

Health and Home (Essex) Limited

Health and Home Ltd - North Road

Inspection report

148-150 North Road
Westcliff On Sea
Essex
SS0 7AG

Date of inspection visit:
10 January 2019

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08 March 2019

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

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

At the last inspection on the 4 and 10 October 2016, the service was rated 'Good'.

Health and Home Ltd – North Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to nine people who may be living with dementia or have enduring mental healthcare needs. At the time of the inspection, there were seven people living at Health and Home Ltd – North Road.

Health and Home Ltd – North Road is a large terraced house situated in a quiet residential area in Southend and close to all amenities. The premises are set out on two floors and there are adequate communal facilities available for people to make use of within the service.

The inspection was completed on the 10 January 2019 and was unannounced.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

A registered manager was in post and in addition to managing this service, they managed another of the provider's 'sister' care home. 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.

Quality assurance checks and audits were not robust. These arrangements did not identify the issues we found during our inspection and had not recognised where people were placed at potential risk of harm and where their health and wellbeing was compromised. Complaints management required strengthening as information relating to the investigation, actions taken, outcomes and lessons learned were not recorded.

Although people's comments about the care provided was positive, our findings at this inspection suggested the service was not always caring in its approach. Not all risks to people's safety and wellbeing had been identified, and suitable control measures had not always been considered and put in place to mitigate the risk or potential risk of harm for people using the service. The service did not follow relevant national guidelines when giving people their medication and we found discrepancies relating to staff's practice and medication records. Not all staff who administered medication had attained up-to-date training or had their competency assessed.

Risk management strategies and care planning arrangements were not robust and systems in place for upholding people's rights to make sure they were supported in the least restrictive way possible were not adopted. There was a lack of information available to demonstrate people living at Health and Home Ltd – North Road were actively involved in making decisions about their care and support. There was a lack of evidence to demonstrate the use of physical restraint had been used in a safe and proportionate way. Not all safeguarding concerns or statutory notifications in line with regulatory requirements had been forwarded to the Local Authority or Care Quality Commission when they should have been. People were not routinely supported to be engaged in meaningful activities or supported to pursue pastimes that interested them.

Staff rosters indicated there were not always enough staff available to support people to stay safe. Newly employed staff had not received a robust induction, not all training had been updated and improvements were required to ensure supervision arrangements for staff were robust and effective.

Recruitment practices at the service were safe. Appropriate arrangements were in place to manage the control and prevention of infection within the service. People were supported where appropriate to be independent.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Safeguarding concerns relating to restraint were not recorded or notified to the Local Authority and Care Quality Commission.

Not all risks were recorded, appropriately managed or mitigated to ensure people's safety and wellbeing.

Medicines management arrangements required improvement to ensure these measures were safe.

Suitable arrangements were not in place to ensure there were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was inconsistently effective.

Staff did not receive a robust induction or supervision. Improvements were required to ensure that staff received appropriate training for their role.

Although people's capacity had been assessed the arrangements for the use of covert medication had not been considered.

The dining experience for people was positive and people had their nutrition and hydration needs met.

People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Requires Improvement ●

The service was inconsistently caring.

Although people told us they were treated with care and kindness and received appropriate care and support to meet their needs, our findings at this inspection suggested the service was not always caring in its approach.

Is the service responsive?

Requires Improvement ●

The service was inconsistently responsive.

People's care plans were not sufficiently detailed or accurate to include all of a person's care and support needs.

People were not routinely supported to be engaged in meaningful activities or supported to pursue pastimes that interested them.

Concerns and complaints were not investigated.

Is the service well-led?

The service is not well-led.

The provider's arrangements to check the quality and safety of the service, required improvement because it had not identified the areas of concern found as part of this inspection.

The registered manager did not have sufficient oversight of what was happening within their service to make the required improvements.

Inadequate 

Health and Home Ltd - North Road

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 the 10 January 2019 and was unannounced. The team consisted of two inspectors. On 10 January 2019 the inspectors were accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

The registered provider submitted their 'Provider Information Return' [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

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

We spoke with four people living at the service, four relatives, two members of staff, the registered provider and manager. We reviewed three people's care files and one staff recruitment file. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

Safe was rated as 'Good' at our last inspection on the 4 and 10 October 2016. At this inspection, we found that safe had deteriorated and was now rated as 'Inadequate.'

Not all risks to people's safety and wellbeing had been identified, and suitable control measures had not always been considered and put in place to mitigate the risk or potential risk of harm for people using the service.

There were high-risk ligature points throughout the service which had not been identified when assessing those at risk of suicide, self-harm or extreme states of anxiety and agitation. Ligature points refers to anything which could be used for the purpose of hanging or strangulation.

The care plan for one person identified them as being at risk of self-harm and having had previous suicidal thoughts. This had been completed by the registered manager. Interventions to manage this risk were poor. This included a lack of environmental assessment identifying risks to people such as ligature points. Best practice for people with these identified risks is to ensure that the environment is safe and that environmental risks are identified and measures taken to mitigate potential risks. The registered manager confirmed to us that people's ligature risks for people using the service were not assessed. Following our discussions with the registered manager, they told us, "Oh yes, you have given me food for thought." This assured inspectors they would review risk assessments for people they had identified as being at risk. A risk score rating was recorded but provided no evidence or guidance for anyone reading the document, as to its meaning and outcome. We discussed this with the registered manager and they too were unable to tell us what this score meant.

Information for one person detailed they were at risk of developing pressure ulcers. A formal risk assessment tool was in place to provide an estimated risk score for the development of pressure ulcers but this had not been updated since 12 July 2018. Although this score suggested the person was at low risk of developing pressure ulcers, the person's mobility needs had significantly changed since then and they were no longer able to mobilise without support from staff. We saw that this person had been seated within the communal lounge and in the same position since 9.45am. Though the person was at risk of developing pressure ulcers, was unable to independently mobilise or to reposition their body, they did not have the use of pressure relieving equipment [cushion] in place. This is designed to help prevent a person from developing pressure ulcers when seated for an extended period. We observed staff to assist the person to a standing position on only one occasion throughout the day. When discussed with the registered manager they told us the person had been assisted to stand on two occasions. No information was recorded relating to how often they should be assisted to stand.

The same person's care plan stated they were at risk of choking and therefore required a 'soft diet', including all drinks to be thickened using a thickening agent. Descriptors detailing the specific texture of fluid required as developed by the National Patient Safety Agency [NPSA] to ensure this was in a suitable form that the person could consume safely was not recorded. Daily records evidenced the person had experienced

occasions whereby they had experienced choking episodes and staff had had to intervene.

The registered manager confirmed that four out of five staff employed at the service administered people's medication. However, suitable arrangements were not in place to ensure all staff who administered medication were trained, had completed refresher training, or had their competencies assessed at regular intervals. No evidence was available for two members of staff [including one member of night staff] to suggest they had received appropriate medication training. Two members of staff last received medication training in June and August 2015, and there was nothing to demonstrate this had been updated. Three out of four members of staff had not had their competency to administer medication assessed. We discussed our findings with the registered manager and they confirmed this was accurate but could not provide a rationale for these shortfalls. The registered provider and manager had not ensured all staff involved with the handling and administration of medicines had received appropriate training for their role. They had also not ensured in line with guidance by the National Institute for Health and Care Excellence [NICE] that, 'All staff involved in the management of medicines had an annual review of their knowledge, skills and competencies.' NICE provides guidance, advice and information for the public, health and social care professionals.

We looked at the Medication Administration Records [MAR] for each person living at the service and found discrepancies relating to staff's practice and medication records. A dedicated fridge for storing medication which required refrigeration was positioned within the main kitchen. The temperature of the fridge was monitored each day to ensure medicines are kept at the correct temperature. However, these did not record the minimum and maximum temperatures each day and when we tested this at 10.35 the minimum temperature fell below 2° degrees centigrade, which is below the recommended level required for medicines that require cold storage. The service's BNF was not current as dated 2012. This is a pharmaceutical reference book that provides information and advice to providers and staff about medicines available within the UK NHS. Following the inspection we were advised by a director of the organisation that an up-to-date BNF had been purchased.

As part of good practice procedures, information relating to people's preferred method for taking their medication was not recorded. Medication prescribed as PRN 'when required' were prescribed for people using the service. The protocols were insufficiently detailed as they did not guide staff on the specific circumstances when the medication should be offered and administered. Information relating to one person showed they were prescribed PRN medication when they became anxious or distressed. This should only be administered after staff have supported an individual with positive interventions and strategies to avoid medication being given unnecessarily and without cause. Information was not sufficiently detailed to record the rationale and reasons for giving the 'when required' medication on six occasions between 31 December 2018 and 10 January 2019. There was nothing recorded to indicate the person was significantly agitated, anxious or distressed at these times.

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

Staff demonstrated an understanding and awareness of the different types of abuse and how to escalate any concerns about a person's safety to the management team. However, we were concerned that an incident report recorded one person had been restrained for five to 10 minutes by a member of staff. No further information was recorded to clearly document the type of restraint used to restrict the person, justification for the staff member's interventions, no evidence to suggest least restrictive options had been considered and the restraint used was in the person's best interests. This was not in line with guidance published by the Department of Health 'Positive and Proactive Care' 2014 and guidance by NICE. The

member of staff's training record showed they had watched a 'video based' resource in 2015 entitled 'Managing Challenging Behaviour' and received external training relating to the same subject in 2016. Staff had not received specific training relating to 'restraint' to support people safely and in a dignified way. There was no evidence to indicate the Local Authority and Care Quality Commission had been notified of this significant event or that it had been raised as a safeguarding concern.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed the service employed five members of staff in total for this service, three members of staff to cover day shifts [07:00 to 18:00/19:00] and two members of staff to cover night shifts [19:00 to 07:00]. The registered manager's hours were supernumerary but they are not recorded on the staff roster and there are no set days scheduled to evidence how they divide their time between Health and Home Ltd – North Road and another of the registered provider's service's.

The registered provider told us the service's staffing levels had been the same at the service since it was registered in July 2013. The registered provider confirmed arrangements were in place for assessing the dependency needs of people using the service but this was only implemented in December 2018. However, on review of the data provided this did not provide an overall score depicting people's individual needs and the registered provider confirmed that this information was not used to inform and determine the staffing levels required to meet people's needs.

The staff rosters for the period 17 December 2018 to 10 January 2019 inclusive were requested and provided. These confirmed staffing levels as told to us by the registered manager were not always maintained. This put people at risk as there were insufficient staff available to safely meet people's needs.

Between 18:00 and 19:00 each day the staff rosters confirmed there was only one member of staff on duty instead of two. The staff rosters also confirmed on four days, the waking night member of staff did not commence their shift until 21:00; and therefore between 18:00 and 21:00 there was only one member of staff on duty. A review of the service's staffing levels should be considered, particularly at night as one person is unable to provide appropriate care and support for one person who requires their body to be repositioned and are at risk of developing pressure ulcers. One member of staff from 19:00 to 07:00 is unable to reposition a person safely on their own.

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

The staff recruitment record for one member of staff was viewed. Relevant checks were evident, including an application form, written references relating to the applicant's previous employment, proof of the applicant's identity and a criminal record check with the Disclosure and Barring Service [DBS]. Information was not recorded as part of good practice procedures relating to the interview to demonstrate the outcome of the discussion and the rationale for the appointment.

Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staffs' practice was suitable, with staff following the service's policies and procedures to maintain a reasonable standard of cleanliness and hygiene within the service.

Is the service effective?

Our findings

Effective was rated as 'Good' at our last inspection on the 4 and 10 October 2016. At this inspection, we found that effective had deteriorated and was now rated 'Requires Improvement.'

An individual training record was completed for each member of staff employed at the service. This showed that most 'in house' mandatory training was completed using an external 'video-based' online service in 2017 and 2018. However, there was no evidence of additional learning, for example, question and answer sheets had not been completed to enable the management team to assess a staff member's knowledge and learning at the end of each session to ensure their competency. As already highlighted, no staff had attained up-to-date medication training. We also found that only two out of five members of staff had achieved recent [2017] practical manual handling training, whilst the remaining three members of staff employed at the service last received this training in 2006, 2007 and 2014. The newest member of staff employed at the service in 2017, had not received specific training relating to the needs of the people they supported, such as mental health or dementia awareness. The latter was confirmed by the member of staff as accurate.

There was no documented evidence to show that staff newly employed since our last inspection of the service had received an 'in-house' orientation induction. We discussed this with one member of staff and although this had not been recorded, they confirmed that they had been shown round and introduced to people using the service. Although the 'Care Certificate' formed part of the induction process for staff with no or limited experience, this was not evident or completed for the newest member of staff. The registered manager confirmed this was accurate. The rationale provided was that time was needed to improve the member of staff's literacy and numeracy as English was not their first language. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. This meant there was no evidence to show they had had their competency assessed against the core standards as outlined within the 'Care Certificate' or an equivalent robust induction program.

Staff told us they felt supported by the registered manager and received one-to-one supervision at regular intervals. Although, information available showed specific topics were discussed, supervisions did not review individual staff member's competencies and performance, staff concerns, key-working responsibilities or discuss the needs of people using the service. Both members of staff had received an appraisal of their overall performance but objectives for the next 12 months had not been considered.

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

People's comments about the meals provided were positive. One person told us, "The food here is lovely, I always look forward to it." The person's relative confirmed that although they always said they were hungry, they ate very well. They further stated that when the person's spouse visited from another service also owned by the same registered provider, they too were given lunch or supper and were treated just the same as everyone else. Another two people told us they were happy with the meals provided and especially liked the varied choices available. Most main meals provided were bought in 'ready-meals' and staff confirmed

this enabled them to offer people a varied menu choice of their choosing. Following the inspection the registered provider wrote to us and told us 'ready-meals' are offered as an additional choice when a person wants something extra outside normal mealtimes.

Throughout the day people were offered hot and cold drinks and some people were supported to make their drinks independently. One person told us, "We can always have a drink if we fancy one, they'll [staff] happily make a cup of coffee anytime."

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for and liaised with other organisations to ensure the person received effective care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing. Information available showed people had access to various healthcare professionals and services, including, GP, Speech and Language Therapy [SALT] team, chiropody, local mental healthcare teams and Community Psychiatric Nurse involvement. One person told us staff were quick to notice if they were unwell or needed to see a doctor.

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 the mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Information available showed that people's capacity to make decisions had been assessed. One person's GP had given permission to the service to crush one of their medicines as they were at risk of choking, the person was unable to consent to this. However, a best interest assessment had not been completed and relevant parties, such as family, social worker, GP and pharmacist had not been consulted to evidence this was in the person's best interest and how this was being administered, for example, covertly. The latter refers to where medication is administered in a disguised format, for example, in food or in a drink without the knowledge or consent of the person receiving them.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval. However, we were not able to determine if the above person's covert medication had been identified within their DoLS application and this had been authorised.

People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms included personal possessions and photographs. People had access to comfortable communal facilities, comprising of a large 'open-plan' lounge and adjacent dining area. Nevertheless, communal toilets and bathrooms did not have a lockable facility in place so that people using the service could feel safe from unwanted intrusion and can retain their dignity by having their right to privacy respected. This could contribute to a deprivation of a person's liberty. A risk assessment had not been carried out in respect of people using locks and their capacity to use these safely without running the risk of locking themselves in or out. This was discussed with the registered provider and manager. The day after the inspection, the registered provider wrote to us and confirmed appropriate locks had been placed on communal toilet doors and bathrooms.

Is the service caring?

Our findings

Caring was rated as 'Good' at our last inspection on the 4 and 10 October 2016. At this inspection, we found that caring had deteriorated and was now rated 'Requires Improvement.'

People and those acting on their behalf were generally complimentary about the care and support they received and about the staff team. One person told us, "Staff are always very kind to me, everything's nice here." Another person told us, "They're [staff] kind and caring, I've never heard them shout at anybody." A third person told us, "The staff have never been unkind to me, but some of them, I feel, don't always listen to me, they're so busy." Two relatives told us when they visited their family member, they were always made to feel welcomed. One relative stated, "They [staff] are always very kind to us and can't do enough for us, they support us amazingly. We like the banter here and how much [relative] enjoys having a laugh with them [staff]."

Although people's comments about the care provided was positive, our findings at this inspection suggested the service was not always caring in its approach

Observations showed people using the service had a good rapport and relationship with the staff who supported them. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people well. One relative told us, "We like the banter here, and how much [relative] enjoys having a laugh with them [staff]." The person whom the relative was talking to us about interrupted them and stated, "They're [pointing to member of staff] very good to me, we do have a good laugh together, they're nice to me always." However, the registered provider and manager did not understand the need to make sure that people's privacy and dignity was maintained and the impact this could have on people using the service. This referred specifically to no lockable facilities being in place on communal toilet and bathroom doors.

There was a lack of information available to demonstrate people living at Health and Home Ltd – North Road were actively involved in making decisions about their care and support. One person told us they had not been shown their care plan, were not aware of information written about them and this had not been discussed with them. This was confirmed as accurate by the registered manager; however, this was later retracted. They told us the care plan had been initially discussed with the person using the service when they were first admitted to the service in November 2018. Relatives stated that communication between themselves and the service was very good and they could rely on necessary information being passed onto them.

People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth by wearing clothes they liked and that suited their individual needs. People were supported to be independent. We saw that staff encouraged people to do as much as they could for themselves and according to their individual abilities and strengths. For example, two people told us they went out on their own and attended to their own personal hygiene needs. Except for one person, people ate independently and with support from staff made their own drinks.

People were supported to maintain relationships with others. Relatives told us they could visit at any time, there were no restrictions when they visited and they were always made to feel welcome.

Is the service responsive?

Our findings

Responsive was rated as 'Good' at our last inspection on the 4 and 10 October 2016. At this inspection, we found that responsive had deteriorated and was now rated 'Requires Improvement.'

Care plans did not fully reflect people's holistic care and support needs or provide sufficient guidance for staff as to how these were to be met. Not all care plan information viewed was fully reflective or accurate of people's care needs as they should be and examples of this were shared during feedback with the registered manager. For example, one care plan made reference to the person being able to independently administer their diabetic medication using an insulin pen, including measuring the correct amount of medication. However, we observed this was completed by staff and not the person using the service. The registered manager confirmed that this task was completed by staff. This meant there was a risk that relevant information was not captured for use by staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered.

During the morning one person was observed playing dominoes with a member of staff. They played several games together, however when we asked the person if they had enjoyed playing, they told us, "No, not really, but it's something to do." The television was on throughout the day within the communal lounge, but very few people appeared interested in watching this. Despite DVD's, books and games being readily available and accessible, none of these were considered or used, apart from the dominoes. One person told us, "We don't use them, it would be nice to have more going on. I get bored sitting here." The person's relatives told us that they would like to see improvements in this area. Relatives confirmed that an external entertainer visited the service once a fortnight. People using the service confirmed this as accurate and one person told us, "I really like it when they come, we have a good old sing-song." After lunch a member of staff offered hand massages to people sitting within the communal lounge.

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

One person when asked how they would deal with any concerns or complaints, told us, "We don't see much of [registered manager's name], I wouldn't talk to her, I'd sort things out myself." Another person told us they would talk to family members. The service had a complaints policy and procedure in place for people to use if they had a concern or were not happy with the service. Information available demonstrated the service's last complaint was May 2017. Although a record of the initial complaint was maintained, evidence of the investigation, actions taken, outcomes and lessons learned were not recorded by the registered provider or manager. This was not in line with the registered provider's policy and procedure. Additionally, information available stated that because of the concerns raised, the police had been contacted and a reference number recorded. The Care Quality Commission had not been notified of this in line with the Care Quality Commission (Registration) Regulations 2009 (Part 4).

Is the service well-led?

Our findings

Well-led was rated as 'Good' at our last inspection on the 4 and 10 October 2016. At this inspection, we found that well-led had deteriorated and was now rated 'Inadequate.'

The registered manager told us quality assurance audits were completed each month to assess and monitor the quality of the service provided, however these arrangements were not as effective as they should be and had not recognised issues identified during this inspection.

This referred specifically to suitable control measures had not been considered and put in place to mitigate the risk or potential risk of harm for people using the service. The service did not follow relevant national guidelines when giving people their medication. Staff rosters suggested there were not always enough staff to support people to stay safe. Risk management strategies and care planning arrangements were not robust and systems in place for upholding people's rights to make sure they were supported in the least restrictive way possible were not adopted. There was a lack of evidence to demonstrate the use of physical restraint had been used in a safe and proportionate way. Not all safeguarding concerns or statutory notifications in line with regulatory requirements had been forwarded to the Local Authority or Care Quality Commission when they should have been. Newly employed staff had not received a robust induction, not all training had been updated and improvements were required to ensure supervision arrangements for staff were effective.

The service's audit information was provided to us by the registered manager. This did not contain evidence of monthly audits as stated by them for the period January 2018 to December 2018, but evidenced a total of five audits completed in 2018. We asked the registered manager if the missing audits were located anywhere else and they replied, "No." The registered provider did not have effective arrangements in place to assure themselves that these audits were accurate and completed to an appropriate standard. For example, the audit dated December 2018, recorded all incidents were reported and investigated. This was not accurate as the incident involving restraint for one person using the service had not been reported to the Local Authority or the Care Quality Commission. This audit also confirmed staff's training was up-to-date, however this did not concur with our findings and information provided to us by the registered manager at the time of the inspection.

The Provider Information Return [PIR] was submitted to us in September 2018. However, not all information recorded within this document was happening in practice or concurred with the inspectors' findings as demonstrated in this report.

The registered provider was asked to provide evidence of the arrangements in place to assure themselves that the service was operating safely and in line with regulatory requirements. The registered provider told us they relied on a daily handover report via a telephone conversation between the service and themselves about the day-to-day running of the service. A record of these discussions, including actions and outcomes was not recorded to provide an audit trail of activities undertaken or lessons learned. The Provider Information Return [PIR] was submitted to us in September 2018. This told us that the registered provider

planned to introduce managers from their other services to undertake themed inspections to ensure consistency across the organisation and to share ideas. The registered provider confirmed this had not yet been implemented.

None of the issues as detailed above had been picked up as part of the service's quality assurance arrangements at provider or 'service' level. This demonstrated neither the registered provider or manager fully understood their responsibilities to deliver what is required. It was evident that the absence of robust quality monitoring meant the registered provider and manager had failed to recognise any potential risk of harm to people or non-compliance with regulatory requirements sooner. Had there been a more effective quality assurance and governance process in place, this would have identified the issues we identified during our inspection.

Staff confirmed regular staff meetings were held. The last one was in December 2018 and issues relating to the service's fire arrangements were discussed following concerns raised at the registered provider's other care homes. The registered provider confirmed management meetings were not as frequent as they would like, however two meetings had taken place in December 2018. Whilst an agenda was recorded, the minutes of these meetings provided limited evidence to suggest discussions were held which would provide a clear overview of the service.

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

People and those acting on their behalf had been given the opportunity to complete a satisfaction survey in July 2017 and October 2018. The registered provider told us few responses were received in October 2018 and a report had yet to be completed. Comments available demonstrated people were happy with the service provided. Comments included, 'Cannot fault the home in any way. When we go and see [name of person using the service], we are greeted by staff with hugs, as if we're their family. For [name of person using the service], it is like 'home from home'.

Relatives told us the service was well-led. One relative told us, "[Name of registered manager] is more often at [name of 'sister' care home] than here, but we do see them here often. I'd recommend this home without a doubt, they have been fantastic to our whole family."