

RedHouse Care Limited

The RedHouse Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 and 25 June 2018 and was unannounced.

The RedHouse 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 home was providing personal care and accommodation for up to 36 people. The service cared for older people living with dementia, mental health needs or physical disability. The home consisted of three floors accessed by stairs or a lift. During the inspection there were 31 people living in the home

We carried out a comprehensive inspection of The RedHouse in August 2017 where a rating of Requires Improvement was awarded. This was because the management of medicines was not safe. At this inspection we found that improvements had been made to the management of medicines. However, we found concerns around poor recruitment practice, accurate records had not been maintained, staff training was not sufficient and the provider failed to operate a robust quality assurance framework. The service remains as Requires Improvement.

At the time of the inspection there was a registered manager in post. 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. During the inspection the registered manager was not available. The provider had put measures in place to ensure the continued running of the service and an interim manager was in post. Throughout the report, we refer to this person as the manager. The manager had been working in that capacity for two weeks before the inspection.

We found that records related to various parts of the service needed improvement, including; recruitment records, staff training records, health and safety records, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) records, topical medical administration records and food and fluid charts.

Monitoring of the service by the registered manager had failed to identify concerns found during this inspection. The provider had not undertaken any additional audits or other processes to identify these concerns. The service had not sought any feedback from people or relatives for the purposes of continually evaluating and improving the service since August 2017.

The provider was unable to demonstrate they applied consistent safe practice when recruiting staff. One recruitment record did not have evidence that a Disclosure and Barring Service (DBS) check had been completed and one record had an unexplained gap of six years in employment history.

The training matrix was not up to date and showed significant gaps in important training for example, manual handling, first aid, Diabetes, falls training, Mental Capacity Act (MCA) and Deprivation of Liberty

Safeguards (DoLS).

Staff told us they worked within guidelines from the National Institute for Health and Care Excellence (NICE) around medicines administration but were unable to tell us about any other current guidelines and best practice they were following. We have made a recommendation about best practice guidelines.

Staff told us that there were sufficient numbers of staff to meet people's needs and we found this to be the case. However, there did not appear to be enough staff available to ensure that people could participate in meaningful activities when the activities coordinator was not available. We have made a recommendation about the provision of meaningful activities.

The MCA provides a legal framework for making specific decisions on behalf of people who may lack the mental capacity to do so for themselves. We found that the service was working within the principles of the MCA, though records needed improvement.

Staff could recognise signs of abuse and were confident to raise concerns to the manager or other appropriate agency.

Risks to people using the service were assessed and managed by staff. These risks were documented in people's care records.

Staff knew their responsibilities in infection control and the home was clean and tidy. Rooms were pleasant and personalised to the individual.

Staff received supervision and felt well supported by the manager.

Staff knew people well and we observed them speaking to people in a kind and compassionate way.

Complaints had been investigated and responded to in a timely manner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment checks were not consistently carried out to ensure that staff were safe to work with adults at risk.

Staff knew how to raise concerns about the health and wellbeing of people.

Medicines were safely administered.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received sufficient training in manual handling, first aid, Diabetes, falls training, MCA and DoLS.

Care records regarding people's nutritional intake required improvement.

People were referred to other professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

There was a pleasant atmosphere in the home.

Staff knew people well and supported them in a caring and compassionate way.

Staff upheld people's rights and treated people with kindness and compassion.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff did not always have time to provide social and emotional support to people and activities were not person-centred.

Care records included information about people's preferences, choices and needs.

Complaints had been investigated and responded to in a timely way.

Is the service well-led?

The service was not always well-led.

Records were not always accurate.

The provider was not operating effective systems and processes to assess, monitor and improve the quality and safety of the service.

The provider was not seeking feedback from people or their relatives about the service.

The manager was working hard to make improvements and was putting systems and processes in place to monitor and improve the service.

Requires Improvement 

The RedHouse Care Home

Detailed findings

Background to this inspection

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

This inspection was prompted in part by concerns we received about the service. The inspection took place on 20 and 25 June 2018 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that providers complete providing key information about the service, what the service does well and improvements they plan to make. Before the inspection we sought feedback from three external health and social care professionals about the service.

During the inspection we spoke to six people using the service, seven care staff, the manager, area manager and provider. We reviewed documentation including five people's care records, three employment files and the training recorded on the training matrix. Not all people living at The RedHouse were able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal areas of the home. We looked at records of complaints, accidents and incidents, policies and procedures, safeguarding and quality assurance records.

Is the service safe?

Our findings

We asked people if they felt safe living at the home and one person told us, "Oh yeah" and another person told us, "Yes I do feel safe". Some people using the service were not able to communicate with us but we observed interactions between people and staff. Staff communicated in a caring way and people appeared at ease with them. Despite people's positive feedback, we identified areas of care which were not consistently safe.

The provider was unable to demonstrate they applied consistent safe practice when recruiting staff. Whilst application forms had been submitted, interviews held and references obtained before staff started work, the provider was unable to demonstrate that Disclosure and Barring Service (DBS) checks were also sought before staff commenced work. For example, one staff file contained no evidence of a DBS check and the manager could not find this information. For a second staff member, a six-year gap in their employment history had not been explained and there was no evidence that this had been explored with them. These checks help employers make safer recruitment decisions and help prevent the employment of staff who may be unsuitable to work with people who use care services.

Failure to follow safe recruitment practices was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection on 21 August 2017, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems to ensure sufficient medicines were in stock for people to receive them as prescribed were not effective.

During this inspection we found that improvements had been made and the registered provider had met this regulation. We reviewed the medication records for 11 people, observed staff administering medicines and spoke to staff about medicines management. Staff understood their responsibilities and the processes involved in ensuring medicines were safely supplied, stored, administered and disposed of. Some topical medication administration records had gaps where applications had not been recorded, this was brought to the attention of the manager. Medication administration records (MARs) contained no gaps, demonstrating people received their medicines as prescribed. Medicine administration competencies were carried out with staff and any areas for development were identified. Staff confirmed that their medicines rounds were regularly observed by senior members of staff to ensure that they remained competent.

Where medicines were prescribed for people to take 'as required' (PRN). There were protocols in place to support staff to administer these appropriately. Staff also understood the processes involved in administering medicines covertly. Covert administration is used when medicines are administered in a disguised format for example in food, drink or via a feeding tube without the knowledge or consent of the person receiving them. Staff were aware that this situation would only arise when a person actively refused to take essential medication but did not have the capacity to understand the consequence of the refusal on their health and wellbeing. Staff knew that covert administration required a mental capacity assessment, multidisciplinary best interest decision and the involvement of a pharmacist to ensure the medicine was

combined with food or drink safely. We reviewed the records of one person that was receiving medication covertly and found that correct processes had been followed.

We looked at the maintenance of the building and the health and safety checks that were carried out. The service was not carrying out all legionella checks as advised by the Health and Safety Executive (HSE). The service did not have a current legionella risk assessment in place. This meant the provider had not assessed the risk and ensured effective monitoring of the water systems. During the inspection process, the manager confirmed that they had sought advice from a competent person, consulted the HSE guidance to ensure all checks were being carried out and had escalated the risk assessment for review. Other health and safety checks were being completed such as gas safety checks, electrical portable appliance testing (PAT) testing and assessment of equipment such as bed rails. Paperwork in relation to the health and safety checks did not clearly show what maintenance tasks had been completed and what improvements were still required. This was discussed with the manager who told us they were working to improve the documents related to the health and safety of the property, including maintenance.

Each person supported by the service had a personal emergency evacuation plan (PEEP) in place. These provided staff and the fire service with clear information about how to support the person out of the building in the event of a fire. There was evacuation information on display in the premises and regular fire drills. Hampshire Fire and Rescue Service visited the home on 29 June 2018 and carried out a routine assessment of the property that found the home had adequate fire safety.

People were protected from the risk of abuse because the provider ensured staff received training to give them knowledge of safeguarding. Staff had the required knowledge and confidence to identify safeguarding concerns. Staff were aware of the types and signs of possible abuse. One member of staff told us they would be concerned by someone becoming withdrawn or seeing unexplained bruises. Another member of staff explained that if they had concerns they would approach the manager, area manager or the Care Quality Commission. Records were kept of safeguarding concerns.

At the time of our inspection, staffing included permanent and agency staff. The agency staff were often the same individuals which enabled consistency but the manager was in the process of recruiting more permanent staff to create a more stable workforce. Staff told us that they were looking forward to the recruitment of more permanent staff but were not overworked due to the agency staff that were in place. One person told us that there were enough staff to meet their needs and another said that staff were quick to respond to them, they told us, "I just press a button and they come running". The manager told us that staffing levels were sufficient to meet people's care needs and we found that this was the case. The manager reported that they would provide cover if a senior member of staff could not attend their shift.

Care records included information on how to mitigate risks to people's health and wellbeing. Where people were at risk due to their level of mobility, any known falls history and risks to the person were documented. For example, one risk assessment stated, 'make sure her footwear is always well fitting and safe and that there are no hazards in [their] way'. We observed good manual handling practice during the inspection. Care plans also monitored concerns such as wounds and bruises. They included risks to skin integrity and information on how staff could help to prevent pressure damage to people's skin.

The manager had thoroughly investigated incidents and accidents including a root cause analysis that was used to establish what went wrong and identify any lessons that could be learnt.

Staff were aware of their responsibility to help prevent the spread of infection and had received training in this subject. Personal protective equipment (PPE) such as gloves and aprons were available in the service.

The home and kitchen were clean and tidy. Daily cleaning schedules had been completed and kitchen had received a 5-star rating from Environmental Health. Laundry procedures were in place and carried out effectively. We also observed signs with information on effective hand washing in staff areas.

Is the service effective?

Our findings

People told us that the service cared for them effectively. Three people told us, "We're well looked after thank you", "Everything's good about it", "It's very good". One member of staff said, "The residents are well looked after". Despite people's positive feedback, we identified areas of care which were not consistently effective.

We asked people if the staff were well trained, one person told us, "They're not trained enough to look after people" and "I would like them to have more medical training". The training matrix was not up to date and showed significant gaps in important training for example, manual handling, first aid, diabetes, falls training, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The service was supporting five people with Type two diabetes but only eight out of 22 staff had received training in diabetic care and only two staff had up to date training. The manager told us they were confident that staff had a good understanding and could recognise the symptoms associated with diabetes but lacked confidence with some aspects of diabetic care such as normal blood sugar levels. This meant that staff were not suitably competent in supporting people with diabetes. The manager confirmed during the inspection process that action would be taken to arrange training in diabetic care as soon as possible.

The training matrix also demonstrated that only four members of staff had up to date first aid training and only four staff had up to date practical manual handling training. The manager told us that they were updating the training records and sent evidence to us after the inspection to confirm that 16 staff had received theoretical moving and positioning training and that practical manual handling and basic life support training for all staff had been arranged for 31 July and 6 August 2018. The manager was also due to speak to outside professionals about arranging falls prevention training.

From training records, only 14 out of 22 members of staff had received training in the MCA and DoLS. The manager told us that they thought it was important for all staff to be trained in this and would work towards everyone receiving that training.

Whilst action was being taken to address out of date training, there was a risk that people were being supported by staff without the appropriate training and this posed a risk to the welfare of people. The provider had failed to ensure that staff had received necessary training to carry out the duties they are employed to perform competently. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager informed us that new staff were not completing the Care Certificate but were doing other training in line with that framework. The manager told us they wanted to start using the Care Certificate instead. The Care Certificate standards are nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. There was a basic induction and orientation to the service for new staff.

Staff told us that they follow the National Institute for Health and Care Excellence (NICE) guidelines for

medicine administration. Staff and the manager were not able to tell us any other guidelines or industry best practice that they were following. It is important for services to follow evidence-based guidance to achieve effective outcomes for people and drive improvement. We recommend that the service seeks advice from a reputable source about best practice guidelines and how to apply these in practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the 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.

Whilst day to day staff had worked in accordance with the legislative requirements of the MCA, we identified concerns with accurate records being maintained around capacity and consent. A system was not in place to ensure robust monitoring of DoLS applications, expiry and authorisation. The manager and area manager were unable to demonstrate knowledge and insight regarding DoLS applications and authorisations. For example, a mental capacity and best interest decision for covert medication could not be identified for one person. During the inspection, action was taken and following the inspection, the manager told us they had put a system in place, organised documentation and ensured that all DoLS applications had been followed up and confirmed that the local authority was aware of them. The manager had a good understanding of how to support people within the MCA framework.

Staff supported people to have maximum choice and control of their lives and cared for them in the least restrictive way possible. They were aware that capacity could change and people should be supported to make as many decisions about their care as possible. One staff member told us, "Every time you do something with someone you are assessing their capacity". They understood that significant decisions required a best interest decision involving all appropriate individuals who could decide in that person's best interest. Staff were confident to raise concerns about people's capacity with the manager. Care records reminded staff of the principles of the MCA, for example, 'I should not be treated as being unable to make a decision unless all practical steps to help me to do so are without success'. People told us that staff always asked for their consent before helping them.

Some people had food and fluid charts in place to monitor their intake due to concerns about their health and wellbeing. However, these records did not give staff guidance about the person's target nutritional or fluid intake and did not detail when staff should seek senior or medical advice. Whilst we found no harm had occurred to people, we brought this to the attention of the manager who agreed that recording these details needed to be improved.

Staff informed us that people were offered choices for their food and if they did not like the main options the staff would be happy to make something else for them, one staff member told us, "There is no limit to what they want". People were pleased to tell us "We get our meals at regular times", that the food was "Lovely" and they had a choice of what to eat. We observed people enjoying their meals in a relaxed environment, at their own pace and with staff on hand to help them if needed. Different types of diets were provided such as calorie controlled or fortified diets. Where people required a soft diet, staff had clear guidance from speech

and language therapy (SALT) on what texture of food was appropriate and how to reduce the risk of choking. Staff were confident about what to do if someone started choking and had completed choking first aid training. One person said they would lean the person forward, carry out back slaps and phone 999 if the person did not improve quickly.

Staff received supervision informally and formally. One member of staff told us that they had not been receiving sufficient supervision but that this had improved when the manager had started who had also encouraged them to undertake their NVQ Level 2. Another member of staff agreed that there was "not much support [before]" and "The support from [the manager] is fantastic". Formal supervision records used standard phrases and could be further improved with more detailed information about the staff member's concerns and goals for their future development. Team meetings were carried out and the manager had identified this as an area for improvement in their recent audit and planned to arrange 'additional meetings to be held on a regular basis to ensure all areas can be discussed' to ensure good communication and development across the team.

People told us that staff helped them arrange healthcare appointments such as seeing their doctor. Opticians, district nurses and chiropodists also visited the service. We saw records of referrals to other professionals including incidents and accidents that had triggered referrals to services such as falls clinic.

People's bedrooms were pleasant, clean and tidy. They had some personal pictures or paintings on display. There was a level access garden available for people to use.

Is the service caring?

Our findings

People felt well cared for by staff, one person told us, "Oh I love it, you've got people round you". A second person said, "It's been a proper family job you know", "We all look after each other". One member of staff told us, "To me [people] feel like my family".

We found through discussions with staff that they knew people very well. The manager agreed and told us, "The best point are the staff", "They definitely know the residents very well". The manager knew people well considering they had only been working in their role for two weeks. The provider and area manager were also in regular communication with people using the service and knew them well. The manager told us they were keen to develop a good relationship with relatives and commented that staff had a good rapport with families.

We observed staff speaking to people in a kind and compassionate way, bending down to speak to people at their level. We observed staff and the manager knocking on people's doors before entering and respecting people's privacy. Staff told us how they maintained people's dignity. Comments included; "knock on doors before you enter", "Make sure they're covered and dressed" and "tell [them] everything I'm doing as I do it". One member of staff said, "You would treat them how you would treat yourself, it's common sense".

There was a friendly atmosphere in the home, staff and people smiled and said hello, appearing relaxed. Staff spoke to us about the importance of people being at the centre of their care. Staff cared about the wellbeing of people and told us examples of things they had done to ensure people were well cared for and valued. One member of staff spoke about accompanying a person to accident and emergency when they were unwell and staying with them to ensure hospital staff understood their needs. We heard about a member of staff coming in to the home on their annual leave to reassure and support a person who was going into hospital. The service celebrated people's birthdays, a document we saw stated, 'All residents have cakes made by the cook and cards and treats are arranged for individuals based on their likes and preferences'.

Staff told us that when people were low in mood, they tried to support them with activities, such as taking them to a local shop for a piece of cake. One person said, "We all get on together", "We have a good natter".

We asked staff about how they cared for people with diverse needs. They told us, "I don't think they would be treated any differently, everyone gets on with everyone". Examples of supporting people with diverse needs included a representative from the local church coming to the service to support people's religious needs. People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equalities Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. Staff told us they had not witnessed any discrimination towards people using the service or members of staff and we did not receive any information to contradict this.

Care plans included information about people's personal histories, backgrounds and preferences to help

staff understand that person as a whole individual and treat them in a caring way. People were actively involved in making decisions about their care. For example, the manager and staff supported one person in their desire to return to living at home safely. Independent Mental Capacity Advocates (IMCA) and individuals with Lasting Power of Attorney (LPOA) in health and care matters were also included in care planning where appropriate. Records demonstrated that people who held these powers were kept by the service.

Staff told us that they had not seen any discrimination towards people using the service or other members of staff. The manager told us that if they discovered any discrimination was occurring they would speak to the individuals involved and if staff members were treating people in a discriminatory way the manager would resolve this through supervision or disciplinary processes as appropriate.

Is the service responsive?

Our findings

During the inspection we observed that although staff were caring towards people, they did not always have time to provide social and emotional support for people. We observed few interactions between staff and people in communal areas, beyond the provision of drinks and other practical assistance. Staff rarely entered the communal areas and rarely sat and socialised with people. We did observe one member of staff playing a game with a person but generally people were watching television and appeared unengaged. The activities coordinator was on annual leave during the inspection. Records of activities were in place which included music, cookery club, nail painting and a gardening club but these were not person-centred or enabling people to follow their hobbies or interests. Some people confirmed that they had participated in activities such as bingo and puzzles. We asked other people if there were activities they could take part in, one person said, "Not that I know of" and another said, "not particularly". People had access to a hairdresser who visited the service two days a week. We recommend the provider seek guidance from a reputable source about arrangements for activities provision when staff have planned absence.

Staff knew how to respond when people became medically unwell. We saw examples of staff escalating concerns to healthcare professionals during the inspection and within care records. Staff were aware of what to do in the event of an emergency. One person told us that they would hit the emergency button to get help and phone 999, another said they would assess the person and depending on their need contact the GP, 111 or 999. Medical history and current health concerns were clearly documented in the care plans. Staff knew people well and had two handover meetings each day where any relevant information about people supported by the service was shared.

Care records were thorough and enabled the reader to gain a good understanding of the person. They included pre-assessment information gathered prior to the person joining the service. Care records included information about people's likes and dislikes such as, 'enjoys visits from family and reminiscing' and activities that people enjoyed including 'flower arranging, arts and crafts'. They included personalised information about symptoms people were experiencing as a result of dementia such as, 'Sometimes does not recognise herself in the mirror and assumes that the reflection is another person, resulting in confusion and frustration'. They also detailed support that may help the person including, 'memory aids such as task lists, calendars, and labelling of items I need to use frequently will be helpful'.

Care plans included information about choice, for example '[name] prefers to have all her meals and snacks in [their] bedroom' and '[name] would prefer to have [their] main bedroom light on as [name] doesn't like to sleep in the dark'. Records included information on preferred time to go to bed or get up in the morning and gender preference of the member of staff that supported the person with their personal care. Documentation also included information about past medical appointments and visits from healthcare professionals. Staff had made referrals to various professionals for example the Older Person's Mental Health Team (OPMH) and records included advice for staff on when they needed to escalate concerns.

The area manager and manager were not aware of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people

with a disability or sensory loss can access and understand information they are given. However, they could give some examples of supporting people's communication needs such as assessing their communication needs, allowing people sufficient time to process and understand information, ensuring they provided written information for someone with hearing loss, pictures of food options to help people choose and using gestures to help people that communicate better visually. Care records included information about supporting people whose communication had been affected by dementia, 'a gentle reminder of [their] last statement or suggesting the word [they] missed may help'. Care plans included information on people's preferences on how they received information.

The service was not frequently supporting people at the end of their lives but demonstrated good practice when this had occurred. Care plans included detailed information about people's wishes should their health deteriorate or when end of life care and support was required.

People told us that they were comfortable to speak to staff about concerns but had not needed to. One member of staff told us that the provider was "very approachable" and that the provider, area manager and manager responded to concerns immediately. The service had a management of complaints policy in place. We reviewed complaints during the inspection and found that the service had investigated and responded to them in a timely way.

Is the service well-led?

Our findings

We asked people about the management and leadership of the service. One person told us, "[They're] nice" and was happy to raise concerns with them. Another person said, "I don't know exactly who the manager is".

During this inspection we identified a number of areas where improvements were needed. These included recruitment practices, staff training and improvement to records relating to people's care. The manager had only been working in that role for two weeks at the time of the inspection. They told us that since they had started managing the service, they had found concerns with records in the service. They openly acknowledged that the records needed improving quickly. They told us "Staff have not had great leadership", "There's not a brilliant paper trail" and "I'm under no illusion that there is quite a lot to do".

Records related to various parts of the service needed improvement, including; topical medical administration records (TMARs), recruitment records, health and safety records, MCA and DoLS records, staff training records and food and fluid charts.

We looked at a management audit of the service dated 22 May 2018 completed by the registered manager. It was lacking detail and did not include any actions for improvement. It had not identified the issues with expired training and records that we found during the inspection. For example, it stated that competency for moving and handling had been proved for all care staff but failed to identify that at that time only four members of staff had current training. The provider had not undertaken any additional audits or other processes to identify these concerns.

The provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain complete, accurate and up to date records. The service had not sought any feedback from people or relatives for the purposes of continually evaluating and improving the service since August 2017. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was aware that this was an area for improvement and planned to create more opportunities for feedback and improve communications, such as events and a newsletter. The provider planned to seek feedback from people every six months, analyse responses and make improvements.

The manager had begun to make improvements in the two weeks they had been in post. They told us, "There wasn't an accident folder" for documenting incidents and analysis of those events. They reported that previous falls had not been effectively investigated and addressed. Since the manager had been in post, incidents and accidents had been recorded and thoroughly investigated. Lessons that could be learnt and taken forward into future practice were explored and communicated with staff as appropriate. The manager had addressed concerns immediately and carried out a comprehensive audit of the service which identified various improvements that were required and actions to address those areas.

We found the manager was keen to drive improvement and wanted to promote stability in the leadership of the service. They spoke passionately about this and told us, "I'm here for the long haul, we'll work together", "I do feel positive about everything", "There is a lot to do but it is something I've done before and I'm up to the challenge". Following the inspection, the manager provided evidence that we asked for promptly and gave us confidence that they were putting measures in place to improve the issues identified during the inspection. They were also putting systems and processes in place to monitor and improve the service.

Staff told us they enjoyed their work, one staff member told us, "I really love it, really do love it" and that there was a "good team". Staff told us that they found the manager and area manager approachable. They had not had to approach the manager with any concerns or consider whistleblowing on any practice but were comfortable to do so if needed. The manager told us, "I do value each and every [staff member]".

Staff told us that there had been "lots of changes" in the management of the service but they were positive about the new manager, one staff member told us, "She's got some good things to put in place". Another member of staff said, "She's really good". The manager had plans to introduce staff champions in different aspects of care. The aim of this role was to promote good practice among staff.

Records were kept securely on the password protected computer system or in locked offices accessible only to the manager.

The service did not have any links with the community at the time of the inspection. The manager said they were aiming to create links with the close community and local healthcare professionals.

The service had developed in response to suggestions from staff for example, staffing zones were created to assist with staff deployment planning and an allocation sheet was created to enable staff to efficiently monitor which care activities had been completed and ensure people's needs were met. The manager said, "I have told the staff that their opinions are invaluable". The manager told us that in response to an incident that occurred overnight there is now a protocol in place to ensure there are always three members of staff on shift overnight. This enabled more flexibility overnight if a person became unwell.

The registered person must notify the Commission without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service.</p> <p>The provider had failed to maintain complete, accurate and up to date records.</p> <p>The service had not sought any feedback from people or relatives for the purposes of continually evaluating and improving the service since August 2017.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure information was available which demonstrated safe recruitment practices as outlined in schedule three of the Health and Social Care Act 2008.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff had received necessary training to carry out the duties they are employed to perform competently.</p>