

Jigsaw Care Limited

The Elms @ Kimblesworth

Inspection report

Kimblesworth Nursing Home
Elm Crescent, Kimblesworth
Chester Le Street
County Durham
DH2 3QJ

Tel: 01913712259

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28 March 2018
29 March 2018

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 28 and 29 March 2018. We planned to undertake an unannounced focused inspection as a result of receiving information of concern about the running of the service. This inspection was carried out to check to see if the concerns were accurate, and also to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in August 2017 had been made. We intended to inspect the service against the key questions – is the service safe, is it effective and is it well-led. As continued concerns were found across the five key questions we changed the inspection to a comprehensive inspection.

At our last inspection in August 2017 we found breaches of regulations 11, 12, 13, 17, 18 and 19. The breaches related to the provider failing to meet the requirements of the Mental Capacity Act, ensuring people were cared for in a safe manner, staff were provided with the necessary support to carry out their roles and they had been appropriately vetted before they began working in the home. We also found the provider had failed to ensure there were sufficient and robust governance arrangements in place. The manager provided us with an action plan to show us what actions they were taking to continue with the improvements. At this inspection we found improvements had been made although we found there were continued breaches of Regulations 12, 17 and 18.

The Elms @ Kimblesworth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 14 people living in the home.

At the time of our inspection a new manager who subsequently became the registered manager had begun to make improvements. They provided us with an action plan to show us what actions they were taking to continue those improvements. 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.

Security of the building needed to improve. Inspectors were able to access the building and people's personal information undetected at 6.30am. The manager told us they would issue new guidance to staff which ensured greater security.

People were given their medicines in a safe manner. However we found improvements were required in the home to support people who had been prescribed topical medicines (creams applied to the skin).

During our last inspection we found a breach of Regulation 18 as staff had not received appropriate support through induction, training supervision and appraisal. At this inspection staff records showed there was a continued regulatory breach. Staff had not received supervision and training in topics relevant to their work.

Audits to measure the quality of the service failed to identify the deficits we found during our inspection and monitor the service across regulatory requirements. The service had yet to reach the stage where the outcomes of surveys, complaints and compliments drove improvements to the care provided to people.

Work had been carried out to make improvements to the cleanliness of the building and reduce the risks of cross infection. Further work was required to the home to complete this task.

The fire risk assessment had been updated and there were regular checks carried out on, for example, firefighting equipment and alarms. However we found a number of concerns about fire safety and asked the local fire safety officer to visit the home. The fire safety officer reported they had found a number of deficits and the area manager and the manager had agreed to address these.

At our last inspection we recommended the provider develop a strategy which took into consideration national guidance on caring for people with learning disabilities. To date this had not been carried out and the service had begun to admit people with learning disabilities. The newly appointed manager agreed to explore this area of work.

Kitchen staff were aware of people's dietary needs and how people managed their health conditions. People told us they enjoyed the food at The Elms and described it as, "Lovely." Staff had put in place food and fluid charts for people who needed additional support. However we found these records had not been accurately maintained. Improvements had been made to other records to increase accuracy and bring them up to date. We found further work was required to ensure all records were up to date.

Appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Staff provided information about their skills and experience on an application form. We found there were sufficient staff on duty to meet the needs of the people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Not every person had signed their care plans. The area manager devised a consent form during our inspection to seek people's consent for living in the home.

People were protected from the risk of abuse because the staff in the home understood their responsibility to keep people safe and the actions to take if they were concerned a person may be at risk of harm. Staff told us they would be comfortable in raising concerns with the newly appointed manager.

Staff were caring and kind toward people who used the service. They knew people well and were able to describe their preferences, their likes and dislikes. They were able to respond to people with compassion and respected people's privacy. We saw in people's care records staff had sought advice from other professionals on the best ways to provide people's care.

Staff promoted people's independence and encouraged them to do things for themselves. Systems were in place to assess and monitor people who wished to independently take their own medicines.

The provider had a complaints process in place. We found two people had made a complaint to a member of staff who had documented the issues they had raised. The area manager was unaware of the complaints and agreed to look into people's concerns.

The area manager and the manager told us a new activities coordinator had recently been appointed and was due to start work in the service. Staff had continued to engage people in activities of their choice.

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?

The service was not always safe.

Arrangements were not in place in the service to monitor and ensure people received their prescribed topical medicines (creams applied to the skin).

Following the inspection we asked the fire safety officer to visit the premises as we had concerns regarding fire safety including exit routes from the building and garden. They told us they had found a number of deficits and would be carrying out a further visit to find out if the provider had made improvements to the premises.

There were enough staff on duty during our inspection to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not given appropriate support through training, supervision and appraisal.

Capacity assessments had been carried out and applications had been made to the local authority to deprive people of their liberty and keep them safe.

People reported to us they enjoyed the food provided in the home. Kitchen staff were aware of people's dietary needs and how people preferred to manage their diets.

Requires Improvement ●

Is the service caring?

The service was not always caring.

The premises and people's confidential information were not always secure.

Staff were kind and caring towards people who used the service. They chatted with people and understood their likes and dislikes.

Requires Improvement ●

People's independence was promoted by staff.

Is the service responsive?

The service was not always responsive

People's care records required further improvement to ensure they were accurate and up to date.

Staff had addressed people's end of life preferences as far as possible and respected people's wishes not to discuss the topic if that was their preference.

Staff supported people to carry out their preferred activities.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Although improvements had been made since our last inspection to documentation used in the home we continued to find documents which were not up to date or accurate.

Arrangements which were in place to monitor and improve the service failed to identify the deficits we found during our inspection.

The service worked in partnership with other professionals to meet people's needs.

Inadequate ●

The Elms @ Kimblesworth

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 was prompted after we received a number of whistle blowing concerns from people who had experience of working in the service. We decided to carry out a focused inspection. However on initiating the inspection we found continued breaches and carried out a comprehensive inspection.

This unannounced inspection site visit activity started on 28 March 2018 and ended on 29 March 2018. It included speaking to people who used the service and staff working in the home. We visited the home to see the manager and the staff, speak to people who used the service and to review care records and policies and procedures.

The inspection team consisted of two adult social care inspectors.

Prior to the inspection we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

During our inspection we spoke with five people who used the service and 12 staff members including the area manager, the manager, nurses and care staff, kitchen, domestic and maintenance staff. We looked at six people's care records as well as medicine administration records, maintenance records and audits carried out by the service. We looked around the home and its gardens to check people were safe living in the home. We also looked at records concerned with the day to day running of the service.

Is the service safe?

Our findings

At our last inspection we found there was a breach of Regulation 12 – safe care and treatment of people. The breach related to the unsafe administration of people's medicines and the lack of cleanliness in the home. We found some improvements had been made however; further work was required to ensure full compliance with the regulations.

People told us they got their medicines on time. One person told us they had no complaints about getting their medicines. People's medicines were stored safely and there were regular checks carried out on medicine stocks. Medicine Administration Records (MAR) included photographs of people. The photographs helped nurses to identify people before they give them their medicines. Two photographs were missing from the file. During our last inspection we found there were no plans in place for people who required some medicines on 'as and when' basis. These are known as PRN and we found PRN plans had been put in place, although not all of these were in the medicine files and accessible to agency staff. Different nursing staff had different approaches to administering PRN. Some nursing staff documented when it was offered and taken or refused whilst another nurse told us they waited for people with capacity to ask for their medicines. We fed this back to the area manager and the manager who agreed to look at the consistency of approach to administering PRN.

People who used the service had been prescribed topical medicines. These are creams which are applied to the skin. One person had a body map in place to show staff where to apply the cream. The records showed this had not been applied since December 2017. There were no records in place for another person who had been prescribed a topical medicine. The provider had failed to ensure people received their topical medicines in a safe manner.

Risk assessments were in place to ensure staff kept people safe, and the risks to people who used the service and staff were minimised. However, we found not all risks had been appropriately managed. For example, five people chose to lock their rooms at night. We found the bedroom keys were locked in a safe in the main office on the ground floor. We saw that in order to access the safe where the bedroom keys were kept staff would need to open the locked office door and the locked safe. This could cost valuable time in an emergency situation while staff tried to identify the correct keys. An external exit door to the side of the building was also locked.

Applications had been made to the local authority to deprive people of their liberty as they would be unsafe to leave the home without staff supervision. There were two external unlocked gates at the rear of the property. The area manager stated they would put a padlock on the gates; however this would not make for safe egress from the building. An old hoist was in the garden area near the gate which could pose a risk to people exiting the building in an emergency situation; we asked for this to be removed. Following the inspection we spoke with the fire service who visited the home. They told us they had found deficits in the service in relation to fire safety and had written to the provider to request improvements were made. Fire service personnel told us they would be revisiting the service to check that the improvements had been carried out.

Regular safety checks were carried out in the home to ensure people were protected from scalding and the risks of fire. The fire risk assessment had been updated. Every person who used the service had a personal emergency evacuation plan (PEEPS). However, the service had a fire file which contained PEEPS for people and for staff and emergency services to use which were out of date. PEEPS were in the file for people who no longer used the service. This meant emergency personnel may waste valuable time searching for people who were no longer living in the home. There were no PEEPS in the fire file for six people who currently used the service. Emergency services would therefore not have the correct information immediately available to support the evacuation from the premises.

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

Since our last inspection staff recruitment had improved. We found Disclosure and Barring Services (DBS) had been obtained by the service before staff began working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. The service had required staff to provide identification and two referees had been sought for staff. Applications forms described the past work experience of staff together with their previous training. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

Staff had been given training in infection control. Cleaning was being carried out during our inspection. The home was clean and there were no odours in the communal areas. Staff pointed out to us where odours remained, for example in an unused bedroom and told us what actions were being taken to address the issue. We found improvements had been made in the fabric of the building to reduce the risk of cross infection. For example, plastic cladding had been put on bathroom and kitchen walls. One member of staff told us the cladding was easier to clean. Further work was on-going in the home to continue to make improvements. The manager told us on completion of the bathroom refurbishments the stained upstairs corridor carpet would be laid.

At our last inspection we were concerned about the long hours staff were being required to work due to the numbers of staff employed by the services. Reassurances were given by the management at the time that more staff were being employed. We found new staff had been employed by the service. Staff confirmed to us they were no longer required to work consecutive shifts. There were enough staff on duty at the time of our inspection.

Staff had received training in how to safeguard vulnerable people and they told us they felt able to approach the manager with any concerns about the welfare of people who used the service. We saw they had raised a concern with the local authority about one person. Disciplinary action had been carried out by the area manager in line with the provider's disciplinary policy where staff actions were thought to be unacceptable in caring for people.

Is the service effective?

Our findings

At our last inspection we found breaches of Regulation 13 – Safeguarding, Regulation 17 – Good Governance and Regulation 18 – Staffing. These breaches related to failures to keep people safe, incomplete and inaccurate records and lack of appropriate support given to staff. We found during this inspection there were continued breaches of Regulations 17 and 18.

Agency nursing staff were being used on a night shift. We asked the area manager for the induction records for the agency staff. She told us they had worked for the service for a while and that she was unable to show us any induction records.

Staff confirmed their training consisted of doing work books which were marked by the area manager and then they were given a certificate. We checked the staff training files and found staff files contained certificates which had been drafted on Word documents and signed by the area manager. We asked to see the evidence behind these certificates to show staff had been trained. The area manager told us these had been destroyed and they had taken them out of files after we had inspected the last time.

Since the last inspection staff had been told by the manager they needed to do the Care Certificate. The Care Certificate is a set of standards which underpin the work of health and social care workers. We found booklets for the care certificate and questions had been obtained by the provider. Following the inspection, the area manager told us workbooks had been obtained from accredited training providers. However, there were no certificates on file from such providers to say staff had completed accredited training. The area manager told us the workbooks for the Care Certificate had been handed back to the staff. Staff told us they had to hand in the workbooks for marking and did not have them. This meant the provider was unable to demonstrate staff had completed the training.

Whilst some staff employed in the service had received relevant training, new staff who had started working in the service had not received the same training. Staff files did not always contain each staff member's start date which meant it was difficult for the provider to demonstrate training had taken place in a timely manner. Staff did not have training in mental health, mental capacity, deprivation of liberty safeguards or in challenging behaviour. We spoke to area manager about the lack of training and they said the Care Certificate covered most things. We specifically asked about staff training in behaviours that can challenge. The area manager told us this was covered in the Care Certificate. They also said there was no one with behaviours that can challenge using the service. However, we found the Care Certificate does not cover challenging behaviour in any detail. We found people who used the service had displayed behaviours that can challenge.

The provider's policy on supervision stated staff should have supervision every 12 weeks. Supervision sessions are pre-arranged meetings between the staff member and their manager to discuss any concerns the staff member may have, their performance and their professional development. Supervision meetings had not taken place in line with the provider's policy. Staff had not been supported through supervision or appraisal.

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

Fluids were available for people throughout the day and people were encouraged to drink fluids. Since our last inspection new food and fluid charts had been introduced. Staff were advised on a notice board to complete the charts and ensure they were totalled. There was a box on each person's fluid chart to describe the rationale for its use. These were not completed. We found staff had not always completed the food and fluid charts in line with the guidance provided by the previous registered manager. There was no oversight of the charts to assess if people had enough fluids each day.

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

Before our last inspection the provider told us they wanted to provide care and support to people with learning disabilities. We recommended in the light of this proposed change to the service the provider develop a strategy which takes into consideration national guidance on caring for people with learning disabilities. We found a person with learning disabilities had been admitted to the home and asked the area manager for a copy of their strategy. The area manager told us staff had begun workbooks about learning disabilities. Staff confirmed they had begun to do the workbooks. We asked the area manager how they intended for example to meet best practice guidelines on working with people who have learning disabilities. The manager agreed they needed to look into it.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack 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. Staff told us only a small number of people would not be able to go out on their own and if some people chose to leave, staff told us they would try and distract them to keep people safe. At our last inspection we found the service had not followed appropriate guidance and made applications where necessary to deprive people of their liberty. During this inspection we found applications had been made and the service was awaiting these to be approved by the local authority. Staff discussed with us the use of DoLS for another two people in the service, for whom capacity assessments had yet to be carried out. We passed this back to the manager who agreed to look into it.

We found there were some signatures on care plans for people to give consent about their care. We spoke with the area manager about obtaining people's consent to receive support from the home. They showed us a new document they designed during our inspection but had yet to implement which sought people's consent.

Handover meetings took place between shifts to pass on pertinent information about people's care needs. A notice board and message book were in place together with a diary to manage the communication in the home.

One person said, "The food is lovely" and another person said, "Food is fine." One person felt they got,

"Plenty to eat." We spoke with kitchen staff who showed us the menu and demonstrated to us the ordering processes. They confirmed there was sufficient food in the home to cover the menu. The cook started work at 10am each day and people had their main meal at tea time. Care staff supported people to have their breakfasts. We asked if people had a cooked breakfast and we were told people could have what they wanted if they asked for it. A notice board on the wall in the dining room gave people their menu choices for the day. Kitchen staff were aware of people's dietary needs and the support which was required to each person to assist them manage their specific diets.

Other professionals worked with the service to enable the staff to meet people's needs. Their guidance had been included in people's care plans. Staff supported people to attend medical appointments and were proactive in seeking help and support when issues to do with people's well-being arose.

The Elms @ Kimblesworth is two storey stone built property with narrow corridors. Adaptions have been made to include a downstairs kitchen for people to make their own drinks and small separate lounges were available for people to have comfortable spaces in which to sit or watch TV if they wished. A smoking shelter has been provided at the front of the property although people preferred to sit in the garden at the rear of the property to smoke.

Is the service caring?

Our findings

At our last inspection we rated this key question as, 'requires improvement'. This was because we recommended the provider consider the security of people's documentation. At this inspection we were able to enter the home at 6.30am without being detected and found we were able to access people's personal documents in an unlocked cupboard. This meant people's documents were not stored confidentially and in keeping with the Data Protection Act. We raised the issue of security with the area manager and the manager. They agreed to change the security arrangements for the building.

People spoke with us about the caring nature of the staff. One person said, "The lasses are lovely." Another person said they liked the staff and were, "Happy in the home."

We saw staff respected people's privacy. They knocked and asked for permission to enter people's bedrooms. Staff spoke to people about issues in the privacy of their own rooms. They demonstrated they had good relationships with people who used the service and chatted to people as they carried out their work. One person became upset during our inspection and staff responded by providing reassurance with care and compassion. They later told the manager they were still not happy. The manager offered support to help them become happy.

At the time of our inspection no one in the service had an advocate. An advocate is an independent person who supports people to represent their views to other professionals. We observed people who used the service to seek out staff and ask for support. Staff responded quickly and appropriately.

We found people who used the service had been invited to participate in a resident's meeting where they could express their views and influence the services. However, the meetings had not been held on a regular basis. This meant people were not given a continuous say in improving the service.

Staff provided care and support to people in a friendly manner. They knew people well and were able to tell the inspection team about people's needs and preferences. We found staff cared about people who used the service and demonstrated a willingness to meet people's personal needs. One person told us they would like to go on holiday during the year. Staff told us this was no longer possible, as they had been told by the provider if people wanted to go on holiday staff had to support them in their own time.

People's rooms were personalised. They contained personal items which meant people were able to be surrounded by things familiar to them. One person's room had recently been redecorated to their taste and they told us they liked their room. They told us it was a "Cool room". Another person's room was in the process of being redecorated and they were so pleased with the redecoration they wanted to buy the decorator an Easter egg. A third person's room was decorated to show they supported a local football team.

People were able to live as independently as possible. People who were able to could leave the service and return when they wished. One person had left the service and failed to return on time. Staff had contacted the police to report them missing. The person had returned on their own accord. Staff had explained to

them the consequences on the police of not returning and asked them to keep themselves safe in the future.

Care plans indicated where people may need support and where they were independent. A kitchen was available for people to make their own drinks and snacks. One person told us how they participated in the home and helped set the tables. Risk assessments were carried out on everyone to ascertain if they were able to take their medicines independently. Staff worked with people who were able to do this and carried out checks with people to ensure they had a sufficient supply and were taking their medicines correctly.

Small lounge type rooms were available for people to have visitors without needing to use their bedrooms. Staff told us people had very few visitors. We saw people were able to move around the home freely and use whatever room they preferred.

Is the service responsive?

Our findings

At our last inspection in July 2017 we found care plans needed updating. Since then work had been carried out on people's care plans and improvements made. However, we found one person had been admitted to the service shortly before our inspection. The pre-admission assessment tool stated, 'A robust respite plan must be completed within 24 hours'. This was not in place. A member of staff returning from their annual leave did not have a plan to refer to.

We found a peak flow monitoring chart in place for one person and questioned the rationale for this being in place. Peak flow monitoring allows staff to understand how quickly a person can blow air out of their lungs to monitor conditions such as asthma. During our inspection we found an initial care plan had been drawn up.

We found inconsistent practices in the drawing up of care plans. In two people's care plan we found their 'My Life' document which described their history and preferences to be incomplete. One person's file contained appropriate individual support plans for their health conditions with associated risk management plans in place for diabetes and aggressive/hostile behaviour. Another person was assessed as being at medium risk of malnutrition on admission. There was no care plan completed and no indication what control measures should be in place to reduce the risks around nutrition. Staff continued to regularly review the care plans. Further work was needed to ensure care plans were accurate and up to date.

We recommend the provider continues to review and update people's care plans.

One person told us, they had, "No complaints." This was echoed by another person sitting next to them. The provider had in place a complaints process. Staff had listened to two people who wished to make a complaint. Both complained about the loud nurse call system at night. One person also complained they were unable to wash their clothes because there was no washing powder. We found the complaints documentation did not show the complaints had been investigated. We spoke to the area manager who agreed to follow up on the complaints. Washing powder was available for people to wash their clothes. Staff told us there had been a point in time when there had been no washing powder and some had been purchased by staff.

We spoke to one professional involved in end of life care. They told us they had found the staff to be friendly and cooperative. They had been able to provide appropriate details to enable the arrangements for a person's funeral to take place. Staff had worked with people to document their wishes about their end of life care. However, staff told us it was difficult to do this given the young ages of people who used the service and not everyone wanted to discuss this difficult topic.

Since our last inspection an activities co-ordinator had been employed but subsequently left the service. Reassurances were provided by the management team that a new activities coordinator had been appointed but had yet to start working in the home. Staff spoke to us about the activities on offer in the home. One staff member told us people had set patterns to their daily lives and were not always motivated

to try something new. They told us this meant the activities coordinator had to start with a low threshold and often this was about getting people to go out to new places before they were felt confident and willing to participate in new activities and enhance their quality of life. Staff documented what people did during the day. We saw staff had engaged one person in doing jigsaws, knitting and karaoke. Another person attended religious services of their choice. Staff respected people's personal choices for how they wanted to spend their day.

Information was available to people who used the service. This included a service user guide which gave people information about the home. The menu for each day was available on a board in the dining room.

Is the service well-led?

Our findings

Following the last inspection, we received an application from the registered manager of another service operated by the provider to add The Elms @ Kimblesworth to their registration portfolio. In January 2018 they requested we cancel their registration for The Elms @ Kimblesworth and advised us this was due to workload. They told us a new manager had been appointed for the service. At the time of our inspection the new manager had recently come into post and had yet to make their application to CQC to register.

During our last inspection in July 2017 we found breaches of regulations 11, 12, 13, 17, 18 and 19. The previous manager, before they applied to add The Elms @ Kimblesworth to their registration sent us an action plan and told us what improvements they intended to make. At the conclusion of that inspection they had already begun to make improvements. We reviewed the action plan at this inspection and found actions had been taken. For example, these included all staff had the appropriate DBS checks and bedrooms had been made safe. We found there were still some outstanding actions to complete, and actions had not always been completed within the timescales. For example, the CCTV was due to be re-positioned to improve safety by December 2017. This had not been carried out. The area manager agreed it would be done within the following week. Planned refurbishment which was due to be completed with six months of the action plan dated August 2017 had yet to be completed. Staff felt the work was progressing but it had yet to be completed as the tasks had been incorporated into the job role of an existing staff member.

During this inspection we found continued breaches of regulations 12, 17 and 18. The continued breach of regulation 17 for the key question, "Is the service well led?" related to the failure of the provider to have in place effective monitoring arrangements. In the action plan dated August 2017, a required action was to immediately ensure, 'More robust audits and action planning to be completed in a timely manner'. CQC guidance advises that providers have in place audits to check they are meeting the regulatory requirements for regulations four to 20. We found systems were not in place to monitor the service in keeping with this guidance.

The area manager told us they had carried out audits in February and gave us copies of three audits (infection control, kitchen, health and safety) where it appeared the date had been changed from January to February. The area manager told us she accidentally put the wrong dates on the audits. After the inspection the area manager told us they could not have completed the audits in January due to annual leave and told us the dates on the audits were a genuine mistake. The area manager and the new manager were unable to locate the audits for December and January. We found the last audits on these topics were carried out in October and November by the previous registered manager.

The audits carried out in February failed to discover and address the deficits we found in the service. For example, boxes were ticked to state fire drills were held regularly. Fire drills had been held in September and November 2017. However, eight members of staff had not had a fire drill at that point. The health and safety audit failed to identify the fire safety issues which were found on the premises. A further tick in an audit box indicated the washing machines were in working order. At the last inspection staff spoke with us about one

machine not working properly because it ripped people's clothes. Staff reported the same washing machine was not working correctly. This left staff with one washing machine to wash people's clothes. Following the inspection the area manager told us the machine was working in February but the machine had developed the same fault.

In the same audit the area manager had written with regard to mattress checks "see separate audit." Monthly mattress audits had not been carried out; although the area manager told us they were aware of two mattresses which had recently been thrown out. Medicines audits emailed to us by the manager following our inspection visit identified topical medicines were not documented in December and January. We found topical medicines continued to not be in place. This meant medicines audits had failed to improve the service to people needing topical medicines. We found the systems for monitoring this service were not fit for purpose.

In our last inspection report we recommended the provider consider the safety and security of the building and documents. We found a fence had been erected around the back garden area. At 6.30 on the first day of our inspection we arrived to find the gates to the property and the main entrance door unlocked. We were able to gain access to the building and walked in without being detected by the two night staff. The rear door to the garden (smoking area) was also unlocked and both garden gates were not secured. The inspectors had access to people's documentation in a large unlocked cupboard. We spoke with the staff on duty who told us they open the rear door at 6am so people can go out for a cigarette and they open the front door at the same time to accommodate any staff arriving early. We spoke with the area manager and the manager of the service who agreed to issue staff with new guidance and change the security arrangements for the building. We saw in the improvement plan the CCTV was meant to have been moved from the locked office into an open staff area by December 2017. The area manager agreed to make immediate arrangements for this to happen.

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

The provider had used questionnaires to monitor the quality of the service. We found these had been carried out in August 2017. Responses from people who used the service were largely positive. The service had yet to reach a point where the information obtained from questionnaires, surveys and compliments informed and influenced improvements and innovation in the home.

Following our last inspection we reported staff had resorted to a culture of being self-managing and taking responsibility for what they could in the absence of a manager. At this inspection staff felt they had been given guidance and support from the previous registered manager. Since starting in their post, the new manager had held a staff meeting. Staff told us they felt optimistic about the new manager and felt able to raise issues with them. However, we found staff continued to have mistrust about the provider. Whilst they felt improvements had been made they still had concerns about the day to day running of the home, for example repairs to equipment and the discussions around potentially very low food budgets. At the time of our inspection no decision had been made with regards to the food budget.

We observed the new manager working in partnership with other professionals to meet people's needs. Staff had also worked with other professionals to meet people's healthcare needs. For example, one person had recently passed away and staff described to us what actions they had needed alongside other professionals to take to enable the person to feel comfortable despite them refusing medical interventions.

Since our last inspection notifications had been made to CQC regarding events which had taken place in the

service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had failed to ensure people received their topical medicines in a safe manner. Regulation 12(1)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes operated by the provider to assess, monitor and improve the service were not effective. Regulation 17(1)
Treatment of disease, disorder or injury	
	The provider failed to maintain an accurate, secure and contemporaneous record in respect of each service user. Regulation 17(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff had not received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, Regulation 18 (2)
Treatment of disease, disorder or injury	