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The Maples Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Inadequate	
Is the service caring?	Good	
Is the service responsive?	Requires improvement	
Is the service well-led?	Inadequate	

Overall summary

This inspection took place over three days on 11, 14 and 20 August 2015 and was a short notice inspection, because the service were without a registered manager and we wanted a representative from the partnership to be present to answer any questions we had. A **partnership** is a legal relationship formed by the agreement between two or more individuals to carry on a business as co-owners.

Since 28 October 2013 Care Quality Commission inspectors have carried out six inspections and have found multiple areas of non-compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Whilst some improvements have been made the registered provider remains in breach of seven regulations.

Summary of findings

The Maples Residential Care Home is a care home registered to provide personal care and accommodation for up to 15 older people. At the time of our inspection seven people were living at the home.

The service had been without a registered manager since June 2014. Since that time there had been four managers. The service were currently without a manager. 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 and associated Regulations about how the service is run.

The registered provider had introduced some auditing systems and processes, but the audit process in place was not fully understood by the registered provider and was insufficient to assess, monitor and improve the service or manage risks to people.

The home had improved their systems and processes to manage medicines, which meant most people were protected from the risks associated with medicines, but we found one person who had not been administered one of their prescribed medicines for an infection they had.

Systems and processes had been improved to manage fire safety, but regular checks had not been maintained in terms of maintenance checks associated with fire extinguishers and emergency lighting.

Robust recruitment procedures continued not to be in place and staff were working without appropriate information and documents being obtained about them. Appropriate information was not available for agency staff who had worked at the home. This meant people may be cared for by staff who had not been appropriately assessed as safe to work with people.

Staff had still not received all the appropriate training relevant to their role and responsibilities. Staff had received supervisions, although this could be improved to cover a broader range of areas for staff to reflect and learn from practice.

In the main, people's assessments, care plans and risk assessments contained up to date and accurate information about people, however, people had not always had an assessment of their needs carried out

before admission to the service to ensure those needs could be met. Referrals were made to health professionals in relation to people's health care needs, which included involvement from doctors and the community mental health team. One health professional confirmed a very caring staff team, but that the service lacked leadership and management for the staff and that this was reliant on support offered by them.

There was a lack of stimulating activities available for people to participate in or opportunities to maintain hobbies and interests.

When we spoke with people who used the service they all told us they felt 'safe'. Relatives spoken with did not raise any concerns about mistreatment or inappropriate care provision of their relative. Staff had received safeguarding training, but were not confident the registered provider, without support, had the necessary knowledge to act on any concerns that were raised in an appropriate manner. We found an incident of potential theft that had not been reported to the appropriate authorities at the time the potential theft had been identified. This meant the registered provider continued not to inform the Commission about notifiable incidents in line with the Health and Social Care Act 2008.

The current staffing arrangements may not be safe and meet people's needs as no dependency assessment had been undertaken to establish those staffing levels were sufficient to meet people's needs, because five of the seven people who used the service needed two members of staff to assist them with moving and their personal care needs and at those times people in the lounge and dining areas were left unsupervised..

The MCA (Mental Capacity Act 2005) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and in place so that where someone is deprived of their liberty they are not subject to excessive restrictions. Some care staff we spoke with had not received training in MCA and DoLS and could not describe how these applied to their role and the registered provider had admitted a person to the service without the registered provider undertaking an appropriate assessment, which meant the person may have been admitted without lawful authority.

Summary of findings

People were broadly positive about the food that they were served at mealtimes, but their responses indicated how choices were made could be improved.

The system and processes for identifying complaints had been improved. A complaints record was in place and the registered provider had taken action to resolve the complaint to the person's satisfaction.

The registered provider had registered with the Information Commissioner's Office, the office responsible for enforcing the Data Protection Act 1998 and where providers who hold personal data about people need to register.

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, the service will be inspected again in 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 up 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

We found systems and processes had improved to safeguard people from risks of potential harm, but improvements were still needed to meet regulation in terms of the environment, the recruitment of staff and medicines management.

People told us they felt 'safe', but systems and processes had not been effective in dealing with allegations of financial harm.

Staffing levels had been reduced without an assessment to determine this was sufficient to meet people's needs.

Inadequate



Is the service effective?

The service was not effective.

The training staff had received had improved, but this still did not include all the training required for people's roles and responsibilities.

The requirements of the Mental Capacity Act 2005 were not always understood by staff and one person had been admitted to the home without due process being followed.

People were broadly positive about the food that they were served at mealtimes, but the meal time experience could be improved, for example, a more varied choice of food and people not kept waiting at the dining table before lunch was served.

We saw information in people's care files that health professionals were contacted in relation to people's health care needs such as doctors and the community health team. This was confirmed by the people who used the service and staff.

Inadequate



Is the service caring?

The service was caring.

People and relatives made positive comments about the staff and people told us staff treated them with dignity and respect.

Although interactions between people and staff were mainly prompted by and based around tasks, we found staff interactions were patient and caring in tone and language.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

In the main, people's assessments, care plans and risk assessments contained up to date and accurate information about people, however, people had not always had an assessment of their needs carried out before admission to the service to ensure those needs could be met.

There was a lack of stimulating activities available for people to participate in or opportunities to maintain hobbies and interests.

The complaints procedure had improved and complaints had been identified and responded to, to people's satisfaction.

Is the service well-led?

The service was not well led.

The registered provider had made some improvements in meeting regulations, but continued to demonstrate a lack of knowledge and had not made sufficient improvements to meet regulations, despite support from the local authority where the home is based.

Some auditing systems and processes had been implemented, but the audit process was insufficient to assess, monitor and improve the service or manage risks to people.

Inadequate



The Maples Residential 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 checked 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 over three days on 11, 14 and 20 August 2015. We told the registered provider the day before our visit that we would be coming so that a representative from the partnership would be present to answer any questions we had.

The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the service. This included correspondence we had received about the service and notifications required to be submitted by the service. We also gathered information from the local authority. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We spoke with seven people who used the service, two relatives, three staff and one of the registered providers. We looked round different areas of the home such as the communal areas and with their permission, some people's rooms. We reviewed a range of records including five people's care records, seven people's medication administration records, two people's personal financial transaction records, petty cash record and three staff files.

Is the service safe?

Our findings

We checked progress the registered provider had made in relation to breaches of regulations in regard to the management of medicines raised during our inspections on 19 and 26 August 2014 and 12 and 14 January 2015. We found improvements in the systems and processes for medicines, but further improvements were needed.

We looked at seven people's medication administration records (MAR) and checked a sample of these against the prescribed medicines for those people, observed staff administering medication and spoke with staff about medicines management.

We saw staff had improved the way they administered eye drops to people, by leaving sufficient time between them to stop the first drop from being diluted or washed away. We also found that temperature checks of the refrigerator that stored medicines had taken place on most days to ensure medicines requiring refrigeration were stored at the correct temperature. We confirmed that medicines requiring refrigeration were being stored appropriately.

We found staff used safe processes when administering medicines, for example, locking the medicines trolley if they left the trolley unattended. We also saw that where people refused their medicines, staff disposed of the medicine in a safe way.

Staff were patient and caring when administering medication. For example, offering to put tablets in people's hands so that they could take them more easily and supporting them to have a drink whilst taking their medicines. We heard people being asked whether they needed medicines they had been prescribed to be taken 'as required'.

We saw safe systems were in place when staff administered controlled medicines to people, for example, recording the medicines in the controlled drugs register and obtaining a second signature to confirm the administration of the medicine.

We checked medication administration records for people. We found that the records for medicines prescribed 'as required' contained inconsistency in the level of detail in the record about what this means, including no record of

the protocol when administration should take place or minimal information about the reason for administration. This meant different staff may make different decisions about when the medicine is to be administered.

Whilst checking medication administration records we identified one person had been prescribed a medicine for an infection. The prescription was received by the service, but staff were unaware of this and the medicine had not been administered for five days, which meant a delay had occurred in improving the person's health. Staff were in the process of discussing this with the doctor.

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

We checked progress the registered provider had made in relation to breaches of regulations in regard to the premise raised during our inspections on 12 and 14 January 2015. We found improvements in those systems, but that further improvements were needed to manage risk to individuals and the service.

The registered provider had taken action in regard to the requirements identified in their fire risk assessment. The service had also implemented personal emergency evacuation planning procedures for people who lived at the service. Regular fire maintenance was being carried out in regard to fire detection and alarm systems, but the required checks for fire extinguishers and emergency lighting had not been carried out since February 2015. The registered provider said it had been carried out twice, but the outcome not recorded. No explanation was provided why this was not at the frequency identified in the fire log book. Regular fire drills were also being carried out, but we found action identified by the fire authority for fire drills to be practiced at night had not been carried out.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other servicing was now in place to demonstrate premises and equipment were suitable for the purpose for which they were being used and properly maintained, for example, maintenance of the electrical power supply, weighing scales, gas and equipment. Appropriate insurance cover was in place.

The service had been awarded a rating of 5 by the environmental health officer. Food Hygiene Rating Scores

Is the service safe?

(FHRs) score ratings based on how hygienic and well-managed food preparation areas were on the premises. Food preparation facilities are given "FHRs" rating from 0 to 5, 0 being the worst and 5 being the best.

There was a system in place to conduct individual risk assessments for people who used the service in relation to their support and care, but these had not always been reviewed and amended in response to their needs. For example, one person nutritional care plan had been evaluated saying the person had lost weight and to contact the dietician. The next months evaluation made no reference to either despite a dietician being contacted for the person.

We observed how staff supported people to move people and saw they did this in a safe way using equipment they had been assessed as needing to enable them to move safely.

We checked progress the registered provider had made in relation to breaches of regulations in regard to the recruitment of staff raised during our inspections on 12 and 14 January 2015. We found improvements in those systems, but that further improvements were needed to manage risks to people who used the service.

Since the last inspection the registered provider had ensured documentary evidence of a Disclosure and Barring Service check (DBS) was in place for the permanent staff they employed at the last inspection. A DBS is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. However, other information and documents remained absent in both the we inspected, for example, satisfactory written explanation of gaps in employment and satisfactory conduct at previous employments concerned with the provision of health and social care.

The registered provider was asked if a recruitment policy/procedure had been implemented. The documents we were provided with were not detailed as being required by the providers recruitment policy/procedure. This meant that the provider was not following their own recruitment procedure.

We asked the registered provider for the staff file for a member of staff who had commenced work since the last inspection. We found the file lacked information of the dates of previous employment and the reasons for leaving

that employment. This mean information and documents required had not been obtained, meaning there was a risk the registered provider would employ staff that were not suitable to work with vulnerable adults.

The registered provider had recently used the services of an agency to supply staff to care for people. We asked the registered provider what checks had been made to ensure those staff were safe to work with vulnerable people. The registered provider, provided a contract between themselves and the agency identifying the documents the agency would provide to confirm their suitability. Those documents were not available. The registered provider stated they had seen the documents, but did not have a record. Some of the information was provided subsequent to the inspection. This information did not include verification of the staff member's identity, references and employment history.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the systems in place for how the service protected people from harm and abuse.

People told us they felt really safe at the service and that the staff 'were really, really nice'. No visiting relatives raised any concerns about the care provision of their relative.

We found the registered provider had not undertaken training in how to safeguard people from abuse so that they had knowledge of what constituted abuse and how they must report any allegations. Training records identified six out of the ten staff had received safeguarding training. When we spoke with staff they confirmed they had received training and were clear of the action they would take if they were concerned people were at risk of harm. Staff were not confident that the registered provider had the skills and experience to act on information of concern, without support of external agencies, such as the local authority.

A policy/procedure was in place for what is abuse and how the service would respond to allegations of abuse.

We had received one notification of an allegation of financial abuse. During the inspection we identified a further incident of potential financial abuse that had not

Is the service safe?

been reported to the appropriate authorities. This meant the registered provider had not always followed systems and processes in place to safeguard people from financial abuse.

We checked the finance records of two people and the petty cash record. We found receipts had not previously been issued for monies received into the home. The record was also not accurate when financial transactions took place as the date recorded did not correspond with the date the transaction took place.

The petty cash record identified that money had been 'borrowed' from the 'resident social fund'. The registered provider was not aware of a 'resident social fund' and could not account for the record.

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

We checked that sufficient numbers of suitable staff to keep people safe and meet their needs were on duty.

When we spoke with one person they said, "The staff are quite good – when we have enough of them. When there are on holidays and things, we have to have agency staff and they don't know you and you have to tell them what to do. They do their best".

When we spoke with staff they expressed concerns about the staffing levels at the home. They explained two members of staff were on duty at all time, but five of the seven people who resided at the home needed two people to help them to move and assist with their personal care. This they identified also impacted on people's ability to be taken on excursions from the home. They explained no laundry staff were employed and care staff carried out laundry duties.

During the inspection we observed a relative attend the home to escort their relative to hospital. Staff explained this was because no staff were available to take the person, without leaving other people living at the home at risk. We observed the member of staff issuing medication was wearing a tabard identifying them as working with medication and reminding others not to disturb her, however they were interrupted on several occasions by the other member of staff asking for assistance to support people move. This meant the staff member was being distracted from her task, presenting a risk of medication being administered incorrectly and lengthening the time when people received their medication.

One person spent most of their time their room and told us they felt lonely. We asked why they called out during the day for staff, instead of using their call buzzer. They said, "Well sometimes they answer and sometimes they don't".

In addition, we found during the inspection a further two people had been admitted to the home, one of which had significant needs in regard to behaviour that challenged. This meant at times a significant amount of staff time was spent with the person to encourage them to have their personal needs met.

We asked the registered provider how they had assessed that two members of staff were satisfactory to meet people's needs. The registered provider stated no assessment had been carried out. During the inspection the registered provider increased the staffing levels on a morning shift to three people. They explained their rationale for doing this was because it was busier in the morning.

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

Is the service effective?

Our findings

We checked progress the registered provider had made in relation to breaches of regulations in regard to the training, supervision and appraisal of staff raised during our inspections on 12 and 14 January 2015. We found improvements in those systems, but that further improvements were needed so that staff had all the required training relevant for their role.

The registered provider, provided a list of training that staff had attended. We found that not all staff had received all the training relevant to their role, including food hygiene, record keeping, health and safety, infection control, mental capacity act, deprivation of liberty safeguards, fire and first aid. This meant there continued to be a risk people may be receiving care and treatment from staff who may not be appropriately trained in their role or who require their knowledge to be updated.

We spoke with a new member of staff. They told us they had received previous training relevant to their role, but when they started at the service they had a three day induction working alongside other staff to get to know people who used the service and what their needs were. They felt this was sufficient because of their previous training.

When we spoke with staff they told us they received supervision. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager for the purpose of reflecting and learning from practice, personal support and professional development in accordance with the organisation's responsibilities and accountable professional standards. We viewed staff files and this confirmed what staff had told us. However, we found the focus was about identifying training needs of staff. We found the training identified had not always been undertaken, which meant the purpose of supervision had not always achieved the desired outcomes for staff.

One relative told us they felt staff had the right skills and attitude.

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

The MCA (Mental Capacity Act 2005) is legislation designed to protect people who are unable to make decisions for

themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and in place so that where someone is deprived of their liberty they are not subject to excessive restrictions.

The registered provider had not received any training in MCA or DoLS. During the inspection we found the registered provider had admitted a person who lacked capacity, without considering the MCA Code of Practice. An application to obtain the appropriate legal authority was submitted subsequent to the person's admission, after support from the local authority. The registered provider confirmed they did not know the process to admit a person who lacked capacity.

Some staff had received MCA and DoLS training. Discussions with staff identified they were unsure of situations when the MCA and DoLS needed to be followed.

We observed that staff made sure they were obtained consent from people when providing care or treatment, which demonstrated that the training had been partially effective.

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

We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

People told us, 'the food is alright' and when questioned about this one person said, "Well, very good really". When we asked people about choice one person said, "They just decide what they are going to give you and it's there". They added, "if you don't like it they might give you sandwiches". Another person said, "The food is everything it should be – we have a cooked meal in the middle of the day and our tea later".

When we asked staff about how people made choices they explained at breakfast and tea they were informed about what was on offer and then staff provided their preferred choice. At lunch it seemed staff did not know. They thought the cook may go and ask people what they wanted to eat.

We looked at the menus because although there was a white board in the dining room the meals for the day were not identified for people, other than explaining the choice for breakfast was cereals, toast and preserves. We found there was a three weekly menu. We found a choice was

Is the service effective?

available but at times, this was a version of the same food, for example, poached fish or fried fish. This did not offer any choice to anyone who did not want fish. A separate menu was provided for someone who required a specialist diet. This choice of meal may have been preferred by other people who used the service, but it was not offered. We had identified this at our visit on 12 January 2015. Therefore, adequate improvements had not been made to improve the options available to people.

We observed the lunch time service. The tables had cloths and serviettes on them, but no condiments were on the table or offered. The food smelt appetising and people appeared to enjoy it. There was blackcurrant, orange cordial or water to choose from for a drink.

We saw that people were served a mid-morning drink with a choice of tea or coffee. One person had told us 'I'm not one for puddings. I just have ice cream every time'. We observed this, even though the pudding choice was offered to them.

We also saw that people who remained in their rooms were provided with meals and drinks when other people were offered them.

We observed one person was given tomato soup for lunch. They said, "This soup is beautiful – really beautiful". When

we asked why they were served soup rather than a dinner we were told 'because they were going to the hospital'. Staff confirmed a meal should have been offered, but that one would be provided later in the day.

We checked that people were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

We looked at care records for people who used the service and found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners. This meant staff involved professionals, so that people received intervention for their healthcare needs.

We observed a doctor and another health professional visit during the inspection. The health professional commented that the care team were fantastic – caring and compassionate and want to do the best they can for people. They said, "They follow instructions and advice that we provide. Unfortunately, the service lacks leadership and management to give direction to staff." The doctor was unable to make a judgement about the service as they were not the doctor that visited consistently, but they stated no concerns were being raised about the service within their surgery.

Is the service caring?

Our findings

People and all relatives we spoke with told us staff were caring and compassionate in their approach. We observed this when staff were interacting with them.

Comments from people included, “The staff are never sharp with you” and “I suppose they are caring in their own way – what can you expect”. Another said, “Some of the staff are very caring – others not so caring”. When we explored this they said, “Well the agency staff do not work in the same way as the permanent staff”. Most of the negative concerns were centred around agency staff who did not always appear, to people, to understand what they wanted.

One person described a way in which staff were caring. They said, “They [the staff] care for me as a person. I’m nervous at night (a long established habit, not a consequence of being in the care home) and I leave the lamp on all night and they let me do that”.

Families we spoke with told us they were encouraged to visit the home and there were no restrictions on when they did so. One relative told us they came every day, sometimes twice a day. They said, “I feel they are a caring lot and for me that’s crucial. They are the same with everyone, not just my mum. You can tell they care by the way that they do things”. Their comments were echoed by another relative who said, “There have been real problems in the past, but now the staff are wonderful. Towards the end of last year, there was a new manager and new staff for a brief period and they were not good, but now the staff are genuinely caring people and good at their jobs. I am quite happy with mum here now – there was a period when I was concerned, but it has improved an awful lot”. She singled out the

hairdresser for special praise saying, “Not only does she do their hair, she contributes in other ways”. They indicated the sun lounge and said its decor was down to her. She is a really nice person who the residents love”. A further relative said, “The way they treat people is very good. They explain if people have to wait. They joke with people. We are content she is here”.

When we observed staff interaction with people, they were familiar with them and their life histories and knew their likes and dislikes and they approached discussions with people in an informed manner. Our observations identified a respectful relationship between the staff and people.

It was clear from our discussions with care staff that they enjoyed caring for people living at the service, because they spoke of people in a caring and thoughtful way. Care staff demonstrated familiarity and knowledge of people’s individual needs, life history, their likes and dislikes and particular routines. The staff we spoke with were very positive about the home and about working there. Staff knew people very well and why they may behave in a certain way. Staff were motivated and people related to them in a positive way. Staff were always able to provide answers to our questions about people’s care. People’s choice was the dominant feature over all other considerations.

Throughout our inspection, we observed staff giving care and assistance to people. We found staff were respectful and treated people in a caring and supportive way.

We saw records in people’s files about their life histories and backgrounds. This is valuable information that contributes to staff understanding a person, so that a holistic and familiar approach can be applied when providing support to people.

Is the service responsive?

Our findings

We checked progress the registered provider had made in relation to breaches of regulations in regard to the care and welfare of people who used the service and their associated records raised during our inspections on 19 and 26 August 2014 and 12 and 14 January 2015. We found improvements in those systems, but that further improvements were needed.

We reviewed five people's care records to check improvements had been made.

People at the service did not specifically tell us about their involvement in care reviews but made reference to talking to staff about the care they needed. Relatives described the changes in care that their family member had needed put in place.

The registered provider told us she had identified a senior member of care staff as responsible for implementing and reviewing people's care plans and associated documentation. Other staff were responsible for reviewing those care plans and recording interventions of care delivered to people on a daily basis.

The registered provider told us they did not have an admissions policy or procedure. This meant a process was not in place for the registered provider and staff to follow when admitting people to the service to ensure the service could meet their needs.

We found one person had been admitted without a member of staff identifying the full range of care needs of the person and to ensure that staff had the skills and experience to meet those needs. That person's assessment and care needs had been completed on the day of admission. This meant the service could not be assured they were able to meet the person's needs until after they were admitted.

Another care record evidenced care needs were reviewed at regular intervals, but sometimes the reviews were not sufficiently detailed to ensure that where changes had been made, how that decision had been reached. For example, the nutritional care plan review for the person identified to contact the dietician. Although this had been undertaken records of the action to be taken in accordance

with the dieticians recommendations had not been included in the review of the care plan. There was also two different pieces of information about how often the person was to be weighed.

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

On all the days of the inspection no planned activities were taking place with people. On the third day, we saw a person was in the garden discussing with a member of care staff about the plants and past activities associated with these. This was instigated at the request of the person and they told us they enjoyed it.

When we asked people how they spent their time they said, "Well we can have music on in the music room, but it is far too hot down there". This was acknowledged by staff who said, "It is too hot for you to go down there today". The 'music room' was the only mention of any activity by people who used the service. One person said, "I don't go down there because I have to have someone to take me and someone to bring me back and there isn't always someone to do that". Another said, "Any sort of activities are around Christmas and Easter when people come from the church". This person added, "They are going to build something out front, so that we can have some shade to sit in, but they haven't done it yet".

People and their relatives told us people who used the service were sometimes taken out by their family, but mainly they just sit in the lounge with the TV on.

We saw photographs from a 90th birthday party that had been held.

We checked how the service had improved how they listened and learnt from people's experiences, concerns and complaints.

We asked people and their relatives their experience of raising any concerns. The impression we received talking with people was that they accepted the care provided without question, but would 'chunter' to each other.

Relatives told us they knew how to complain, although they could not recall seeing any formal policy or procedure regarding this. One relative said, "I just tell them what I think. In the past this would not have been met very positively, but I think it would now". They told us that in the past they had been involved with CQC and the safeguarding team from the local authority. Now they told

Is the service responsive?

us 'there would be nothing to complain about, the staff are good and there is a positive culture in the home'. Another relative said, "Just be direct. The owner is here a lot of the time and you can speak to her. I did have a problem in the past when I came to see Mum after work and always found her in bed, with her dentures removed. When I asked why this was I was told it's your Mum's choice to go to bed – but I wasn't too sure".

Relatives told us there had been two or three meetings to discuss the running of the home, mainly, in the past, regarding the introduction of different managers. One relative was hoping this would continue.

We saw suggestions boxes in the reception areas for people to leave feedback if they wished.

The registered provider told us a complaints record was in place. This was not visible for people and their relatives to view. We found the system for identifying, recording and responding to complaints had improved. The registered provider was able to provide the complaints record, which identified a concern had been raised by a person who used the service, acted on and resolved to the person's satisfaction.

Is the service well-led?

Our findings

We checked progress the registered provider had made in relation to breaches of regulations in regard to the assessing and monitoring the quality of service provision and associated records raised during our inspections on 19 and 26 August 2014 and 12 and 14 January 2015. We found improvements in those systems, but that further improvements were needed.

In the last six months there had been four managers at the service, two of whom the provider had appointed who had no management experience and lacked knowledge of their roles and responsibilities as a manager of the regulated activity. Currently there was no registered manager at the service and one of the registered providers was providing support to senior care members of staff at the service up to four days a week. Telephone support was provided on the days they were absent from the service. The registered provider who was predominantly providing the support told us they had undertaken no formal training in relation to their role and responsibilities and their learning was 'on the job'.

The registered provider provided a quality assurance policy and procedure. The systems identified to monitor quality assurance were surveys, comment cards, meetings, medication audits, infection control audits, visual check of premises, inspection by the Commission, pharmacy audits and environmental audits.

We asked the registered provider for the report of the outcome of the surveys that had been sent in January/February 2015. This was not provided.

All staff spoken with made positive comments about the staff team working at the home and had embraced the changes that were needed to meet regulations. Staff explained that whilst they were passionate about meeting regulations some things they relied on the registered provider for and they felt the registered provider lacked skills and experience to provide this without support. This was confirmed by a health professional we spoke with and through our attendance at safeguarding meetings.

The registered provider provided minutes of staff meetings that had been held. We saw that a range of topics had been discussed regarding the performance of the service and actions identified from those meetings. We found some of those actions had not brought about improvements to the

service. For example, the meeting in July 2015 identified cleaning schedules to be followed in regard to wheelchairs and hoists and infection control training was to be followed up by a member of staff. We found the cleaning schedule for night duty included the cleaning and maintenance check for wheelchairs and hoists, but there was a gap in those checks. The registered provider was unable to provide an explanation for the gaps. No training for staff who had not received infection control training had been carried out since that meeting. The registered provider was unable to provide an explanation for this. There were also gaps in the cleaning schedule for one week in July 2015. The registered provider was unable to provide an explanation for this. This showed the registered provider had ineffective systems in place to monitor aspects of the service and assure themselves audits were being carried out as identified.

We checked that refrigerator temperatures were undertaken to check that food stored in the refrigerators were stored at the correct temperature. We found the checks identified potential risks to people. For example, the log book was clear in the temperatures at which freezer and refrigerator temperatures should operate. We found one week where the temperature of the freezer storing meat and bread was above the recommended temperature. In addition there were gaps when the freezer/refrigerator temperatures had not been taken. The registered provider was unable to provide an explanation for why the temperature of the freezer was not reported as identified or the reason for the gaps in the records.

We found a fire risk assessment in place that identified actions to be taken to keep people who used the service and others safe. The majority of these had been addressed, but fire maintenance systems for fire extinguishers and emergency lighting had not been undertaken since February 2015 placing people and others at risk of harm. The registered provider was unaware these had not been carried out as required. In addition, some staff had received fire training and been present on regular fire drills, but the registered provider had failed to ensure night staff had been present on drills, as recommended by the fire authority.

The registered provider had failed to identify the training needs of the staff group and source the training in accordance with the care staff's roles and responsibilities.

Is the service well-led?

For some staff the registered provider stated they had undertaken the training, but had not obtained certificates or recorded that they had verified they had completed this with a previous employer.

We asked the registered provider for their monitoring of accidents and incidents, identified as not in place at previous inspections. The registered provider confirmed these had not been implemented. This meant a systems was not established for the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users arising from the carrying on of the regulated activity.

The registered provider provided the quality audit they had implemented to track and measure care and its associated standards, for example, dietary care and nutrition. The registered provider could not explain the quality assurance system and how it worked in practice. We found the

registered provider chose sections of the audit, but did not have a plan to identify when different sections of the audit would be undertaken. This meant the scoring system to identify if there had been improvements was ineffective. The sections that had been completed that were viewed identified it was ineffective. For example, the medication audit stated 'no' to any CSCI recommendations/immediate requirements (CSCI is a predecessor organisation of the Commission). However, at the last inspection there had been improvements needed in regards to medicines.

The service continued to show they had a history of not assessing risks to people and multiple breaches at each inspection, which illustrated inadequate leadership and governance and that learning took place through the support provided by external organisations.

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