is the service effective?

Our findings

In January 2015 we found that staff had not received the appropriate training to enable them to carry out the duties they are employed to perform. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During this inspection we found that insufficient improvements had been made. Staff were not consistently supported through an effective training and supervision programme. The provider's supervision of staff policy was not being adhered to. The purpose of staff supervision; "is a two way process to monitor the provision of service and help staff development" and were meant to be conducted every three months. Some staff told us they had not received regular supervision. This position was reflected in the staff records. A number of staff had only received two supervisions this year. The lack of supervision meant that staff did not receive effective support on an on-going basis and training needs may not have been acted upon.

New staff undertook a period of induction and mandatory training before starting to care for people on their own. Staff told us about the training they had received; this covered a variety of subjects such as moving and handling, dementia care and first aid. The feedback from staff regarding the induction programme was mixed. One member of staff told me their induction was, "Quite good". Another member of staff told us they were allocated a mentor, but they still found that working with different staff, they had different views, specifically with regard to care documentation. The training records demonstrated that staff mandatory training was out-of-date and required up-dating. In July 2015 a letter had been sent by the previous home manager advising staff that training was a regulated requirement and the home was required to have at least a 95% compliance score. Despite this letter being sent the October 2015 regional manager's report stated that the current compliance for mandatory training is currently 58%.

There continues to be a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make

certain decisions themselves. In some people's support plans we did not see information about their mental capacity and Deprivation of Liberty Safeguards (DoLS) being applied for where needed. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. The home manager confirmed that DoLS applications had been made to the local authority for two people and there was a need to make further applications and it was on their "to-do list". This meant that applications had not been made to the local authority where people were currently being deprived of their liberty.

We found the documentation relating to resuscitation decisions to be inconsistent. For example, for one person, they had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) document in place. The document was completed in September 2013, and most recently reviewed in October 2015. The document included the detail, "Not discussed with patient as too unwell" and "Patient lacks mental capacity". The document was signed by the GP. There was no evidence of consultation or who had been informed of decision. The mental capacity assessment stated, "[the person's name] is able to make day to day decisions, but would like his wife to be involved in any major discussions". We looked at three other care records relating to DNACPR documentation. We noted that two of the DNACPR records were only signed by a medical officer and there was no written evidence that anyone else was involved and the third was discussed with the person it involved. The service did not consistently involve people (or their representatives if they were unable to make decisions for themselves) in the decision-making process

Staff we spoke with told us they had received training on the Mental Capacity Act 2005 and DoLS. They demonstrated a basic understanding that informed decision making and ability to consent was dependant on people's mental capacity. One staff member told us; "if someone can't make a decision, always put their best interest first, even if it's not right for you" whilst another member of staff said, "Even with people with dementia you must still offer choice. Respect their independence. We must not take away their choice and if they are unable to make a safe decision, someone else or their family makes the decision for them for their safety and welfare." The

Is the service effective?

provider's training statistics also demonstrated that a number of staff had yet to receive Mental Capacity Act and DoLS training. It was noted that the provider's compliance figure for Mental Capacity Act training was 61% and for DoLS it was 33%.

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

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. For example, we spoke with one person who told us; "The food is ok but I've lost some of my taste". This was documented in the person's care plan. The person preferred small portions of food and they had supplements prescribed. The person had involvement from the Speech and Language Therapist (SALT) team, and had been discharged from their care. Their BMI was currently 17 and their weight was stable. Where people had specific dietary needs, for example, due to a diagnosis of diabetes, there was clear guidance documented for staff on

the type of foods the person could eat. We spoke with the chef who demonstrated a sound understanding of people's specific dietary requirements, allergies and required consistency of food.

We observed people being offered a choice of food and drinks at the lunchtime service. If a person did not like the choices on offer the chef provided an alternative. We received mixed comments from people regarding the food; "Food is hit or miss"; "The food is very good. I have a cooked breakfast every morning, the cook brings it to my room and it is still hot." Relatives comments included; "The food always looks good, lunches are outstanding but teatime sandwiches at not so good" and "They cater well for my loved one who has a soft diet."

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs. We also saw records that people had access to other external health services such as optician and a chiropodist. We also viewed referrals being made to a Speech and Language Therapist and an audiologist.

Is the service caring?

Our findings

The majority of staff demonstrated kind and compassionate behaviour towards the people they were caring for. During the lunchtime service we observed staff treating people with kindness, but there was limited social interaction with people. Staff focussed on their tasks and did not spend time talking with people, even when they were assisting people to eat. At times there was little or no description of the food being served and they were not talking to people who they assisted to eat. One person was not positioned correctly in their wheelchair and they were sliding down their chair. Owing to them not being upright they were unable to eat their food properly and they dropped their food and fork on the floor. They were in this position for five minutes until a member of staff offered to cut their food and positioned them more comfortably in their chair.

We observed positive caring interactions between staff and the people they were supporting. At lunch time one person became distressed because they felt unable to eat the food. This was remedied by the chef as they cooked an omelette for the person and this alleviated their distress. Another person, who was unsteady on their feet was walking around seemingly lost and distressed. The manager sat with them and reassured them in a calm manner. The manager then assisted the person to select some music. This enabled the person to relax and sit quietly. Staff addressed people by their preferred name and where terms of endearment were used, people responded positively.

We spoke with staff who gave examples of how they ensured people were treated with dignity and respect, “We always make sure doors are closed when we are giving care” and “Knock before we go into a room”. One nurse told us, “I watch the care staff to make sure they being respectful and I would tell them if they weren’t.” We observed most staff knocking on people’s bedroom doors before entering but we observed more than three staff who on at least seven occasions entered people’s bedrooms without knocking prior to opening the closed door. We observed one staff member who walked straight into a person’s bedroom where the door was open, without knocking and not holding any conversation with the person before leaving the room.

We received mainly positive comments from people and their visitors about the level of care provided. People felt they were being treated with dignity and respect. Comments included: “All staff are caring. I have a good relationship with them and we have a laugh”; “Staff are alright, they let me watch television all day and bring me my food; and “Staff who know me are brilliant and will do anything for me but now we have others who do not know anything about me.”

Generally, people said they would feel comfortable in raising a concern if they needed to, although one person told us they felt they were nagging when asking for their bed to be made before lunchtime when they knew staff had more important things to do.

Is the service responsive?

Our findings

At our last inspection in January 2015 we found that the people's care plans were not sufficiently detailed to help staff provide personalised care based on people's current needs. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During the inspection we found some improvements had been made. It is on-going work the service is developing. To ensure that people's personal and clinical needs are met, a senior clinical facilitator attends the service at least two days a week. They have been reviewing clinical practice, person care planning and evidence of care documentation. Examples of evidence of care included nutritional and pressure ulcer risk assessments. The senior clinical facilitator writes weekly reports where concerns have been identified and actions that need to be taken forward. To ensure staff were fully competent and taking forward the necessary recommendations, the senior clinical facilitator had also implemented a clinical and personal care plan training programme.

We saw a wound management plan in place for a person who was admitted to the service with two leg ulcers and a pressure ulcer on their heel. The initial wound assessment was dated as completed two days after admission. The wounds were photographed, there were wound assessment details, and wound care plans in place. There was evidence of involvement from the practice nurse at the GP surgery, and involvement, guidance and instruction from the Tissue Viability Nurse (TVN). The TVN had advised on the 18 November for a specific type of bandaging to be commenced. We spoke with the registered nurse who told me this had been commenced and the nurses had been shown how to undertake the required bandaging technique. Some of the terminology used within the care plan was not appropriate. For example, "Wound redressed as has become mucky and wet" was recorded on the 24 October 2015. The person had a pressure relieving mattress in place, The required setting was documented as 1-2, and the setting was at 4. The registered nurse changed the setting immediately. We randomly checked three other pressure relieving mattresses and found they were at the level as recorded on the positional change monitoring charts.

It was recorded in one person's care plan that they had been assessed as being aggressive, there was inadequate

guidance to staff on how to manage the aggressive outbursts. ABC charts had been not been completed. An ABC chart is an observational tool that allows a service to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating and incorporate strategies on how best to deal with challenging behaviour. This lack of guidance and strategies could potentially put staff at increased risk from harm.

There was written guidance for staff in a person's care plan, on the action to be taken to keep falls to a minimum. Detailed records of the falls were kept so that the service could build up an understanding of when falls were most likely to happen and therefore improve on preventing them. However out of 35 recordings there were six incidences where the time and location had not been recorded. This meant that the data was incomplete and reduced the accuracy of the charts being produced and potentially placed the person at harm.

'My life, my preferences' documents had been completed in some of the plans we looked at, but not all. This placed people at risk of not receiving the care and support they need, particularly with staff who were not familiar with their specific needs. We were advised by the manager that the documents were being developed and they have introduced a 'resident of the day' system which focused on a particular person on a rotational basis. The family of the person received an invite to attend the service to speak in person about their family member. People and their visitors told us that their care is currently being reviewed. One person told us that they had been asked who they wished to attend their review.

Although work had been progressed since our previous inspection care plans did not consistently reflect people's individualised needs. Care plans were not consistently written in conjunction with people or their representative.

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

A dedicated activities coordinator was employed by the service. There was a structured weekly activities programme. This included pampering session, quizzes, bingo, arts and crafts, film shows and gentle exercises. In the morning there was a coffee morning and this proved very popular with people who enjoyed the social

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interaction and cake. During the afternoon there was a bingo session which was well attended. We received a positive response from people about the activities provided in the service.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them. On the day of our inspection people were visiting and also taking people out of the service for the day.

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints file. Where issues of concern were identified they were taken forward and actioned. One person confirmed that they had complained regarding the loss of their relative's dentures and told us how the service took the issue forward to their satisfaction.

Is the service well-led?

Our findings

At our last inspection in January 2015 we found that the management arrangement in place to assess and monitor the level of service were not always effective. The previous manager had not notified the Commission of an incident when someone came to significant harm. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During the inspection we found improvements had been made. Where any form of safeguarding occurred the provider took the appropriate action. This included undertaking an appropriate investigation and referral to the appropriate external body. Procedures now ensure that nursing competency levels were maintained to an appropriate standard. Owing to the on-going work of the senior clinical facilitator, they were implementing measures such as care plan reviews and a training programme to ensure that staff were up-to-date with current practice and provided clinical treatment when necessary so people's needs were met.

Since the appointment of the manager the overall feedback from staff, people and their relatives had been positive and they had perceived a notable improvement in the running of the service. A recent resident and relatives meeting had been held which enabled an open forum for discussion and enabled people to express their opinions. There was a general feeling expressed in the meeting that there have been some improvements in the home and that communication in particular has improved.

Staff spoke positively about the manager. Comments included; "He is very approachable" and "He makes us feel appreciated which is lovely." A recently appointed member of staff told us, "There is good support from the managers here, I wouldn't hesitate to go to them if I had a problem". The manager communicated with staff about the service to involve them in decisions and improvements that could be made; we found recent staff meeting minutes demonstrated evidence of good management and leadership of staff within the service. Agenda items identified action items which needed to be taken forward such as the accuracy of care documentation and the need to improve call bell response times. The manager also held

daily flash meetings with heads of departments to communicate current concerns and actions required. Progress would be reported back to the manager the following day.

The manager undertook daily management checks which involved an inspection of the environment of the building and a random review of a person's care plan records. Any issues were reported back to the team to action.

The regional manager visited the service regularly. The visits were used as an opportunity for the regional manager and manager to discuss issues that related to the quality of the service and welfare of people. The regional manager's recent audits had identified a number of failing issues that needed to be taken forward by the service. They were similar to concerns that we had identified during our inspection such as omission of challenging behaviour plans and the inconsistent person-centred care documentation and the need to improve interaction. The manager acknowledged that improvements were still required regarding their record-keeping. To ensure improvement continues to be made, the manager had incorporated a care plan audit system. They reviewed each section of a number of resident's care plans each month. They made recommendations and then reviewed the actions had been completed. We saw records that confirmed these audits and recommendations were being taken forward.

We did note that the manager needed to assess the systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. Some audits such as human resource and training audits had not been undertaken since the departure of the previous manager and required up-dating.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. Annual surveys were conducted with people and their relatives or representatives. Where concerns had been expressed regarding staffing issues and call bell response times. The manager has implemented strategies to deal with the issues of concern. People and their relatives had told us that the service had gone through a difficult time and had experienced changes in management and loss of staff. However, positive feedback was received about the leadership from people and their relatives and they

Is the service well-led?

acknowledged that things were improving. The manager had made a point of being accessible and people told us he was very approachable and they had got to know him in a very short space of time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Staff were not consistently supported through an effective training and supervision programme.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent
People's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make certain decisions themselves.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Care plans did not consistently reflect people's individualised needs. Care plans were not consistently written in conjunction with people or their representative.