Milestones Trust

Abbey House

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
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 was carried out on 7 August 2018 and was unannounced.

Abbey House 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.

Abbey House accommodates up to 74 people in a three-storey building divided into six units. At the time of the inspection there were 33 people using the service, who were accommodated on two floors.

At the last inspection on 3 August 2017 we found two breaches of The Health and Social Care Act 2008 (Regulated Activities) 2014, relating to the safety of people, records and the systems for monitoring the service. At this inspection we found some improvements had been made. However, we found additional concerns.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems to monitor and improve the service were not effective and the registered manager did not have a clear overview of the service and the quality of care being provided to people. Systems for gaining and acting on feedback from people were not always effective.

Systems for monitoring accidents and incidents were not effective. There was not always records of any action taken as result of accidents and incidents and not always evidence of investigations being completed.

Risks to people were not always identified and where risks were identified there were not always effective plans in place to manage those risks. Medicines were not managed safely to ensure people received their medicines as prescribed and were kept pain free.

People did not always receive specific food and drink to meet their dietary needs and risks associated with people's health needs were not effectively managed.

Care plans were not always accurate and up to date and did not reflect people's needs. Care plans did not contain information regarding guidance or changes to people's care needs following visits from health professionals.

There were not sufficient staff deployed to meet people's needs. Staff were required to move between units

to help colleagues, this meant people sometimes had to wait for care and support.

We saw kind and caring interactions. However, people were not always treated with dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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, will be inspected again within 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 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."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Medicines were not managed safely, which left people at risk of unnecessary pain.

Risks associated to people's health conditions were not assessed and managed safely.

There were not sufficient staff deployed to meet people's needs.

Is the service effective?

Requires Improvement

The service remained requires improvement and was not always effective.

People were not always referred to health professionals in a timely manner.

People were supported in line with MCA. However, there was not always evidence of legal authority for representatives to make decisions on people's behalf.

Staff were supported through regular supervision and training.

Is the service caring?

Requires Improvement

The service was not always caring.

People's care and support was not always provided in a way that protected their dignity.

People were involved in their care and were given choices about their care.

Staff were kind and showed compassion.

Is the service responsive?

Requires Improvement

The service remained requires improvement and was not always responsive.

People's care records were not always up to date and accurate.

People enjoyed a wide range of activities that interested them.

Complaints were managed in line with the provider's policy. However, relatives did not always feel they were kept informed of outcomes.

Is the service well-led?

Inadequate

The service was not well-led.

Systems to monitor and improve the quality of the service were not effective.

Systems for gathering feedback from people and relatives did not identify how improvements would be made as a result.

Systems for monitoring to ensure people received care and support to meet their needs were not effective.

Abbey House

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 on 7 August 2018 and was unannounced.

This inspection was carried out by four inspectors and two Experts 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.

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and statutory notifications. Statutory notifications are specific events the provider has to notify the Care Quality Commission about under law. We gathered feedback from commissioners of the service and spoke with one health professional.

During the inspection we observed care practice and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records, three staff files and other records relating to the management of the service.

We spoke with, 17 people using the service and eight visitors and relatives. We spoke with the registered manager, deputy manager, one nurse, two team leaders, six care staff, the chef, two activity staff, a housekeeper and maintenance person.

Inadequate

Is the service safe?

Our findings

At the inspection on 3 August 2017 the service was rated Requires Improvement in Safe. We found concerns relating to the management of medicines. Medicines were not stored safely and in line with manufacturers guidance. We also found that people were not always protected against the risk of untoward incidents as fire doors did not close effectively. These issues were a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

During our inspection on 7 August 2018, we found some improvements had been made. Medicines were stored in line with manufacturer's guidance and fire doors were regularly monitored to ensure they closed effectively. However, we found additional concerns relating to people's safety. The rating for safe at this inspection is Inadequate.

We asked people if they felt safe living at Abbey House. Whilst most people told us they felt safe, our observations and findings did not support this. There were mixed views from relatives about the safety of people. Some relatives told us they felt people were safe. However, other relatives gave examples of incidents that indicated people were not safe. For example, people not receiving prescribed medicines.

Medicines were not managed safely. People did not always receive their medicines as prescribed. For example, one person was prescribed pain relieving medicine which required application by a transdermal patch. A transdermal patch is an adhesive patch that is placed on the skin to deliver a specific dose of medicine through the skin. The medicines administration record (MAR) stated the transdermal patch was prescribed to be applied weekly. This should have been applied on 5 August 2018. However, we noted the person had not received their medicine on that date. We spoke to the deputy manager who arranged for the patch to be applied. The MAR also recorded that the person's transdermal patch had been applied two days late on another occasion. This meant the person was not receiving their medicines as prescribed and was at risk of experiencing unnecessary pain.

Records relating to the administration of medicines were not always fully and accurately completed. For example, records identifying where transdermal patches were placed on the body were not always completed. This put people at risk of adverse skin reactions. Records relating to the removal of patches were not always completed. This put people at risk of receiving an overdose of prescribed medicines.

Where people were prescribed 'as required' (PRN) medicines, records were not always completed in line with National Institute for Clinical Excellence (NICE) guidance and did not always contain details to guide staff when: the medicine should be administered; the minimum interval between doses; the maximum dosage in 24 hours and the circumstances in which the prescribing health professional should be contacted for advice. For example, one person was prescribed different medicines for pain relief. These medicines were prescribed PRN. There was no guidance for staff to identify when the person may require the PRN medicines. We observed this person was experiencing pain and this was brought to the attention of the nurse. This meant the person was experiencing unnecessary pain as their PRN medicine was not being managed effectively.

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

Risks related to people's medical conditions were not always managed. For example, one person's care plan identified they were diagnosed with diabetes and that the condition was managed through their diet. The care plan stated, "Dietary advice: No fruit juice to be given". We saw that the person was given fruit juice on a regular basis. Fruit juice contains a large amount of sugar which raises blood sugar levels very quickly.

We spoke with the chef who was not aware the person was diagnosed with diabetes. The person was not on the kitchen information list for those people requiring a specialised diet. We also spoke to a member of staff who was supporting the person and they told us, "He needs to eat a lot because he walks a lot". The member of staff was not aware of the person's specific dietary needs.

This meant the risks associated with the person's medical diagnosis were not being managed effectively.

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

Systems in place to identify, investigate and mitigate the risks of accidents and incidents were not always effective. The provider had introduced an electronic system to record and monitor accidents and incidents. This was to enable learning from events to be shared and to identify trends and patterns. This was a separate system to the electronic care planning system. However, we found that not all accidents and incidents had been recorded on the new system. For example, one person's daily records on the electronic care plan system indicated the person had sustained injuries on two separate occasions. One of the injuries was recorded as an incident on the care plan system. There was no record of the second injury. Neither injury was recorded on the separate accident and incident system. There was no record of an investigation into how the injuries were sustained or any actions identified to minimise the risk of reoccurrence.

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

People were at risk of not getting the support they needed as there were not always sufficient staff deployed to meet people's needs. Although some people told us they felt there were enough staff deployed to meet their needs our observations did not support this.

Relatives were not confident there were always enough staff deployed to meet people's needs. One relative told us, "They could probably do with one or two extra staff here (talking about Lydiard unit)". Another relative said, "At first (when person moved into the service) there were lots of staff and the care was good, better than now".

Staff told us staffing levels were not always adequate. Staff felt this was often due to staff having to move between units to help colleagues on other units where people required the support of additional staff. For example, one person required the support of three or four staff on a unit where there were two staff. Staff comments included, "One person had to wait an hour (the morning of the inspection) as I needed assistance to help move them and the floating staff member was busy helping out in another unit. It is not ideal"; "The layout of the home can impact on staffing effectiveness. One extra person [staff member] helps a lot"; "Not always (when asked if there were enough staff to meet people's needs). We used to have three in the mornings" and "That's debatable. I think they could really do with more staff. Safety's very important".

During the inspection we saw that people's requests for support were responded to in a timely manner. However, we saw that on occasions staff were called away to assist on other units leaving people alone in lounges or only one member of staff on a unit. For example, one member of staff was left alone on Lydiard unit as their colleague was carrying out other support activity. One person presented with behaviour that could be seen as challenging to others. The remaining member of staff calmed the person but there were no staff present to reassure other people who were affected by the person's behaviour.

We spoke to the registered manager about the staffing levels in the service. The registered manager told us the service was staffed on a four to one ratio [four people to each care worker]. The registered manager told us the service did not use a formal tool for assessing the dependency of people using the service to determine staffing levels. They said, "We flex where we need".

People did not always receive support from consistent staff. Relatives told us staff were moved around the service and this had an impact on the care people received. One relative told us, "Certain staff do have success (supporting person with dementia). There's lots of agency and no consistency of staff. There is no key worker system. Staff don't all understand [person] needs". Another relative said, "I think they [staff] are moved around the units which may be good for them but not for the residents".

Staff also felt the movement of staff across units impacted on the support people received. One member of staff told us, "We move around to cover the units and this is allocated to us. I enjoy working on different units but it means we don't see people on a regular basis that doesn't help getting to know them".

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

Staff had completed training in relation to protecting people from harm and abuse. Staff had a clear understanding of their responsibilities to identify and report any concerns where they felt a person was at risk. Staff comments included: "I would document it and report it"; "If I had concerns I would report to management, but if I was worried about management I'd report to the CQC [Care Quality Commission]" and "I would report a concern to the manager, I know I can also go to the local authority and the CQC. I haven't seen anything abusive here".

The provider had policies and procedures in place to respond to concerns that indicated people were at risk of harm or abuse. We looked at records that showed concerns were investigated and outside agencies notified appropriately.

The provider had effective recruitment processes in place to ensure staff employed were suitable to work in the service. The provider carried out recruitment checks which included employment references and DBS (Disclosure and Barring Service) checks.

People were protected from the risk of infection. The service was clean and there were schedules in place to ensure the environment was kept clean and free from odours. We saw staff used personal protective equipment (PPE) effectively and followed good hygiene practice.

There were systems in place to monitor equipment to ensure that it was safe to use. This included servicing of moving and handling equipment and bathing equipment.

Requires Improvement

Is the service effective?

Our findings

At our inspection on 3 August 2017 we found that people were not always referred to health professionals in a timely manner when their condition changed. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found that improvements had not been made and the rating for Effective remains Requires Improvement. One person was identified as losing weight. Records of a team leader meeting held on 9 July 2018 stated that due to weight loss the person would be referred to a dietician. Following the inspection, we asked for information relating to the dietician referral and any changes to the person's care as a result of the dietician's assessment. On 17 August 2018 we were advised the person had not been referred to the dietician prior to our request and that a verbal referral had been made on 17 August 2018. This meant the person was not referred to the health professional in a timely manner.

We found that people's records did not always contain up to date information relating to health care professional visits. We spoke with the registered manager about records relating to visits made by health professionals. The registered manager told us G.P visits were recorded in a book in the office and that these we were not always recorded on people's care records. The registered manager told us, "Visits [by health professionals] are not recorded. Sometimes they [health professionals] come in and don't see anyone [staff]. If anything changes they will write us a letter". This meant that up to date information was not always available to staff.

One health professional told us that staff did not consistently follow advice and guidance. For example, one person had lost weight and health professionals had provided advice on how to engage with the person to encourage them to eat and drink. There was no detail of this advice on the person's records and during the inspection we did not see staff using these strategies to engage with the person and encourage them to eat and drink.

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

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. 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 found that where there were restrictions in place in relation to people's care and treatment, referrals had been made to the supervisory body. Where authorisations had been granted there were detailed assessments and conditions in place. However, care plans did not always reflect the conditions that had been imposed by the supervisory body authorisation.

People were supported in line with the principles of The Mental Capacity Act (2005) (MCA). Staff had received training in MCA and understood how to apply the principles of the Act when supporting people. One member of staff said, "Always assume capacity. I will always ask to make sure I give choice. I love helping people to choose their outfits for the day". Another member of staff said, "We all know about assessing people's capacity. One person who was at the end of their lives knew what they wanted and we did a capacity assessment to make sure they understood the decisions they made about how they wanted to be cared for".

Where people had appointed a legal representative to act on their behalf this was documented in care plans and representatives had been involved in decisions relating to people's care.

People told us they enjoyed the food and were encouraged to give feedback to the chef regarding the food. Comments included: "Food is excellent. It's fresh"; "The chef comes out every day and chats with whoever is around about the food"; "Food's not too bad. They do the things I enjoy eating" and "I like breakfast. They do me a full English, lovely".

People were offered a choice of meals and where they did not like the choices available they were offered an alternative. For example, one person did not want the meal they had chosen when it arrived and chose to have a salad instead. This was provided.

The chef told us there was good communication between staff and himself to ensure people were provided with food they liked and that met their dietary needs. However, the list of people's specific dietary requirements was last updated on 23 April 2018 and did not contain up to date information for all people living in the service. We spoke with the registered manager who told us they would update the information.

Staff were positive about the training and support they received. Comments included; "There is plenty of face to face training available for staff. This is the first job where my skills have been recognised. I have been given the opportunity to step up and show what I can do" and "There is extra training on offer such as end of life care and risk assessments. We can sign up for these and others". New staff completed an induction, which included training and shadowing of more experienced staff. One new member of staff told us they were completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care. Staff received regular supervisions in line with the provider's supervision policy and told us supervisions were a useful opportunity to discuss any issues or training they wished to attend.

The service provided care for people living with dementia. The environment was clean and bright and colour was used to define areas to assist the orientation of people living with dementia. There was clear signage which included pictorial signs and there were areas for people to walk around freely within the service. The registered manager told us that they had plans in place to improve the environment for people living with dementia when the home was fully occupied and there would be a specialised dementia unit.

Requires Improvement

Is the service caring?

Our findings

The rating at our inspection on 3 August 2018 was Good. The rating following this inspection was Requires Improvement.

People told us staff were caring. Comments included: "Carers [staff] are nice, kind people"; "Staff are pretty good. They take their job seriously"; "Nice, friendly staff" and "Carers [staff] very pleasant. Nice people". However, some people and relatives were not always confident staff were kind and caring. Comments included, "Some of them are [caring] but I wouldn't say they all are"; "Carers for the most are pretty good but some agency staff not so good" and "Some [care staff] are more willing than others".

Throughout the inspection we observed many kind and caring interactions. However, staff did not always use opportunities to engage with people in a manner that would help create a positive atmosphere. For example, during the lunch period in one area of the service, staff did not take time to interact with people or engage them in conversation. Some staff entered people's rooms and did not take the opportunity to speak with them and make the interaction a positive experience. For example, one member of staff took a drink into a person's room, told the person they had a drink for them and left the room. This person rarely left their room and relied on staff for their social interaction.

People told us they were treated with dignity and respect. Comments included, "We have a lot of banter, but they show respect"; "They are very respectful when showering me" and "They always make sure they knock on my door, even when it's open". However, relatives did not always feel people were treated with dignity and respect. One relative told us, "Not always. There's often a smell in her room and has to ask to be moved when uncomfortable".

We saw many interactions where people were treated with dignity and respect. However, in the morning of the inspection, the inspector had to step in to prevent a member of staff from applying a topical medicine to a person in a communal area of the service. We also observed this member of staff applying a topical medicine to a person in a communal area of the service during the afternoon of the inspection.

Staff spoke about people in a caring manner and felt the service provided kind and caring support to people. One member of staff told us, "I treat people like I would treat one of my family". Another care worker said, "The care here is good that I've seen. There's always room for improvement".

People told us they were involved in making decisions about their care. One person told us, "They [staff], show me the care plan. Ask how I'm doing". Relatives told us they were involved in people's care plans and reviews. However, one relative told us, "Been through the care plan. They don't always follow it".

We saw people being involved in their care and being given choices relating to how they would like their care needs met.

Requires Improvement

Is the service responsive?

Our findings

At the inspection on 3 August 2017 the service was rated Requires Improvement in Responsive. We found people's records were not always up to date and accurate. These issues were a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found improvements had not been made and the rating remains Requires Improvement.

Assessments were completed prior to people moving to the service. Assessments were used to develop care plans. However, we found that care plans were not always up to date and accurate. For example, one person's nutrition care plan stated, "I enjoy food and have a healthy appetite and I may require encouragement to eat" and "[Person] does have a really good appetite". However, the nutritional risk assessment identified the person had lost weight and was on a fortified diet and prescribed fortified drinks. There was a food and fluid chart being completed which showed the person was not eating and drinking well.

Another person's care plan stated staff should "Encourage out of room". However, this person was cared for in bed and was no longer able to leave their room. This person's care plan also stated in one area of the care plan the person could "Feed himself". However, in other areas the care plan advised the person was unable to eat without assistance. Staff told us this person needed support to eat their meals.

Care plans identified where people required regular visits from care staff. For example, one person's care plan identified they required visits every 30 minutes. However, records did not show the person had been visited every 30 minutes. Another person required repositioning every two hours to reduce the risk of pressure damage. Records did not show the person had been repositioned in line with their care plan.

Records did not always accurately reflect the care provided to people. For example, one person's record identified a person had received care and support at 11:00. The support provided included; "mattress check"; "bed stripped", "had a snack" and "refused glass of orange juice". However, there was no staff present in the room at 11:00. We spoke with the member of staff who had made the entry. They told us, "I did check as I was supposed to but I didn't have time to put it on the pod as I was too busy". We spoke to a team leader who told us staff sometimes made entries retrospectively but that this would include the time the support was provided and would be 'marked' as being recorded after the event. The entry made at 11:00 was not marked as retrospective. This person required visits every 30 minutes and a record of all food and fluid to be recorded. This meant the person's care records were not an accurate reflection of the care provided.

The service provided end of life care for people. Care plans identified people's end of life wishes. However, where people required support with end of life care, there was not a clear end of life care plan and no guidance in care plans detailing how care should be provided. For example, one person's care plan stated the person required mouth care after each meal. This had not been updated to provide staff with clear

guidance in how mouth care needs should be met. We saw the person had appropriate mouth care available in their room. However, there was no record of the mouth care being completed.

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

People's care plans contained information about their past histories, likes and dislikes. Plans recognised people's diversity and respected their individuality. This included people's religion and cultural needs.

However, we found that people's individual communication needs were not always met. For example, one person, who was living with dementia no longer spoke English. One member of staff who was aware of the person's communication needs told us, "We made some cards in [native language] to help communicate". We observed staff trying to communicate with this person. One member of staff told the person to speak in English. During the lunchtime there was little communication with the person. It was not clear whether the person was receiving support in the way they wished or that their choices were being respected.

Staff we spoke with knew people well and understood the importance of promoting independence. One member of staff told us, "People have en-suites which helps their independence. People can also use the kitchenettes to make their own cup of tea. For example, [person] wanted to wash up but is in a wheelchair so difficult. We therefore put a washing up bowl on his lap and he loved it".

People were positive about the activities. Comments included: "I do keep fit every Friday. It's a bit of a laugh"; "Having a good time here. Things to do like exercises" and "I like to be quiet sometimes but like to do a bit of everything".

There was a wide range of activities offered to people, which included trips out and activities in the community. For example, people had enjoyed a trip to the local pub for lunch and to the local fish and chip shop. Activity staff identified activities that met people's individual interests. For example, one person had a keen interest in gardening and was helping to maintain the hanging baskets in the garden. Another person had worked on the trains locally and a trip had been arranged to the local steam railway museum.

Community groups were invited into the service which gave people the opportunity to feel part of the local community. For example, community lunches were held where older people living in the community were invited to have lunch with people living at Abbey House. Pupils from a local school had written stories to share with the people living at Abbey House.

The provider had a complaints policy and procedure in place. The complaints policy was clearly displayed in the service. Records showed that complaints were responded to in line with the provider's policy. People felt confident to talk to staff if they had any concerns. One person said, "If I'm worried I go and see somebody [named a care worker]". Relatives knew how to make a complaint but were not always confident that action was taken when complaints were made. One relative told us, "Not told what happens when I raise a complaint".

Inadequate

Is the service well-led?

Our findings

At the inspection on 3 August 2017 the service was rated Requires Improvement in Well-led. We found that systems for monitoring and improving the service were not effective as they had not identified the issues we found at the inspection. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found improvements had not been made. The provider had systems in place to monitor the service that had identified some of the issues found at this inspection. However, action had not been taken to ensure the provider was meeting their legal requirements. The registered manager did not have a clear overview of the service. The rating for well-led following this inspection is Inadequate.

We looked at monitoring systems and found they were not effective. For example, monthly medicines audits were completed. We saw copies of six medicine audits, there were no dates or signatures on the audits to identify when they were completed and no issues were identified through the audits.

We looked at care plan audits. There were no care plan audits completed since 12 May 2018. We asked the registered manager how they monitored the quality of care plans to ensure they reflected people's needs. The registered manager told us, "Monitoring is done through ATL [team leaders] looking at the system and discussed at weekly meetings, which are attended by the clinical lead". Records of the team leader meetings showed that team leaders reviewed and updated care plans. However, there were no records to show which care plans had been audited and how the care plans were audited to ensure they were accurate and up to date. This meant there was no system in place to identify the records issues found during the inspection.

The provider had a range of quality assurance systems in place. Although some areas of improvement had been identified and actions planned; systems had not identified all of the issues found at this inspection and did not ensure the provider met the regulations.

Systems for ensuring effective communication between staff teams and outside professionals was not effective. Information received from health professionals was not available in people's care records to ensure staff had access to the information. There was no system to record the information following all health professional visits. One health professional said that communication between the clinical team and staff was not effective and resulted in guidance not being "consistently followed".

Systems for monitoring to ensure people received care and support to meet their needs were not effective. The service used an electronic care planning system that enabled staff to record the support they provided to people on hand-held electronic devices at the time it was provided. The hand-held devices alerted staff and team leaders when care had not been provided in line with their care plan. However, the alert system was not effective. For example, one person was not repositioned in line with their care plan. The system identified the repositioning had been missed but there was no effective system to follow up the alerts to ensure action was taken. Another person was not receiving sufficient fluids, the electronic system identified the amount of fluids the person had consumed but there was no system to take action as a result of the lack

of fluids.

The provider had completed a 'family and friends' survey in 2018. There was no date on the survey report. The survey identified areas of improvement. The response to the survey identified what the service already had in place in relation to the areas for improvement. However, there was no action plan or development plan based on improving the service as a result of the survey feedback.

Relatives were not always confident that concerns were investigated and action taken. Relatives told us they were not always informed of the outcomes of incidents and did not feel incidents were fully investigated. One relative said, "I reported something and there was no evidence of any investigation and no apology". Another relative told us, "I talk to the manager and she is very approachable, but they could let us know what they have done about concerns". One relative, when asked about providing feedback to the registered manager told us, "They don't listen so there's not much point".

These concerns are a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received mixed feedback about the management of the service. Whilst some people and relatives were positive about the management team in the service. Some felt the service was not well managed. Comments included: "The manager here is pretty good"; "It is well managed. I see the manager and deputy manager around"; "I point things out to management but nothing happens until [health professional] gets involved", "I give them [management] information and they just lose it".

A health professional told us the registered manager appeared "Accessible and calm" but described the service as "Chaotic".

Staff were positive about the approachability of the management team. One member of staff said the manager was, "Very supportive as a person, very easy to talk to".