

St Andrews Care GRP Limited

Hopton Court

Inspection report

Hopton Mews
Armley
Leeds
LS12 3UA

Tel:01132632488

Date of inspection visit: 18 May 2015
Date of publication: 18/08/2015

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



Overall summary

We inspected Hopton Court on the 18 May 2015 this visit was unannounced. Our last inspection took place in June 2014 and at that time we found the service was meeting the regulations.

Hopton Court is a 45 bedded purpose built care home close to Armley Town Street in Leeds. Care is provided on two floors for up to 45 older adults living with dementia.

The home had a registered manager in place. 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.

We spoke to people and asked if they felt safe in their home. They told us that they felt safe. People told us they felt that they could ask staff anything, and that they could

Summary of findings

walk about their home feeling safe. Staff were clear about their responsibility to report concerns and were aware of whistleblowing procedures and how to use them. There was an up to date safeguarding policy in place.

We found there were not at all times, enough staff to ensure people's needs were met safely and that people were properly supervised to ensure their safety. We observed people in the home were left unsupervised for up to 30 minutes in communal areas. This meant that people were not being supported in a safe manner.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DOLS). However, we found an issue in relation to the administration of covert medication.

We looked at the arrangements in place for the management of medicines at the home. We found there were issues with regard to the records not being completed by staff for two people who required topical medication to be administered.

People we spoke to told us they were happy living at the home. Staff appeared to have good relationships with people and spoke in a friendly and kind manner with them. People appeared at ease with the staff. People's privacy and dignity were respected and staff knocked on people's doors before entering their rooms.

The home provided care for people living with dementia. There was no evidence of national guidance or best practice on which the home based the care they provided for people living with dementia.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs.

From our observations it was clear staff knew people well. Staff were trained in supporting the people in the home.

Records we looked at showed that staff had not had supervisions since November 2014. The registered manager told us they were aware of this and had plans in place to meet with all staff.

Assessments of care and care plans were in place within the home and contained a detailed history of the person.

Records we looked at showed there were systems in place to assess and monitor the quality of the service. However, we found a number of issues during the inspection which the provider had failed to identify through an effective system of quality assurance. This meant the system was not robust.

Staff said there were good leadership within the service which promoted an open culture within the home.

We saw there was a complaints procedure in place which was displayed in the home. The survey's which were in place for the home stated that family and other professionals knew how to complain. The home had received complaints and these were dealt with promptly.

We found four 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.

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 always safe.

We found that appropriate procedures were in place regarding the recording of prescribed medicines but these were not always being followed by staff.

The staff had a good knowledge of safeguarding procedures and how to put these into practice.

The home had a robust and effective system in place for recruitment.

Requires Improvement



Is the service effective?

The service was not always effective.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DOLS). However, we found an issue in relation to the administration of covert medication.

We observed some moving and handling movements which were not appropriate to the needs of the people.

Supervisions and appraisals were not being completed in line with the home's own policy.

Requires Improvement



Is the service caring?

The service was caring.

The people we spoke to said that the staff were kind.

We observed staff providing people with explanations about what they were doing whilst providing care to them. It was clear from our observations that staff knew people well.

Peoples families told us that their relatives were being well looked after

Good



Is the service responsive?

The service was not always responsive.

Care plans were in place for the people in the home; however these were not always completed in full.

Activities were not provided on a consistent basis for the people in the home.

We saw evidence which showed complaints were dealt with effectively

Requires Improvement



Is the service well-led?

The service was not well led.

Requires Improvement



Summary of findings

The manager of the home told us they completed regular audit checks within the home; however we found the environment was not clean and there were areas throughout the home which had not been well maintained and required repair.

Staff we spoke to felt supported by the registered manager in the home and found them approachable.

People in the home had opportunity to comment on the service.

Hopton Court

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.

The inspection took place on 18 May 2015 this visit was unannounced. At the time of our inspection there were 44 people living at the home. The inspection team consisted of two adult social care inspectors, a specialist advisor who has a nursing background 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. During the inspection we spoke to seven people who lived at the home, two visiting relatives and eight members of staff. We also spoke to the registered manager and area manager of the home.

We used a number of different methods to help us understand the experiences of the people in the home. We spent time observing care practices in the home and staff interactions with people. We observed meal times taking place and activities being carried out in the communal areas of the home. We spoke to a number of people in the communal areas of the home. We looked at the environment of the home. We looked at documents and records that related to peoples care, and the management of the home such as training records, policies and procedures. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection we reviewed all the information held about the home. The provider had not been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission.

Is the service safe?

Our findings

We spoke to people and asked if they felt safe. People told us that they felt safe. People told us they felt that they could ask staff anything, and that they could walk about their home feeling safe. Visitors also said they felt confident that their relative was safe. One visitor said “I work away and can only get here every fortnight, It’s such a relief for me to know she’s here and well looked after. I know she’s safe.” Staff appeared to know the people well and spoke with them in a relaxed and friendly manner.

We looked around the home and saw there were a number of issues relating to the maintenance and cleanliness of the home. These included missing door furniture to people’s bedrooms. Some of the locks on people’s bedrooms doors were broken as they kept turning with a key. One person’s bedroom door could not be locked. We found rusty radiator covers in three people’s bedrooms. We saw upholstered chairs in people’s rooms were dirty on the arms with dried food. We saw bedroom furniture was sticky where drinks had been spilled and not cleaned up.

We saw bedrooms had stained carpets. We found areas of flooring in three bathrooms were not properly sealed which may mean effective cleaning could not be carried out. We found a rusty metal nail under the seat cushion of a chair in one person’s bedroom. We found a wooden vanity unit under the sink in one person’s en-suite had become damaged by water and there was brown staining around the bottom of the toilet. We also noted malodours in some areas of the home

Maintenance issues had been reported by the registered manager and from this a refurbishment plan had been formulated. However, the area manager told us this was still in the process of being approved and as yet no dates were set for the work to be carried out.

This breached Regulation 15 (1) (a) (e) (2) (Premises and equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way staffing levels were determined at the home. The registered manager told us they used a dependency tool. They said they looked at people’s care records on monthly basis to gather information about people’s needs. They would then determine the level of staffing needed within the home. We saw that areas of the dependency tool identified 11 areas of need which

required scoring. We saw these included eating, transferring, risk and co-operation. We were told that staffing levels were adjusted according to the score the registered manager arrived at which enabled the planning of hours of staffing required to care for people.

There were long corridors in the home, and most of the time there was no staff presence in these, or in the communal areas. We observed staff interactions throughout the day with the people in the home. A SOFI observation tool was used to establish the interactions between people and staff throughout short intervals in the day. We saw people were left unsupervised and sat on their own for 10-15 minute periods without any interaction from staff.

Staff we spoke with had a good understanding and knowledge of safeguarding. Staff told us they knew people well and would be able to recognise signs which may indicate possible abuse or neglect. Staff told us they understood the procedure to follow to pass on any concerns to the registered manager and felt these would be dealt with appropriately. Staff were clear about their responsibility to report concerns and was aware of whistleblowing procedures and how to use them. There was an up to date safeguarding policy in place.

We found there was a robust recruitment policy in place. Staff we spoke with told us they had completed an application form, attended an interview and were unable to begin employment until their Disclosure and Barring Service (DBS) checks and references had been returned. The DBS is a national agency that holds information about criminal records. We looked at four staff personnel files which showed detail of the person’s application, interview and references which had been sought. This showed that staff was being properly checked to make sure they were suitable to work with vulnerable adults.

In three people’s care records we saw the home had personal emergency evacuation plans in place. These provided staff with guidance on how to support people to move in the event of an emergency.

We saw documentation which showed that weekly checks were carried out on the fire alarm system and water temperature checks. We also saw that monthly emergency lighting and fire extinguisher checks were carried out.

We checked the systems in place regarding the management of medicines within the home. We found

Is the service safe?

there were issues with the records relating to administration of two people's topical medicines. We looked in two people's bedrooms and found monitoring charts in place for the administration of topical medication/creams. For one person we saw the chart had not been completed for 11 days. For the other person we saw they had not had their prescribed creams applied for 25 days. This meant both people had not received all of their medicines as prescribed.

Medicines were stored in designated 'Treatment Rooms' and we saw the room temperature was maintained below 25 degrees and there was recorded evidence of daily checks. The medication fridges were lockable and there was also evidence of temperature monitoring. There were medicine trolleys in place which were lockable. We checked bottled medication and saw these were stored appropriately.

Three random medication administration records (MAR) sheets checked and administration was found to be accurate in terms of stock held. Each (MAR) had a photograph of the individual person for identification purposes. Any incidents of non-administration or refusals were noted on the (MAR) sheets. This meant it was clear if people had not taken their prescribed medicines.

The Controlled Drugs register and stock were checked; a random sample of two medicines were checked against prescription and found to be accurate. An annual competency check is undertaken by the registered manager. This was evidenced in the records in the home. This showed that checks were in place for controlled medication. As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

We were told by the registered manager that one person was currently receiving their medicines covertly. They told us the person's GP had sanctioned this and had given their permission for the administration of medicines covertly to the person. This person was also subject to an authorised deprivation of liberty. The registered manager told us the authorisation did not include the administration of covert medicines. The procedure required under the Mental Capacity Act 2005 and reiterated in the National Institute for Health and Care Excellence (NICE) document 'Managing medicines in care homes guideline (March 2014) had not been followed. The registered manager told us they had contacted the local authority regarding this and requested that the authorisation be reviewed in view of the issue of covert medicine administration. They said this had been refused and they had been told this would be carried out at the person's next annual review. During our inspection the registered manager told us they would contact the local authority again in relation to this and submit another application regarding the medicines issue. The registered manager said they were going to speak to the GP in relation to administering the medication

We looked at the systems in place at the home for accident and incident monitoring and we were shown records which showed a number of falls had occurred at the home between January 2015 and February 2015. These were 12 falls in January 2015, eight falls in February 2015. We saw the majority of the falls had occurred in people's bedrooms. We spoke with the registered manager who told us there had been a number of referrals made to the falls team. The registered manager said some people now had sensors in place in their rooms which would alert staff to their movements. The registered manager told us and showed us evidence which demonstrated they monitored incidents for any patterns or trends.

Is the service effective?

Our findings

The home provided care for people living with dementia. The registered manager told us all of the people using the service had dementia. We spoke with the area manager and the registered manager and they told us the service did not use national guidance or best practice in the home on which to base the care they provided. They were unable to give any examples of where the provider had utilised nationally recognised care interventions. For example, promoting choice and providing support and design and adaptation of accommodation. Due to the lack of implementation of best practice guidance the provider could not assure themselves they were meeting the required standards regarding dementia care.

In relation to suitable environment, we saw people's rooms had door knockers and blank letter boxes. People's bedrooms had memory boxes at the side of the doors some of which were empty. Several had photographs in, though poorly displayed. Some of the bedrooms had people's names on them and some did not. The area manager said that they were looking into arranging for bedrooms to be more personalised.

People had access to healthcare services when they needed them. We saw evidence in people's care records which showed they regularly visited other healthcare professionals such as dentists and chiropodists. This showed people living at the home received additional support when required for meeting their care and treatment needs.

Staff we spoke to staff who told us they received supervision and appraisals. Some staff however had not had supervisions for a few months. The registered manager had dates booked in to complete all supervisions with staff. Staff we spoke with told us they had completed training in moving and handling and dementia awareness. Staff told us they had received some mandatory training but were unable to provide details about training they had accessed.

We looked at staff training records which showed most staff had completed a range of training sessions. These included moving and handling, medication, fire safety and safeguarding vulnerable adults. We saw staff also completed specific training which helped support people living at the home which included dementia awareness and challenging behaviour. The registered manager told us

they checked the training matrix on a monthly basis and identified what training had been completed and what still needed to be completed to ensure staff's skills were up to date. However, we saw there was a number of staff who had not completed refresher training in a number of areas. For example, 15 out of 41 staff were out of date with dementia awareness training, 22 staff were out of date with nutrition and hydration training, 10 staff were out of date with mental capacity act training and nine staff were out of date with infection control training. This meant people living at the home could not be assured that staff caring for them had up to date skills they required for their role.

We observed staff assisting people with their mobility in several areas of the home. During these observations we saw two incidents involving two members of staff where the assistance of a person into their wheelchair to take them to the dining room looked uncomfortable, for both the person and the staff. On one incident, we saw that the verbal communication from the staff was carried out loudly and in a confusing manner. We saw the person also became quite flustered and appeared to be upset after staff were supporting the person to their wheelchair. The person was asked by staff to keep their voice down and not to shout at staff when in fact it was observed that one of the staff members was speaking very loudly to the person. We also saw that when the person was assisted from the chair into their wheelchair the wheelchair was far away and the person appeared unsteady. We felt the assistance was not given to the person in a safe way. We made the manager and area manager aware of the incident at the time of our inspection; they said that they would address this straight away.

This breached Regulation 18 (2) (a) (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager told us they had prioritised applications for people who they believed were at risk of being deprived of their liberty. We saw records relating to this were filed appropriately. The registered manager told us the local authority had limited the amount of standard authorisation applications they would accept so a number of applications were being submitted on a monthly basis.

Is the service effective?

The Mental Capacity Act 2005 applies people who lack the capacity to make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. We discussed the Mental Capacity Act 2005 with the registered manager. We saw mental capacity assessments were in place in the care records for the people in the home. We observed family being involved in decisions where people lacked the capacity. This demonstrated the service was meeting the requirements relating to the Mental Capacity Act 2005.

We observed the lunchtime meal being served to people in the downstairs dining room. We saw the tables were set with clean table cloths and a choice of drinks and condiments were available for people. Staff were observed chatting to people while eating their meals and where assistance was needed we saw that staff responded to people's requests. For example, cutting people's food up and putting on plate guards for people so they could eat independently. We saw that people were choosing drinks and also what they would like for their pudding. One person said that the pudding was "beautiful".

We observed an incident with a person who had picked up some cutlery and was walking round the dining room holding the cutlery in their hand shouting. The staff responded immediately by supporting the person out of the dining room to a quiet room in the communal area. The person's food had been kept covered and warm by the staff member until the person returned to eat their lunch. Staff sat next to this person whilst eating their lunch to ensure they received the support they needed.

We saw in care records that people's dietary needs were recorded in care plans. Where people were at risk of losing weight we saw there were food charts in place. People's weights were monitored monthly where nutritional risks had not been identified and records showed these remained stable. We also saw that staff were taking trolleys around the home which contained healthy drinks and snacks throughout the day to offer to people.

Is the service caring?

Our findings

We observed staff interactions with people throughout the inspection and saw that most of the staff who worked at the home displayed warmth, kindness and compassion to each person they supported. The people of the home told us their views on the care they received. One person told us staff know me well, and staff knew what I like and didn't like. One person showed us their room. The person told us they loved their room. They said "I can come here and lock my door if I want. I can just put my feet up and watch my telly. They look after me alright. I can have a bath when I want. I could have a shower, but I like a bath."

Several members of staff we spoke with said that they liked working there and that they built strong attachments to the people. One said "I love doing the one to one's with people. They've got such stories about their lives – you get so attached."

We also spoke to the relatives of people using the in the home who told us they could visit whenever they pleased, and that they had good communication with staff. Both relatives we spoke with said that they were consulted about their relative's care plans.

We were also told, "I visited 12 places before I chose here. I chose this place because of the staff. It's their attitude and the care that they show. They really care. It's a really difficult job, and I think they do a fabulous job. I know all the staff well now. I used to go to the residents and relatives meetings, but I didn't like the negativity. If I need to ask or say anything, I speak directly to the staff or the Manager, and they sort it out. I know if I come in and my relative is not shaved it's because my relative has refused at least 3 times. I'm very happy and confident that my relative well looked after."

Another visitor said, "I've got no complaints. My relative is well looked after here. They always ring me if anything

happens. When they first came in, my relative was falling a lot, but now they are fine. I know the staff. I can speak to the manager about any worries. I fill in forms about my relatives care plans. I work away and can only get here every fortnight. It's such a relief for me to know that they look after my relative. I know they are safe."

Staff were observed treating people with privacy and dignity during interactions which included care and support. We saw staff knocking on people's doors before entering their rooms. When personal care was taking place, explanations were given, and interventions were unhurried. Staff spoke to people by bending down, or squatting on the floor so they were at the same level as people who were sat in chairs.

Most people were supported to make sure they were appropriately dressed and that their clothing was arranged to promote their dignity. However, we saw that one person had food stains on their top and they had not been supported to change this after their meal.

In one person's care record we saw a care plan was in place which the person's relatives had been involved in developing the end of life care their relative would receive. We saw a 'best interest' meeting had taken place to facilitate this as the person lacked the mental capacity to make decisions about their care. Some care plans had been signed by a relative, although others had not.

Relatives we spoke with told us that they were involved in their relatives care needs. One family member stated that they could be involved as much as they wanted and were invited to the care plan meetings. Another family member said that as soon as their relative moved in to the home they were invited to their care plan meeting to discuss their relative's needs and care. This meant that people, or where appropriate their relatives, had been involved in their care planning.

Is the service responsive?

Our findings

We looked at the care records of four people who lived at the home. We saw that information was easy to locate within the records including details of admission, underlying health issues and any allergies. The records reviewed each contained a comprehensive set of assessments for individual needs including; Malnutrition (MUST), skin assessment and falls risk assessment. The home reviewed peoples equipment which were used on an individual basis, the use of movement sensors in rooms were also assessed.

We looked in people's care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. However, we saw in one person's care records they had a risk assessment in place for 'sleeping in armchair' which was last reviewed on 4 May 2015. We saw the person had a fall from their armchair on 8 May 2015. The risk assessment had not been updated to reflect the recent fall. Staff we spoke with told us the person had hurt their nose and we saw the person had a black eye. This was recorded by the registered manager in the accidents file within the home. The person had an audit of their care plan carried out in April 2015 however; we saw their care plan had not been updated to reflect the person's current care needs in relation to their recent fall. This meant that the home did not have an effective system in place. This was brought to the attention of the registered manager on the day of the inspection.

In another person's care records we saw they had a 'life history' document in place titled 'This is my life.' A life history document enables staff to understand and have insight into a person's background and experiences. However, we found a number of areas of the document had not been completed which included, 'family tree', 'special friends growing up', favourite toy, radio and TV programme'. This meant that staff did not have the information needed to be able to support this person in a way they may have chosen.

Care records showed that people and families were involved in the process and that care plans were reviewed by the manager of the home annually. The care records also stated some positive interaction from the review of the care plans; One person was receiving regular visits from a family member on a morning. Due to the person choosing

to get out of bed later this was discussed with family and agreed to visit later in the morning. The care plan reflected this change. This meant that the changing needs of the person were reflected in the care plan.

People in the home and their families said that they did not have many concerns. One family member said that "I would like more activities in the home for my mother as she may be sat on a morning with little interaction".

We looked at the provision of meaningful activities for people who lived at the home. The registered manager told us they employed two staff who arranged and facilitated 36 hours' worth of activities per week both on a one to one basis and also for group activities. These staff had completed dementia awareness training but not had received any training in supporting and delivering activities for people who were living with dementia.

We observed an activity taking place in the morning with music and singing on the ground floor, however; there were no activities taking place on the first floor of the home. The activities in the afternoon were singing and dancing again on the ground floor which was enjoyed by both people and staff. We saw that a film had been put on for people to watch in the communal lounge area of the home on the first floor. We observed staff not engaging with the people in the home which led to people left without any interaction. People were sat in the communal areas for long periods of time with no interaction by staff to engage in any activities. This meant that people in the home were not supported to access or be involved in activities throughout the day.

The registered manager told us staff recorded people's participation in activities on a daily basis. We looked at one person's records from 2 May 2015 to 17 May 2015 and saw staff had recorded 'Active' for six days, 'relaxing' for two days, 'resting/active' for two days and 'sleep day/very sleepy' for another two days. We spoke with the registered manager as we could not find any evidence in the person's daily records to show how the person had spent their days for this period of time. The registered manager told us the person was difficult to engage around activities. We observed no activities in other two people's files. In one file there were no records of activities for three days and in another care record there were no activities written down for five days. This meant that there was a lack of consistency within the home for people to engage in activities.

Is the service responsive?

This breached Regulation 9 (1) (a) (b) (c) (Person –centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there was a complaints procedure in place which was displayed in the home. People we spoke with told us they knew how to complain and who to go to if they had

any concerns. One person said “I do not need to complain I am happy living here.” Another person said “if I have any concerns about my family I would speak to the manager.” The home had received one complaint in the last year and this was dealt with promptly and in accordance with the home’s policy.

Is the service well-led?

Our findings

The home had a registered manager in post and they were present at the time of the inspection. Staff we spoke with told us they had all worked at the home for a long time, with the exception of one member of staff (who had been there for a year). All the staff said that they felt that the registered manager had brought in positive changes. One staff member said, "She's [the registered manager] really turned this place around. She's very approachable. I haven't had a formal supervision, but I can go to her any time with concerns or questions." Another staff member said, "I've been here 18 and half years. I was a care assistant and senior carer. I've seen many changes. My manager is good. She's very approachable. One member of staff said "I'm looking forward to the refurbishment. The new boiler's in and there's lots more to do." Another member of staff said, "Things have improved since the manager came. You can talk to her about things."

Staff meetings were held four times over the last year. The minutes showed that aspects of care were discussed throughout the meetings so staff were aware of what was required and what the manager expected from them regarding their role in the home. It was discussed in the last staff meeting about training, people's needs and also change of menus due to the seasonal changes.

We spoke with the registered manager about how they gathered the views and opinions of people living at the home. We saw this from the 'residents meetings' which took place four times a year. One person in the home said, "I like the food here it's always warm". Another person said, "I would like to have more warm puddings on the menu". This change was evidenced on the menu board in the home.

We did not see any means of advertising the meetings around the home and there did not appear to be any minutes freely available, however it was clear that these did happen and people and their families could give us examples of some areas that had changed as a result. One example of this was where one relative asked for choice of hot and cold puddings to be included on the daily menu. The menus were changed regarding the puddings which were put on the daily menu. This meant that people had a choice of a cold and warm pudding daily. This showed that the meetings had some value for the people living at the home.

We looked at a range of audits which the registered manager told us were carried out every month and care plans audited yearly through the review meetings. These were in place to allow for the monitoring of the quality of the service provided by the home. Accident and incident audits were completed monthly as well as health and safety and infection control. We looked at medication audits which had been carried out in April 2015. We saw there were no issues identified. However, during the inspection we brought two issues which had not been identified through the audit to the manager's attention. This was in relation to record keeping relating to administration of two people's topical medication.

We looked at evidence which showed audits had taken place regarding the cleanliness and maintenance of the home. We saw that cleaning schedules were completed and signed daily by staff and any issues relating to infection control were addressed with the manager. However, we found there were many areas of the home which were not clean and not maintained and this had not been identified on any of the completed audits. This meant the system was not robust. We found COSHH regulations were in place and also gas safety certificates were in date and checked. Hygiene services were also monitored by the registered manager of the home with appropriate bins in place to appropriately remove any waste items from the home. Maintenance of the outside environment were also audited this included looking at the guttering, fencing and daily visual checks were also in place. The home had a plan in place for the proposed refurbishment of the home but this had not being sanctioned by the provider at the time of our inspection.

During the inspection we identified a number of concerns in relation to the cleanliness and maintenance of the environment, information within care records not reflecting people's up to date care needs, provision of activities not being carried out on a consistent basis, lack of planning to address out of date training for staff, lack of use of guidance re best practice for dementia care and insufficient staffing levels. These failings had not been identified through the system of quality assurance.

This breached Regulation 17 (1) (2) (a) (b) (c) (d) (i) (ii) (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>All premises and equipment used by the service provider must be - (a) clean (e)- properly maintained (2) - The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purpose for which they are being used.</p>

Regulated activity	Regulation
	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Person centred care - The care and treatment of service users must - (a) be appropriate ; (b) meet their needs, and (c) reflect their preferences.</p>

Regulated activity	Regulation
	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent , skilled and experienced persons must be deployed in order to meet the requirements - (2) (a) receive such appropriate support, training , professional development, supervision and appraisal as is necessary to enable them to carry pout the duties they are employed to perform.</p>

Regulated activity	Regulation
	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good governance- (1) systems or processes must be established and operated effectively to ensure compliance with the requirements in this part. (a) assess,</p>

Action we have told the provider to take

monitor and improve the quality and safety of the services provided in the carrying on of regulated activity (including the quality of the experience of the service users in receiving those services); (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of the service users and others who may be at risk which arise from the carrying on of the regulated activity ; (c) maintain securely and accurate, complete and contemporaneous records in respect of each service user, including a record of care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided ; (d) maintain securely such other records as are necessary to be kept in relation to - (i) persons employed in the carrying on of the regulated activity , and (ii) the management of the regulated activity;