People in Care Ltd

Church View Residential Home

Inspection report

Church Street
Oswaldtwistle
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on 30 and 31 October 2018; the first day of the inspection was unannounced.

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

Church View is registered to provide personal care for up to 30 people. Accommodation is offered in single en-suite bedrooms. The home is a single storey building with level access. It is situated in the centre of the town of Oswaldtwistle, close to all local amenities. There were 20 people living in the home at the time of our inspection.

There was no registered manager in place at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been in post since 1st October 2018 and had started the process to register with CQC.

At the last inspection in March 2017, the service was rated as good in all areas. At this inspection, the rating has deteriorated to requires improvement. This is because we found five breaches of regulations; these were in relation to the unsafe handling of medicines, the unsafe recruitment of some staff, the lack of appropriate training for staff, the lack of effective systems to ensure people received safe care and the lack of robust governance systems to monitor the quality and safety of the service.

Although there were systems in place to monitor the quality and safety of the service, these had not been effective; this had resulted in many of the shortfalls we identified during the inspection.

People told us they felt safe in Church View and that staff were kind, caring and respectful of their dignity and privacy. However, we found staff had not always been safely recruited and staffing levels did not allow for staff to continue to meet people's needs in a timely manner should emergency situations arise. We have therefore made a recommendation that the provider reviews the number of staff deployed on each shift to ensure this is appropriate for the needs of people living in the home.

Systems and processes were in place to help ensure the safe handling of medicines. However, we found these had not always been properly followed. As a result, we identified some discrepancies between the records relating to the administration of medicines and the stock balance of some medicines. In addition, we could not be certain from the records we reviewed that topical creams had always been administered as prescribed.

The systems in place to record accidents and incidents which occurred had not been used effectively to ensure people received safe care. Although staff had recorded accidents and incidents as required, this information had not been passed on to the manager. This meant the manager had therefore not reviewed whether lessons could be learned or if further control measures needed to be put in place to manage any identified risks.

Although people told us staff were skilled and knowledgeable about their needs, we found the provider did not have a robust system in place to ensure staff received the training necessary to enable them to provide effective care.

The home did not have a domestic in post at the time of this inspection and the provider was relying on care staff undertaking additional shifts to carry out cleaning duties. As a result, we found some people's bedrooms and bathrooms were not as clean as should be expected and arrangements to prevent cross infection needed to be improved. We have therefore made a recommendation that the service ensures it acts in accordance with best practice guidance regarding infection prevention in care homes.

Improvements needed to be made to the systems to determine whether people could consent to their care arrangements in Church View. The provider also needed to ensure necessary applications were sent to the local authority to ensure any restrictions in place were legally authorised in order to protect people's rights.

People told us staff respected their right to privacy and dignity and encouraged them to be as independent as they could be. We observed this approach during the inspection.

People received support with eating and drinking and their healthcare needs were met. Appropriate referrals were made to community health and social care professionals, to ensure that people received appropriate support.

Records showed people's needs were assessed and regularly reviewed. People told us they received care that reflected their needs and preferences. A weekly timetable of activities was in place to meet people's social and spiritual needs. People told us they were generally happy with the activities available to them.

The new manager in post had begun to seek feedback from people about the service. They demonstrated a commitment to using this feedback to improve the service and ensure people received high quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe and well cared for in Church View.

Staff had not always been safely recruited. Staffing levels were not always sufficient to be able to deal effectively with unexpected situations while continuing to meet other people's needs in a timely manner.

Systems and processes in place to ensure the safe handling of medicines had not always been properly followed.

Improvements needed to be made to the reporting of accidents and incidents to ensure lessons were learned and necessary changes made to the care people received.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received regular training in key areas to help ensure they were able to deliver safe and effective care.

The provider needed to ensure effective systems were in place to assess people's capacity to consent to their care arrangements in Church View.

People told us the quality of food was good and choices were available to them. People's health and nutritional needs were regularly assessed and referrals made to appropriate health professionals when necessary.

Is the service caring?

Good

The service was caring.

People told us staff were always kind, caring and respectful towards them. We observed good relationships between staff and people living in the home.

Staff respected people's diversity as well as their rights to

privacy, dignity and independence.

People told us they were able to make their own choices and decisions about their day to day living arrangements.

Is the service responsive?

Good

The service was responsive.

There was a timetable of daily activities designed to meet people's social and spiritual needs.

Each person had a care plan that documented the care and support they needed and wanted. People's needs and risks were kept under review.

People did not have any complaints or concerns. They knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was no registered manager in place. A new manager had been appointed and had been in post for four weeks at the time of this inspection. They had started the process to register as manager with CQC.

The systems in place to monitor the quality and safety of the service had not been used effectively; this had led to the shortfalls identified during this inspection.

The manager had started to gather feedback from people about the service. They intended to use this feedback to make necessary improvements in the home.

Church View 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 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 comprehensive inspection took place on 30 and 31 October 2018; the first day of the inspection was unannounced.

The inspection team on the first day consisted of one adult social care inspector 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. The Expert had experience of residential care services. The second day of the inspection was carried out by one adult social care inspector and an inspection manager.

In preparation for the inspection, we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local safeguarding and quality assurance teams and the local Healthwatch team to gather their views about the service.

Before the inspection, the provider submitted a Provider Information Return. This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with seven people who lived in the home and eight visitors. We also spoke with a total of nine staff employed in the service. The staff we spoke with were the home manager, five members of care staff, the chef, the laundry assistant and the provider's representative who was also the person responsible for overseeing the maintenance in the home.

We carried out observations in the public areas of the service. We looked at the care records for three people and medication records for four people who used the service. In addition, we looked at a range of records relating to how the service was managed; these included three staff personnel files, staff training records, staff supervision and appraisal records, minutes from meetings, incident and accident reports, complaints records as well as quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in March 2017, we assessed this key question as good. During this inspection, we found the service was not consistently safe and the rating has therefore deteriorated to requires improvement.

Staff had not always been safely recruited. We looked at three staff recruitment files and found one person only had one reference in place. We were told attempts had been made to contact the second referee given by the staff member without success. However, we noted no reference had been requested from the person's previous employer as an alternative. We also saw that one person had been appointed without the provider having undertaken a check with the Disclosure and Barring Service (DBS); instead the provider had relied on a DBS check they had undertaken four years earlier when the staff member was previously employed in the home. The provider's representative assured us the required checks would be completed for the two staff members concerned.

The lack of robust pre-employment checks meant the provider could not be certain people were protected from the risk of unsuitable staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there were systems in place to help ensure the safe handling of medicines, these had not been properly followed. We looked at the medicines administration record (MAR) charts for four people and noted one person's records had a missing signature. Another person's records did not contain a photograph to identify the person to staff administering medicines. In addition, handwritten MAR charts had not been countersigned to confirm their accuracy.

There were protocols in place for medicines which were prescribed 'as required' or with a variable dose. Staff were expected to complete a balance check sheet when such medicines had been given to maintain an accurate stock record. However, when we checked the stock balance for the painkillers prescribed for two people we found there were significant inaccuracies in the records. In the case of one person, this was later explained when staff found a box of the medicine concerned which had been placed in the 'returns' cupboard in error. There was no explanation for the other error we identified.

When we asked the manager to show us the treatment room in which medicines were stored, we noted a spare key was being kept on a shelf above a door which was accessible to staff and anyone visiting the home. This raised concerns regarding the security around the storage of medicines, particularly in view of the stock error we had identified. On the second day of the inspection, the manager told us they had now ensured the spare key was kept securely.

Improvements needed to be made to the recording of when topical creams had been administered. When we looked a sample of topical creams together with the relevant MAR charts for four people, we could not be certain that these topical creams had been administered as prescribed. Creams had not been dated when opened and the MAR chart was not always signed by the person who was responsible for administering the relevant cream.

Medicines had not always been safely handled. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked the manager about any accidents or incidents which had taken place since they began to work at the home at the start of October 2018, they told us there had not been any. However, when we reviewed the accident book we noted this contained a number of entries for October 2018. From our conversation with the manager, it was clear there was no system in place for staff to report any accidents or incidents to them; this meant there had not been any analysis of the accidents which had occurred or any action required to help prevent similar accidents from happening in the future. This meant there was a risk people might receive unsafe care. We also noted one incident of unexplained bruising had not been notified to the local authority safeguarding team as required to ensure an independent investigation of the circumstances took place where necessary. The manager told us the required safeguarding alert and CQC notification would be submitted as a matter of urgency; we confirmed these actions had been completed following the inspection.

The provider had systems in place to assess, manage and review risks, including those relating to mobility, falls and nutrition. Although we saw risk assessments had been updated regularly, our review of accident/incident records showed these had not always been taken into account when risk management plans were reviewed.

There was a lack of effective arrangements in place to ensure people received safe care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed feedback about staffing levels in the home. While most people told us there were always enough staff on duty, two people told us they felt staff were often extremely busy and as a result did not have time to chat. Some staff told us they considered an additional member of staff was required each morning to ensure they were always able to meet people's needs in a timely manner.

Our observations on the first day of the inspection showed there were not enough staff on duty to deal with any unexpected situations, such as a person becoming unwell and requiring input from the ambulance service. We noted staff found it difficult to be able to respond promptly to call bells at the same time as contacting the emergency services or providing them with information when they arrived at the home. We acknowledged this was due in part to the manager being busy with the inspection process and therefore unable to support staff as they would otherwise have done. On the second day of the inspection, we noted all call bells were answered promptly.

We recommend the provider reviews the number of staff deployed on each shift to help ensure this is appropriate for the needs of people living in the home.

At the start of the inspection, we were informed by the home manager that there was currently no domestic in post and that care staff were currently being asked to pick up additional shifts to carry out cleaning duties until a replacement was appointed. On the first day of the inspection, we found a number of minor issues relating to the cleanliness of bathrooms, bedrooms and the arrangements in place for the prevention of infection. We also noted two people had provided negative feedback on a questionnaire completed on the 19th October 2018 regarding the cleanliness of their bedrooms. On the second day of the inspection, there had been some improvement to the cleanliness of the environment.

We recommend that the service ensures it acts in accordance with best practice guidance regarding infection prevention in care homes.

People told us they felt safe in Church View. Comments people made included, "It's very safe here and if I didn't feel safe I would speak with the manager", "I feel safe here and I like living in this home" and "I feel safe here and I would speak to [names of relatives] if I didn't feel safe for any reason."

The provider had policies in place to guide staff on how to safeguard people from abuse. Although staff told us they had not always completed training in safeguarding adults while employed at Church View, they were able to tell us of the correct action to take should they witness or suspect abuse. Staff also told us they would also not hesitate to use the whistleblowing policy to report poor practice and were confident any concerns would be taken seriously by the manager.

Records we reviewed showed that equipment used to support people such as hoists had been regularly serviced. However, we could not find evidence to show that small electrical items had been regularly checked to ensure their safety.

We saw a fire risk assessment had been completed for the service and records showed fire equipment had been regularly checked to ensure it was in working order. Although we saw there were a number of personal emergency evacuation plans (PEEPS) in place, these had not been completed for six people currently living in the home and some had not been updated since 2016. This meant there was a risk people would not receive the support they required to evacuate the building safely in the event of an emergency.

The manager and provider's representative were unaware whether risk assessments were in place in relation to either Legionnaires' disease or Control of Substances Hazardous to Health (COSHH). We recommend the provider consults the guidance produced by the Health and Safety Executive in relation to the effective management of such risks in care homes.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in March 2017, we assessed this key question as good. During this inspection, we found the service was not consistently effective and the rating has therefore deteriorated to requires improvement.

Although people spoken with during the inspection told us staff had the right skills for their role, we saw there was a lack of training opportunities available to them. Neither the manager nor the provider's representative could tell us what training was considered mandatory for all staff to complete on a regular basis to keep their skills updated. Since starting at the home, the manager had drawn up a training matrix to record when staff had completed training courses. However, we noted this did not include training in safeguarding adults, the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) or equality and diversity. The matrix showed that the main areas in which most staff were up to date with training were fire safety and moving and handling. We also saw that staff responsible for administering medicines had received training for this task.

There was a lack of training to ensure staff had the necessary skills and knowledge to be able to deliver safe and effective care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff completed an induction period when they started work at the home. Staff spoken with confirmed this involved an initial orientation to the home and a period of shadowing more experienced staff. The manager told us they tried to employ staff who had gained a nationally recognised qualification in care at level 2. They told us if a new member of staff did not have this qualification, they would be expected to complete the Care Certificate; the Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

When we looked at staff files, we noted there were systems in place to ensure staff received regular supervision to discuss their development needs as well as an annual appraisal of their performance at work.

We looked at what considerations the provider gave to the MCA 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At the start of the inspection, the manager told us only one person was subject to DoLS and they were

unaware of any other applications having been made. However, when we checked the records relating to DoLS, we noted a further two applications had been submitted to the relevant local authorities and were awaiting assessment. Our observations during the inspection showed there were potentially several people living in Church View who lacked the capacity to consent to their care arrangements in the home. The manager told us they intended to carry out necessary capacity assessments to determine when DoLS authorisations needed to be submitted to protect people's rights.

People who lived in the home told us staff always asked for their consent before they provided any care or support. Comments people made included, "The staff always ask me if it's OK for them to do something, such as having a bath" and "I am able to make some everyday choices and the staff respect my choices." In addition, a visitor told us, "I have noticed that the carers will ask a question in two or three different ways to make sure that they have understood what [name of relative] really wants."

We noted there was a policy in place which stated no one living in Church View was allowed to leave the home after 8pm in the winter months. The rationale for this was that people could be vulnerable to abuse or exploitation. However, there was no evidence that each individual's capacity to make a decision as to whether to leave the home after 8pm had been assessed; this meant there was a risk people's rights might be compromised. The manager told us they would remove this policy and ensure any decision about leaving the home after dark was made on an individual basis subject to a risk and capacity assessment.

Records we reviewed showed a pre-admission assessment had been completed before people entered the home; this helped to ensure people's needs could be met in Church View. The pre-admission assessment was then used to formulate a set of care plans to meet each individual's identified needs.

The manager and staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and speech and language therapists. Throughout the inspection, we observed staff contacting health professionals including GPs and emergency ambulance services to help ensure people received the treatment they required. A handover process at the start of each shift was also in place to ensure staff were updated about any changes in a person's condition.

People told us the quality of food provided in Church View was good. Comments people made included, "The food is very good. There is plenty to eat and drink and there is a choice of food", "I think the food is good and we get plenty of drinks. [Name of staff member] is a good cook and will talk to me about what he is going to prepare" and "The food is usually ok." We saw there were systems in place to monitor people's nutritional needs and their intake of food and fluids to ensure these needs were met. All food was made daily on the premises from fresh produce. There were established arrangements in place to ensure the chef was fully aware of people's dietary requirements and all diets were fully catered for. Although the chef was aware of any allergies people had, we noted there was no system in place to record any allergens contained in food used and prepared in the home as required by current legislation.

Although people told us they felt the environment met their needs, we saw that the manager had purchased easy read signs to help better orientate people to bedrooms, bathrooms and toilets. We saw that people could use a quiet lounge if they wished to avoid noise from the television or receive visitors away from their bedroom area.

Good

Is the service caring?

Our findings

At the last inspection in March 2017, we assessed this key question as good. During this inspection, we found people continued to receive a caring service and the rating remains good.

Staff were kind, caring and respectful of people's dignity and privacy. People gave us positive feedback about the caring nature of staff. Comments made included, "It all seems good in terms of staff being kind and caring. The carers are respectful, and I am happy here", "The staff all seem kind and they treat me with respect. They particularly show respect for my privacy and dignity when they are bathing me. They make sure that I am comfortable and covered during the process", "I believe that the staff are kind and caring and they seem to listen to us" and "All the members of staff are most definitely caring and kind." Our observations during the inspection confirmed the relationships between staff who lived in the home were caring and respectful. We noted how staff engaged people in conversation and spoke in reassuring tones if people became anxious or upset in any way.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I enjoy working here. I always tell people I care about them." Staff knew people well and understood their needs. Staff were able to tell us about each individual's preferred routines and the support they required. A visitor said about staff, "I believe that they know [name of relative} as an individual, her preferences and the triggers for her behaviours are known. As [name of relative's] sight and hearing are failing rapidly, staff seem to have adapted to her needs.

We checked how people's dignity and privacy was maintained. Staff told us they knocked on people's doors before entering, closed doors and curtains when providing personal care and gave them space when they wanted private time in their rooms. However, we noted that all the bedrooms were on the ground floor and were overlooked by houses or passers-by. The manager told us they were unaware if people who lived in the home had been asked if they would like additional window coverings to be put in place to increase their sense of privacy. They told us they would ensure people were asked about this as a matter of priority. No one expressed any concerns to us regarding this matter during the inspection.

Staff told us they would always try to maintain people's independence; this was confirmed by our conversations during the inspection. One visitor told us how staff had encouraged their relative to regain their mobility following treatment for a significant healthcare condition. Another visitor commented, "Staff here have encouraged [name of relative] to use the walking frame, which she now walks with effectively. This has supported her independence, as well as her health and wellbeing."

We observed that people who lived in Church View were encouraged to maintain relationships with family and friends. They confirmed there were no restrictions placed on visiting and relatives told us they were made to feel welcome in the home.

Since starting work at the home, the manager had already held a resident/relatives meeting. We looked at the minutes from this meeting and noted it had been used as a forum to remind people about the

complaints procedure, the importance of each person's well-being in the home, the involvement of people in the care planning process, staff training and the activities provided in Church View. The manager had also carried out a satisfaction survey with people who lived in the home to gather their views about the care and support they received.

The provider had a policy in place about supporting people's rights to advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

We noted care records were stored securely. People had been asked for their consent to share information and were advised how any information gathered by the provider would be used, in line with current data protection regulations.

Good

Is the service responsive?

Our findings

At the last inspection in March 2017, we assessed this key question as good. During this inspection, we found the service continued to be responsive to people's needs and the rating remains good.

People told us they received care which met their diverse needs and preferences. Comments people made included, "There seems to be an individual approach" and "There is nothing wrong with any aspect of being here."

We looked at the arrangements in place to ensure people received care that had been appropriately planned and reviewed. We examined three people's care files and other associated documentation. We noted all people had care plans to inform staff how to meet their identified needs. A life map was also completed for each person living in the home. This included information about their personal history, family and interests. We saw that all care plans and associated risk assessments had been reviewed on a monthly basis. The manager told us they intended to ensure care files were better organised by introducing dividers to clearly separate out different sections; this would help staff to quickly find relevant information about people's care needs.

We received varying information about the involvement of people who lived in Church View and their relatives in the care planning process. People who lived in the home told us they could not recall being involved in any care plan reviews but were happy to discuss their care needs with staff as necessary. Relatives told us they had attended care plan review meetings although this had not been for some time. The manager informed us that it was their intention to involve people who lived in Church View in reviewing and planning their care; this was reinforced in minutes from the recent relative/residents meeting when the manager had stated, "The support plan is all about you and I want you to get involved in planning your care and documenting how you wish to be supported while you are here."

Care staff understood the importance of promoting equality and diversity and respecting individual differences. A staff member told us, "I care for everyone the same but recognise that each person is different and therefore wants things done differently." We saw that some staff had completed training in equality and diversity. The manager told us they would ensure this was included as mandatory training for all staff. However, to fully embed the principles of equality, diversity and human rights we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource'.

People spoken with during the inspection told us they were generally happy with the range of activities available to them in Church View. Comments made to us included, "I like the singing and bingo. In fact, I like joining in with anything that's going on", "I like some of the activities. There is a programme of activities on the noticeboard" and "I don't really get involved in activities except I like the comic who comes every fortnight." At the time of the inspection, the manager told us they were in the process of recruiting to the post of activities coordinator. During the inspection, we observed care staff supported people to engage in a number of activities including dominoes and watching movies. The home was decorated to celebrate the

event of Halloween.

Arrangements were in place to support people who wished to meet their spiritual needs by religious observance. We noted representatives from two different religious organisations visited the home on a regular basis. The manager also recognised the importance of appropriately supporting people on an individual basis and with reference to their gender, ethnicity and sexuality.

We checked if the provider was meeting the requirements of the Accessible Information Standard (AIS); this standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Although the provider did not have a policy in place in relation to this standard, we noted all care records included information about people's communication needs and how these should be met.

The provider used technology to support people to receive timely care. There was a call bell system in place at the service which people could use when in their bedrooms to request assistance from staff. We noted there were additional checks in place from staff when it was identified that individuals were unable to use the call bell system. Sensor equipment was used to alert staff to movement when people were assessed as being at high risk of falls. In non-urgent medical situations staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link and helped to prevent unnecessary GP visits or hospital admissions.

There was no one in receipt of end of life care at the time of the inspection. However, we noted care records contained information about the care people wanted to receive at the end of their life. The manager told us they intended to arrange training for staff in best practice in end of life care.

A system was in place to respond to complaints received at the home. We noted the complaints procedure was on display on the noticeboard at the entrance to the home. However, when we looked at the provider's complaints policy we noted it referred to a previous regulatory body.

People told us they were aware of how to make a complaint but no one spoken with had felt the need to do so. Comments people made included, "I would know how to complain, but it's never been needed", "I'm aware of the complaints' procedure, but we would prefer to speak to the owner or manager first" and "I attended the last resident/relatives meeting when the new manager raised awareness of advocacy services and the complaints procedure. I thought it was a positive meeting." We noted that at the resident/relatives meeting the manager had highlighted the importance of people giving feedback on the care provided to develop and improve the service.

We looked at the complaints log and noted two complaints had been received since the last inspection. We saw that these complaints had been investigated and a response given to each complainant.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in March 2017, we assessed this key question as good. During this inspection, we found the service was not consistently well-led and the rating has therefore deteriorated to requires improvement.

Since the last inspection, there had been a change of manager at the home; this meant there was no registered manager in place. A new manager had been in place since 1 October 2018 and had begun the process to register as manager with CQC. In order to support the running of the home, the provider had made arrangements for a representative to be present three days a week. When we spoke with them they told us their main responsibilities were in relation to payroll and maintenance although we noted they had also been involved in the recruitment of staff.

The provider had a number of audits in place to monitor the quality and safety of the service; these included checks on care plans, medicines, the environment and other matters relating to the running of the home. However, we found the checks in relation to the care people received had not been completed since December 2017 and the checks of the environment were last completed in June 2018; this had led to the shortfalls identified during this inspection including the unsafe handling of medicines, the unsafe recruitment of staff and the lack of appropriate training for staff. In addition, the systems in place to learn from accidents and incidents had not been used effectively.

We could not find any evidence to show the provider was undertaking regular monitoring visits at the service; such visits are important to assure the provider of the quality and safety of the service and whether all required regulations are being met.

Although the provider had a suite of policies in place to guide staff, we noted these mainly dated from 2009 and referred to outdated regulations. A checklist indicated the policies had been reviewed in 2018 but this process had failed to identify these shortfalls.

There was a lack of robust processes to monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

The manager told us they were committed to improving the service and ensuring that all regulations were met. They described their priorities as improving care plans, ensuring effective team working and communication between staff and introducing the role of staff champions. Staff champions develop their expertise in a specific area and are a point of reference for other staff.

The manager had completed an action plan in relation to improvements they intended to make. This included updating care plans, creating step by step guides for staff for tasks such as the safe administration of medicines, bringing audits up to date and creating an activity programme for people who lived in the home.

People spoken with during the inspection told us they had a favourable impression of the new manager.

Comments made to us included, "The new manager seems approachable and she listens, but I've not had any long chats with her", "The manager is approachable. I feel that I am able to speak to her about [name of relative's] care and I'm sure she would listen to me. Of course, it's early days, but she seems much more on the ball particularly with the administration" and "The home is well run, generally speaking." The manager demonstrated a commitment to working in partnership with people who lived in the home, their relatives and staff to improve the service.

We noted the manager had already held a meeting with all staff to set out their expectations for staff conduct. The meeting had also been used to discuss policies, procedures, safe care practices and staff supervision. Staff spoken with told us they considered the manager had already made improvements in the home and that staff were now working more effectively as a team. They told us they felt they would be able to make any suggestions for improving the service to the manger and would be listened to.

We saw evidence that the service worked in partnership with a variety of other agencies. These included, GPs, podiatrists, opticians, dentists, hospital staff, speech and language therapists, dietitians and social workers. This helped to ensure that people had support from appropriate services and their needs were met.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on the notice board in the reception area.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines. The provider had failed to ensure effective systems were in place to review learning from accidents and incidents in order to deliver safe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems in place to monitor the quality and safety of the service were operated effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure recruitment processes were sufficiently robust to protect people from the risk of unsuitable staff.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff were provided with appropriate training to enable them to carry out their duties effectively.