

Fieldway Residential Home limited

Fieldway Residential Home

Inspection report

5 Fieldway
Adamthwaite Drive, Blythe Bridge
Stoke On Trent
Staffordshire
ST11 9HS

Tel: 01782388332

Date of inspection visit:
17 July 2018

Date of publication:
21 August 2018

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?

Inadequate 

Summary of findings

Overall summary

We completed an unannounced inspection at Fieldway Residential Home on 17 July 2018. When we completed our previous inspection on 8 November 2017, we found breaches in Regulations 12, 17 and 19. The provider did not have safe medicine management systems in place, the environment was not managed to keep people safe from the risk of harm, staff were not always recruited safely and the systems to monitor the service were not effective. The service was rated as Requires Improvement overall.

Following the last inspection, we served a warning notice and we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions safe, caring and well led to at least good. At this inspection we found that the provider continued to be in breach of Regulation 17 as sufficient improvements had not been made. You can see what action we told the provider to take at the back of the full version of the report.

Fieldway Residential Home is a 'care home'. People in care homes receive accommodation and 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.

Fieldway Residential Home accommodates up to 18 people in one adapted building. At the time of the inspection there were 15 people using the service.

There was a registered manager at the service. 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 has been a consistent failure to implement sustainable improvements in the service and the provider has failed to implement effective systems to monitor the quality or safety of care provided to people.

The system in place to manage staff vacancies was not effective and had impacted on other areas of the service. For example; the effective cleaning of the service. This meant that areas that required improvement had not always been identified because the registered manager had not monitored the service as required.

Records did not always contain accurate and up to date information to ensure that people's risks were mitigated. There was a lack of proactive planning and management of the service, which meant there was not a clear view of the improvements needed.

Improvements were needed to ensure the registered manager had a system in place to ensure they proactively identified areas of concern and lessons were learnt when things went wrong. Improvements were needed to ensure that medicines were managed safely and infection risks were mitigated to protect people from potential harm.

Improvements had been made to ensure the environment was safe. However, further improvements were needed to the design and décor to meet people's needs.

Risks to people's health and wellbeing were managed because staff knew people well, which ensured people were supported safely.

People were protected from the risk of abuse, because staff understood how to recognise and report suspected abuse.

There were enough suitability recruited and skilled staff to provide support to people. Staff had received training to ensure they had sufficient knowledge to carry out their role effectively.

People were supported with their nutritional needs and advice was sought from health and social care professionals to maintain people's health and wellbeing.

There were systems in place to ensure people received consistent care from staff within the service and also from staff from external agencies.

People received the least restrictive care and treatment to keep them safe in line with the Mental Capacity Act 2005.

People received support from staff that were kind and compassionate. People's dignity was respected and their right to privacy upheld. People were supported to make choices in line with their individual communication needs.

People received care that met their preferences. People's lives, cultural and diverse needs were assessed and considered to enable individualised care that met all aspects of people's needs. People had opportunities to participate in social activities, interests and hobbies.

The provider gained information about people's end of life wishes to ensure their preferences were respected at this stage of their life.

People and their relatives knew how to complain. Complaints received had been investigated and responded to in line with the provider's policy.

People, relatives and staff felt able to approach the registered manager and feedback had been gained from people about their care.

The provider understood their responsibilities of their registration and worked in partnership with other agencies.

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 consistently safe.

Improvements were needed to ensure people received their medicines as required. People were not always protected from the risk of infection. There were enough suitably recruited staff available to meet people's needs in a safe and timely manner. However, improvements were needed to ensure staff shortages were managed in a way that did not impact on other areas of the service.

Improvements were needed to ensure the registered manager had a system in place to ensure they pro-actively identified areas of concern and lessons were learnt when things went wrong.

People were safeguarded from abuse because staff understood how to recognise and report suspected abuse. People's risks were managed because staff and the registered manager knew people well and they were supported by a consistent group of staff.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Improvements were needed to the design and décor to ensure the environment met the needs of people who used the service.

People's needs were assessed and planned for to ensure they received effective care that met their needs. People were supported by staff that were sufficiently trained to carry out their role.

People's nutritional risks were managed. People's healthcare needs were met and advice was sought from healthcare professionals to ensure people's wellbeing was maintained.

The Registered Manager and staff adhered to the principles of the Mental Capacity Act 2005 and people received support in the least restrictive way possible.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Improvements were needed to ensure people's dignity was consistently respected. Staff were caring and kind. Staff showed patience and compassion when they supported people and treated people with privacy and respect. Staff understood people's individual ways of communication which ensured people were enabled to make choices to the way their care was delivered.

Is the service responsive?

The service was not consistently responsive.

People's care was reviewed. However improvements were needed to ensure these were consistently updated to ensure people received care that met their changing needs. People received care that met their preferences and they had the opportunity to be involved in activities within the service. There was a complaints procedure available for people and their relatives to access if required and there was a system to respond and log any complaints received. The provider gained information to ensure people were supported in a way that met their needs at the end of their life.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The provider had not taken action to bring about sustainable improvements following previous inspections at the service. The service had been rated requires improvement at three consecutive inspections, and there was a lack of proactive planning and management of the service.

The system in place to manage staff vacancies was not effective and had impacted on other areas of the service. This meant that areas that required improvement had not always been identified because the registered manager had not monitored the service as required. Records did not always contain accurate and up to date information to ensure that people's risks were mitigated.

People, relatives and staff felt able to approach the registered manager and the management team. Feedback was gained from people, relatives and professionals to inform service delivery.

The registered manager understood their registrations with us and reported any events that had occurred at the service. The provider had displayed the rating of their last inspection as

Inadequate ●

required.

Fieldway Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 17 July 2018 and was unannounced. The inspection team consisted of two inspectors.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with the CQC about the incident indicated potential concerns about the management of people's risk of falls. This inspection examined those risks.

We used the information we held about the service to formulate our planning tool. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We received information from local authority commissioners to gain their experiences of the service provided.

We spoke with six people and two relatives. We also spoke with three care staff, the deputy manager, the registered manager and the finance officer. We observed how staff supported people throughout the day and how staff interacted with people who used the service.

We viewed four records about people's care and five people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance records, and four staff recruitment and training files.

Is the service safe?

Our findings

At our last inspection, we found that people's medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements were still needed because there were still risks associated with the management and medicines and infection risks were not always minimised.

Infection control risks had not always been acted on to protect people from the risk of infection. The service had no mal odours and we saw that communal areas, toilets and bathrooms were clean. However, we found a settee in the small lounge that was worn and had breaks in the leather which posed an infection risk. There were four pressure cushions that were worn and the zips were broken which meant that these were not fit for purpose and posed a possible infection risk. Two of the pressure cushions we viewed were also unclean. We checked mattresses in eight rooms and found that two mattresses were stained and had not been adequately cleaned, although the beds had been made by staff. The registered manager told us that the cleaner had been away due to sickness and care staff had tried to complete the cleaning alongside their other duties. They said, "The night staff have made these beds and they should have checked they were clean. I think this has caught up with us as we have made sure rooms, toilets and sinks are clean but not the mattresses as we haven't checked these". The registered manager removed the cushions from being used and ensured the mattresses were cleaned after we had alerted them to the concerns. This meant improvements were needed to ensure people were at risk of infection because equipment was not always clean.

People told us that they were supported with their medicines when they needed them. One person said, "Staff sort my medicines for me and if I have any aches and pains I only have to ask staff and they give me some painkillers to help". Although some improvements had been made to the way medicines were managed further improvements were required. Medicines were administered by staff in a dignified way and safe storage practices were followed. However, we found that improvements were needed to ensure that people had received their medicines as required. For example; we checked the stock of five people's medicines to assess whether people were receiving their medicines as prescribed. We found that three people's medicines in stock did not match the amounts on the Medicine Administration Records (MARs). For example; one person's MARs showed that there were two extra tablets than the amount we counted. We checked another person medicine and they had one tablet in stock. However, the MAR we viewed stated that there was none in stock. The registered manager stated that they did not carry out checks on stocks of these boxed medicines and was unable to explain why these were incorrect. Therefore we could not be assured that people had received their medicines as prescribed as the number of medicines held in stock did not match the number that had been recorded as having been administered. This meant that improvements were needed to ensure people had received their medicines as prescribed.

People told us there were enough staff available to meet their needs. One person said, "Staff are always around if I need them and they come straight away. I don't have to wait". We saw that there were enough staff available to meet people's needs. For example; we saw that people were supported as required if they needed to go to the toilet, if people needed assistance with food and staff provided activities throughout the

day. Staff told us that there was always enough staff to meet people's needs as they covered when staff were off sick or on holiday. The registered manager told us that they also covered the rota and provided care to ensure people's needs were met in a consistent way by staff they knew. They told us and we saw that they were in the process of recruiting new staff at the service. However, we saw that this way of covering staff vacancies had affected other areas of the service. For example; cleaning of pressure cushions and mattresses had not been consistently completed, records had not always been updated and the monitoring of the service had lapsed. This meant that there were enough staff available to meet provide support to people when they needed it. However, improvements were needed to the way staff shortages were managed.

People, relatives and staff felt involved in the service and told us they felt the management were approachable and acted on issues if they raised any concerns. We found that the registered manager made changes to the way people received their care following feedback from professionals. However, there were no systems in place to enable the register manager to pro-actively recognise when things went wrong and to learn from these issues before they had been highlighted by other professionals such as; the local authority monitoring officer and inspectors from the Care Quality Commission. This meant that improvements were needed to ensure there was a system in place to identify concerns and learn from these in a pro-active way.

At our last inspection, we found that the provider's recruitment procedures did not always protect people from potential harm. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the regulation was met.

Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character through the Disclosure and Barring Service (DBS) and references from previous employers. DBS carries out criminal record checks to ensure staff are suitable to work with vulnerable people. This meant people were supported by staff that were of suitable character and had been recruited safely.

People we spoke with told us staff supported them to move safely and they felt safe when staff helped them. One person said, "The staff are very good. I can't walk about so the staff help me. I always feel safe with them". Another person said, "The staff walk with me so I don't fall. I feel a lot safer with staff helping me". Staff we spoke with explained people's risks and had a good understanding of how they needed to support people to remain safe from harm. We saw that people who were at risk of falls had plans in place to reduce their falls. For example; one person had sensor mats in their room, which alerted staff that they were moving. We saw staff responded to this alarm to ensure the person was safe. Another person was at risk of falling in their bedroom and through discussions with their relative and the registered manager they had agreed to spend time in the lounge where staff were able to monitor their mobility. The registered manager completed a 'concerns book' which detailed any changes in people's risks and support needs, which staff used as an update to the support they provided. However, these changes had not always been transferred into the care records. The registered manager told us they had not had time to update care records as they were regularly working as a carer due to staff shortages. This meant that people were safe because staff knew how people needed support to lower their risks.

People who used the service told us they felt safe from the risks of abuse and ill treatment. One person said, "I am treated very well by all the staff. I feel safe in their hands". Relatives we spoke with were happy with the treatment their relatives received. Staff we spoke with were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. One staff member said, "If I suspected abuse I would speak with the registered manager straight away. I know I can also contact other agencies

and CQC if I was concerned". The records we viewed showed that any concerns had been reported to the local safeguarding authority and an investigation had been carried out in order to keep people safe. This showed that people were protected from suspected abuse.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 8 November 2017. The topic areas relating to this concern were under the key question of safe in the previous assessment framework, but were moved to this key question when the framework was reviewed and refined. The provider was in breach of Regulation 12 because risks associated with the environment had not been minimised to protect people from harm. At this inspection we found that improvements had been made to meet the regulation. However, further improvements were needed to ensure the environment met the needs of people who used the service.

The service supported people who had varying stages of dementia and physical disabilities. We saw that the décor of the building was not maintained to a good standard and we observed that there were areas of the building where paint was stripped from the surface and some of the floors in the bathrooms were uneven. The building is wheelchair accessible and we saw people were able to mobilise in their wheelchairs from their bedrooms to the dining area. However, the dining area was cluttered and we saw that this area was being used to store items such as boxes of milk, a printer and a photocopier. This was a risk to people's safety whilst they were moving around the service. The home had some signage on the doors and around the home to make the home more dementia friendly. However, improvements were needed to ensure that the service followed best practice to ensure people with dementia maintained their independence by the design and layout of the service. The registered manager told us they had plans to make improvements, but there was no evidence to show what these plans were and when they would be completed. This meant some improvements were needed to the environment to ensure people were safe and promoted people's independence.

We recommend that the provider considers the guidance for dementia friendly environments produced by the National Institute for Health and Care Excellence (NICE).

People's care and support needs were assessed. One person had a care plan in place that addressed the person's needs in relation to their visual impairment. We observed care staff tailoring their approach with the person so that the needs of the person were appropriately met. For example; the staff ensured that they supported this person to move and they always had their glasses with them. The registered manager told us that individual assessments of needs were completed and then individual care plans were developed to best meet the needs of the person. However, we found that when people's care needs had changed their records had not always been updated to show the change in people's needs. The registered manager told us that this was because they had not had time to update people's files. This meant that improvements were needed to ensure changes in people's needs were consistently reflected in the care records.

Staff received training to enable them to effectively meet the needs of people. A relative told us that "staff have the skills and knowledge to meet [relative's] needs". Staff told us that they received a detailed induction and had regular training on specific subjects and could tell us what training they had received. For example; staff told us that they had received competency checks which ensured they were supporting people effectively. Staff told us that they were happy with the training and it was helpful to them in

supporting them in their role. This showed people were supported by suitably skilled staff.

People were supported maintain a healthy diet and choice was promoted. One person told us, "I always get offered two or three meal choices and I have asked for food that wasn't on the menu and it has been prepared for me". Care plans recorded people's dietary needs and preferences and care staff could demonstrate their awareness of this. We saw in one person's care plan that they were to be offered the choice of hot food at breakfast time as they had lost weight and they ate this food well. We observed staff offering and preparing two types of cereal for this person and then offering an alternative hot choice of food to encourage the person to eat. Staff could tell us about people's specific mealtime requirements and this was evidenced when we observed a person being given a modified plate and being offered support to hold cutlery. Staff supported this person sensitively and with patience. We also observed staff encouraging people to drink and reminding people of the importance of drinking regularly. People's weight was monitored where it was necessary to do so and we could see where other relevant professionals had been involved in relation to meeting and promoting people's nutritional needs. Although, we found concerns with the food and fluid monitoring charts we found that people had been referred to the appropriate agencies when required. This showed that people were given support to ensure their nutritional needs were being met.

The support people received was consistent and staff were aware of people's needs. A relative said, "We are always notified of any changes or updates". The registered manager told us that staff had handovers at the beginning of each shift and that this helped to ensure that information was being disseminated, particularly where people's needs had changed. For example; staff told us that they viewed the concerns book to keep updated of any changes at the start of each shift. Staff told us that they did not have regular team meetings however, we did see that staff had mechanisms in place that enabled them to communicate and share information between them daily. This showed us that staff worked together to deliver effective care.

People had access to healthcare services. A relative said, "Referrals are always made to the GP when this is necessary and the manager will always persevere to get the best outcome". The manager told us that they were considering the use of assistive technology that would enable them to have face to face skype calls with healthcare professionals such as the GP so that they would be able to respond to people's needs quicker and more effectively. We saw the equipment for this purpose, however it was not yet in use. Staff could tell us about the specific health needs of people and the documentation that we saw evidenced that referrals to healthcare professionals had been made. This showed us that staff worked in partnership with other organisations and that people were supported to maintain their health and wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making certain 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 make certain decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's consent was gained before staff provided support. One person said, "Staff always ask me if I need help and ask me if it is ok to help me". People were encouraged to make decisions about their daily living routines. One member of staff said "Everyone is different and may need time to make choices. We encourage people to independently make decisions". We observed staff supporting people to make decisions demonstrating patience and gave people the opportunity to respond. This meant people were supported to make decisions in a way that met their individual needs.

Where people were not able to make decisions about their care and support we checked that the provider

was meeting their responsibilities outlined in the Mental Capacity Act 2005 (MCA). Staff demonstrated to us that they understood the process for supporting individuals who could not make decisions about their care and support and we saw decisions were made in a person's best interests. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We spoke with staff and where people had authorised DoLS in place they understood why certain people had these restrictions in place to keep them safe and how they needed to support them in the least restrictive way. This meant that people were supported in the least restrictive way and in line with the MCA.

Is the service caring?

Our findings

At our previous inspection people's safety was not always considered, which meant the provider had not shown respect for people who used the service. We rated this area as requires improvement. At this inspection people's dignity was not always respected and this area continued to be rated as requires improvement.

People's dignity was not always respected. We found that some of the beds and mattresses we viewed were dirty. These beds had been made by the staff and meant that people's dignity was not respected as there was a risk that people were supported into an unclean bed. This showed that people's dignity had been compromised.

Although the way the service was managed did not always promote people's dignity, people told us that they were treated with dignity and respect when they were being supported by staff. One person said, "The staff help me in a sensitive way. I feel comfortable when they help me to wash and dress. They do it in a dignified way". We saw that staff spoke with people in a way that respected their dignity, for example; staff were discreet when they asked people what they needed help with. We observed a staff member supporting a resident with their meal. The staff member talked with the person, gave encouragement and asked them if they could wipe their mouth which enabled them to maintain their dignity. People were supported with personal care in privacy and were able to access private bedrooms and quiet areas when they wanted some time alone. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. This meant that people were treated with dignity and their right to privacy was upheld.

People told us that the staff were kind and caring towards them. One person said, "The staff are all lovely. They are very caring and kind. If I am feeling a bit low the staff come and chat to me and ask if I am okay. It makes me feel much better". Another person said, "Staff are really caring and charming". Another person said, "The staff are all very nice. They have a nice manner when they help me". Relatives we spoke with also told us that staff showed compassion towards their relatives. Relative's told us that they were able to visit their relatives at the service and staff were always warm and welcoming towards them. One relative said, "I am really happy with the care my relative receives here. The staff are very caring towards my relative. The atmosphere in the home is caring and it feels very homely".

We observed staff interaction with people and found that staff were caring when they provided support. For example; staff asked people if they needed support, asked if they were okay and stopped and listened to people when they were talking. People smiled and laughed with staff as they talked about things that were important to them. We saw staff had time to provide caring support for people in an unrushed manner and staff were able to sit and talk with people and encourage people to be involved in activities within the home if they wished. This showed that staff treated people with care, kindness and compassion.

People told us that they were given choices in how and when their care was carried out. One person said, "I choose lots of things. I am still quite independent and staff respect that. Staff ask what I need help with and

listen to me". Another person said, "I choose when I get up and go to bed, what I want to do, what I want to eat, everything really. The staff never make me do anything I don't want to". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. We heard staff asking people in a way that promoted their understanding and repeated questions if people hadn't heard or understood the question. People responded well to the way staff interacted and staff had a good understanding of people's ways of communicating their needs. One staff member told us how they read information out to a person who was partially sighted so that they had the same information available to them as other people who were able to read, such as notices around the home and also if the person received post from family members. This meant people were supported to make choices in line with their individual needs.

Is the service responsive?

Our findings

At our previous inspection we found no concerns and rated the responsiveness of the service as good. At this inspection we found that improvements were needed to ensure records consistently contained up to date information. This area was rated as requires improvement.

People and relatives told us they were involved in reviews of their care. One person said, "We chat about any changes regularly to make sure I get the care I need". We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their needs. For example; one person's review highlighted that they needed support to encourage them to eat as they had lost weight. The record had been updated which included how staff needed to support this person by offering different foods and helping them to use their cutlery whilst maintaining their independence. However, some reviews that had been undertaken had not always been updated in people's care records. Staff knew people well and understood these important updates in their care. However, there was a risk that people may receive inconsistent care because records were not always up to date.

People told us that they received care in a way that they preferred and they were involved in the planning of their care. One person said, "I was asked about how I like things to be done. Staff always check with me first to in case I have changed my mind". A relative said, "We have been involved and continue to be involved. We are kept informed of any changes". Staff supported people throughout the day in line with their preferences and staff knew people well and understood how people preferred their support to be carried out. We saw that people's preferences and interests were detailed throughout the support plans, which showed people's lifestyle history, people's cultural needs and people's current physical and emotional wellbeing needs. The information we viewed gave a clear picture of each individual person and ensured that people's preferences were met in all areas of their care. The registered manager showed us how they had updated assessment records to ensure people's diverse needs were considered, which included people's cultural, religious and sexual preferences. This meant people received care that met their preferences.

People told us that they participated in activities within the service. One person said, "We play games, do quizzes and we also listen to music and dance". Another person said, "I like having my hair done too, it makes me feel good as I take pride in my appearance. I have my dog with me too. It's great because they are like my family and I was so pleased I was able to bring them with me". This person told us that they were able to take their dog for walks and they go to church when they wanted to. During the inspection we saw that some people were reading and other people joined in with the music and dancing. People were happy dancing with staff and were enjoying themselves. This meant people social needs were met.

People and relatives told us they knew how to complain and felt able to approach staff if they were unhappy with the service they received. One person said, "I speak to the manager if I have any issues. I have had a few 'niggles' nothing serious and they have always been sorted". A relative said, "I would raise any concerns with [registered manager's name]". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that investigations were carried out after a complaint and a response was forwarded to the complaint to show the action taken. This meant that people's

complaints were listened to and acted on to make improvements.

At the time of the inspection there was no one who was being supported at the end of their life. However, we found that people's end of life wishes had been gained to ensure they were involved in the way they were cared for at this stage of their lives. This included information about people who were important to them, specific clothes they would like to wear and the arrangements they had in place after their death. The registered manager told us a specific care plan would be completed when people reached this stage of their life to ensure people were treated in a caring way in line with their wishes.

Is the service well-led?

Our findings

At our last inspection, we found that the provider's systems to monitor the service and mitigate risks to people were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider continued to be in breach of this regulation.

The provider has consistently failed to implement systems to monitor, assess and improve the quality of care provided to people in the home. At our previous three inspections carried out in February 2016, November 2016 and November 2017 we found that improvements were required in aspects of people's care. A warning notice was issued at the last inspection to bring around improvements to the management and governance systems at the service. We found that there were still some areas of the warning notice that had not been met. The provider has been unable to implement sustainable improvements in the quality of care that people received.

During this inspection we found that there continued to be a lack of proactive management at the service. We saw that the registered manager had implemented some changes when they had been made aware of these by other agencies, such as; the local authority and from inspections. For example; a maintenance log, PRN protocols in place, daily records checked to ensure staff were completing these as required and checking amounts of pain medicines in stock. However, the provider or registered manager had not considered or implemented other systems to continually monitor all areas of the service. They were reliant upon external agencies to direct the action that they took to improve the quality and safety of care that was provided to people. The provider did not have an audit system in place to ensure that they had an overview of the service and the registered manager was carrying out the responsibilities of their role. Our inspection found that risks to people had not been mitigated and areas of poor practice had not been identified to make improvements to people's experience of living in the home. This demonstrates an inability to monitor, improve and sustain the improvements to the quality of care for people who use the service.

People were not protected from the risk of infection because infection risks were not always mitigated. For example; equipment was not always clean and fit for purpose. Wheelchair arms were dirty and the hoist had areas of dirt on the lift mechanism. Four pressure cushions that were worn and the zips were broken which meant that these were not fit for purpose and posed a possible infection risk. Two beds had been made by staff, however, there were stains that had not been adequately cleaned. The registered manager told us that the cleaner had been away due to sickness and care staff had tried to complete the cleaning alongside providing support to people. The registered manager said, "This has caught up with us as we have made sure rooms, toilets and sinks are clean but not the mattresses and cushions as we haven't checked these". The registered manager did not have a system in place to check that mattresses and cushions were clean and fit for purpose. This meant that there was not a system in place to ensure the risks associated with infection were mitigated to protect people from potential harm.

Care records were not always up to date and accurate and care plan audits had not been completed, which meant the registered manager had not identified these issues. For example; one person's risk of

malnutrition was detailed in the concerns book and care plan but there was not a risk assessment in place. We found two people's risk assessments did not contain the information that was in the care plan and did not reflect the level of risk that staff told us they supported people with. Another person was new to service and we saw their records did not contain information regarding this person's pressure care needs. Staff were aware of how this person needed to be supported, however, this detailed information was not available to give guidance to ensure consistent support was provided. The registered manager said, "I haven't been able to get to round to updating the records but staff know what they are doing from the concerns book. These are the things that haven't been completed because I am providing care". This meant that records were not always up to date and accurate and the system in place to identify concerns was not being utilised effectively to identify and rectify issues.

The system in place to monitor people's food and fluid was not effective. For example; we saw there were food and fluid charts in place for people who were at risk of dehydration or malnutrition. However, these charts and the care plans did not give staff guidance on the total amount people needed to eat or drink to keep them safe. The fluid charts we viewed had not been totalled at the end of each day to ensure people had eaten and drank sufficient amounts. The registered manager stated that they should put the amounts on the charts but they had not had time to do this and the staff were responsible for the totalling of the charts. We did see that people had been referred to the GP and dieticians when needed to ensure people had adequate nutrition. However, the system in place to ensure people were eating and drinking sufficient amounts on a daily basis was not effective.

The system in place to monitor medicines was not effective. We found that the amount of three boxed medicines did not match the amounts recorded on the MARs. We asked the registered manager how they checked the stock control of these medicines. They said, "The Quality Monitoring Officer from the local authority asked me to check the stock of pain killers but did not mention the other medicines. So, I haven't checked those". This meant that the registered manager did not have an effective system in place to ensure that all medicines were managed safely.

We saw that the Quality Monitoring Officer (QMO) from the local authority had visited the service on 4 July 2018 and had identified areas that needed improvement. The registered manager had implemented a protocol for a person's medicine as advised by the QMO. However, other areas had not been acted on as we found concerns in these areas such as fluid and food totalling, care file audits needed, environment issues and incident monitoring. The registered manager told us they had not had time to complete these actions because they had been providing care. This meant that the registered manager had not taken swift action to make improvements to the service.

The system in place to manage staff vacancies was not effective. There were enough staff to ensure people received support when they needed it. However, the registered manager had been providing care frequently which had impacted on the monitoring, quality and governance of the service. The registered manager told us they were regularly providing care to make sure people's needs were met but they had not been able to carry out their role effectively because of this. The registered manager was unaware of the concerns we raised and issues had not been mitigated to protect people from potential harm. Staff told us that there had not been a staff meeting for some time and they stated this was due to the staffing issues and there was no time for meetings. The showed that the ineffective management of staffing was having an impact on other areas of the service.

The above evidence showed that the systems in place to monitor and mitigate risk to people were ineffective. The management of staff vacancies was ineffective and had impacted on the way the service was managed. The provider had not ensured that improvements were identified and sustained at the service.

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

People, relatives and staff told us that the registered manager was approachable. A person said, "[Manager's name] is approachable and I can ask them anything". A relative said, "[Manager's name] is always available and have helped us if we needed to know anything or had any queries. The registered manager respects the staff leads by example". Staff told us that they felt able to approach the registered manager if they had any concerns which were acted on. Staff told us that they had recently received a supervision to discuss their role and areas that they needed to undertake further training or development. The registered manager told us that these had fallen behind but they had identified that these needed completing and all staff had recently had a supervision to ensure staff were supported. This meant that staff felt able to approach and improvements had started to be implemented to ensure staff supported in their role.

We saw that residents had recently received a survey to provide feedback about the service. The registered manager told us that when they had received the feedback from all the people who used the service. These responses had not yet been analysed but the registered manager told us that they would analyse and take action where needed. They also had plans to collate the information into a chart to be placed on the noticeboard so people were aware of how their feedback had informed improvements. This meant that feedback was gained from people and although it had not yet been acted upon the registered manager had plans to use this to develop the service. We will assess how this information has informed service delivery at our next inspection.

We saw that the rating of the last inspection was on display in the home for people and relatives to read. We had received notifications of incidents that had occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The meant that there was a culture of openness within the service.

We saw that the registered manager had contact with other agencies on a daily basis. This included health professionals such as G.P's, hospital staff and consultants. We saw that the registered manager arranged visits for professionals when required to ensure that people's needs were met. We saw records of these visits were recorded within the care records. This meant that the registered manager worked in partnership with agencies to ensure people's needs were met.