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St Denys Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

St Denys is registered to provide care and support for up to 12 people who live with a mental health condition.

At the last inspection in December 2015 the provider was not meeting all the legal requirements in relation to staffing levels. We issued a requirement to ensure improvement. We asked the provider to take action to make improvements to staffing levels. We requested a report to say what action had been taken, however, no report was received.

This focused inspection took place on 6 December 2016 and was unannounced. Before the inspection we were made aware of concerns about the governance at the two GP practices which are owned and managed by the same providers. We also received concerns about staffing levels and unsatisfactory levels of activity for people using the service. As part of this inspection we looked at these concerns and found there had been no improvement to staffing levels. As a result we decided to change the focussed inspection into a comprehensive inspection. A second announced visit took place on 20 December 2016.

At the time of the inspection there were 11 people living at the service. This included one person who lived independently in an upstairs flat. The other 10 people had private bedrooms and shared living space consisting of a kitchen, dining room and sitting room. There was also an additional kitchen for people to make themselves drinks and a small conservatory in the backyard. This was used as a smoking room.

There was a registered manager in post who was also one of the two registered providers. 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.

The registered provider had not carried out an analysis of need and risk as the basis for deciding sufficient staffing levels. As a result, staffing levels were insufficient to fully support people's needs. With only one member of staff on duty during the afternoon shift, this meant that activities for people were curtailed, as the member of staff had to undertake cooking, housekeeping and cleaning duties. There was no spare capacity to support people living at the service to undertake rehabilitation activities as part of the goal of achieving independence.

Staff and healthcare professionals commented on the absence of the registered manager who worked part time at the service. A lack of managerial presence had resulted in poor communication. Limited managerial time available meant that various quality assurance checks were not being consistently maintained. Auditing systems were not always being used nor being consistently monitored and reviewed to mitigate risks to people using the service.

An undertaking made at the time of the previous inspection in December 2015 to protect managerial time for the deputy manager had not been kept. Poor record keeping meant that it was not possible to establish that recruitment practices were consistently safe, nor which staff had received what training, including safeguarding and safe medicines administration. .

The service provided was kind and caring. People living at the service enjoyed the freshly prepared food and felt they were treated with dignity and respect by care workers.

People all had individual care plans which reflected their individual needs and wishes. Risk assessments had been undertaken on each individual but were not always reviewed and updated in a timely way.

The service had established relationships with local healthcare services so that people living there could benefit by receiving care as required. People received their oral medicines as prescribed. However, not all aspects of the management of medicines were safe, in particular the use of prescribed creams and homely remedies. The registered manager understood the requirements of the Mental Capacity Act 2005, but not all staff understood the principles.

During the inspection we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2008 CQC (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of this report.

We will be meeting the provider to discuss the findings of this inspection and will be visiting again within six months.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The service did not always deploy enough staff with the right mix of skills and experience to keep people safe. No action had been taken since the last inspection to improve staffing levels and the safety of people living at the service.

People were not always protected from potential harm. Staff were not fully aware of how to safeguard people.

Safe recruitment practices were not established and operated effectively to ensure people were protected from unsuitable staff.

The management of medicines was not always proper and safe.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

The registered manager was aware that staff needed training and support but had not kept this up to date, nor ensured that all key areas were covered in order to meet people's needs. Not all staff had received an annual appraisal or an individual development plan.

The key requirements of the Mental Capacity Act 2005 were not fully understood by staff.

People were supported to have a suitable diet and adequate hydration.

Appropriate referrals were made to health and social care services

Is the service caring?

Good ●

The service was caring.

People and others working with the service said staff were caring and kind.

Staff were able to describe people's specific needs and how they liked to be supported.

People's privacy and dignity was respected.

Is the service responsive?

The service was not always responsive.

People were not always at the centre of the care they received because rehabilitation activities had been curtailed due to of lack of resources over an extended period.

Requires Improvement ●

Is the service well-led?

The service is not well led.

We found not all actions had been taken to ensure the service was well led since the last inspection. A breach from the previous inspection had not been resolved.

The registered manager was not at the home enough to ensure that all managerial tasks were undertaken. Additional time for the deputy manager to take on these responsibilities had not been enabled.

It was not always possible to communicate in a timely way with the registered manager. This meant that the issues were not always resolved and incidents were taking place about which the registered manager was unaware.

Quality assurance systems were in place, but were not consistently applied, which put people at risk. .

Inadequate ●

St Denys Care Home

Detailed findings

Background to this inspection

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

A focused inspection took place on 6 December 2016 and was unannounced. This was carried out by one adult social care inspector. Before the inspection we received information regarding the two GP surgeries which were owned and managed by the same two providers who own St Denys. Concerns were expressed about the capacity and capability of the registered manager to allocate sufficient protected managerial time to focus on governance and improvement across all three locations. Other concerns about staffing levels and unsatisfactory levels of activity for people using the service were received. We initially carried out a focused inspection to look these concerns and found there had been no improvement to staffing levels. We also found other issues and changed the focussed inspection into a comprehensive inspection on 20 December 2016.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is the form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not receive a completed PIR and we took this into account when we made the judgements in this report. We reviewed information about the service. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. Since the previous inspection, we had received one notification relating to an incident which involved the police.

During the inspection people described other incidents to us which had not been notified to CQC. At the time of the last inspection we requested a report saying what action was going to be taken where legal requirements were not being met in relation to lack of sufficient staff to meet people's needs. We did not receive any report.

We spoke with the registered manager, the provider, six staff and five people who lived at St Denys. We also spoke with two relatives or friends and four healthcare professionals or commissioners. We looked at four

people's care records, staff rosters, staff training records and at a range of other records, including the staff rotas for a four-week period, training records, community meeting minutes, health and safety checklists and memos to staff.

We looked at key policies, including the medicines administration policy.

After the inspection, we asked the registered manager to send other policies which they could not locate during the inspection. These included: the complaints policy; the accident and incident policy; employee handbook; minutes of staff meetings; Statement of Purpose, and contact details for health and social care professionals. These items were received as requested. We also requested information about the quality assurance processes for the home.

We observed activities within the home, including a medicines administration round, meals being served at lunchtime and in the evening and a staff handover meeting.

Is the service safe?

Our findings

At the time of the last inspection, there had been inadequate staffing levels to meet the assessed needs of people using the service. We issued a requirement and asked the provider to send us a report to say what action had been taken to meet the regulation. However, no report was submitted by the provider.

On the first day of the inspection two care staff were on duty from 8:30am to 4.00pm and one from 4pm to 10pm. This was confirmed by the staff rota. The registered manager said that two members of staff had left during the last year. She had replaced these two members of staff, thereby keeping the staffing levels the same, rather than increasing them. At the time of the last inspection 12 months ago, two ancillary staff had also been present, although not on the rota. On the first day of the inspection there were no ancillary staff present, nor on the rota. This meant that there had been no improvement in staffing levels.

The provider did not have a systematic approach to determine appropriate staffing levels in line with the assessed needs of people using the service. In addition to providing care and support, care staff were required to undertake a wide range of domestic tasks including cleaning, bed making and preparing meals.

Healthcare professionals commented that plans to promote and support independence in people living at the service were compromised by lack of available staff.

We looked at rotas for the four week period from 21 November 2016 to 26 December 2016. They showed that there were two people on duty from 8.30am until 4pm, then one person on duty from 4pm to 10pm, then one person sleeping in. This meant if people using the service wanted to be accompanied to or from an activity outside the home, this was only possible before 4pm. We were told of two recent instances when people using the service needed to be accompanied after 4pm, but there was no staff member available to do that. The activity had to be postponed and people using the service were denied that activity.

The rota showed staffing levels had fallen below the provider's minimal level. For example, the rota for week beginning 28 November 2016 showed on Wednesday 30th November, one person had been on duty alone for a three-hour period from 12.30pm to 3.30pm. The impact of this was that one staff member had to prepare and serve lunch for 12 people, then continue with washing up and complete other domestic chores. This made it difficult for staff to respond if a person required any form of assistance.

Evidence from health and social care professionals confirmed that staffing levels at the time of the inspection were not enough to enable proper rehabilitation activities. One person said "The staffing issues have got to impact" and that staff numbers were "Probably not enough if you are following a recovery model of care". The impact on people using the service was that those staffing levels were not sufficient to improve the quality of life for people using the service, because there were not enough care staff to undertake rehabilitation activities, such as shopping, cooking and budgeting. They said, "It is unsatisfactory... that level of staffing doesn't give me confidence".

The registered manager recognised that staffing levels needed to be reviewed. They told us "Our staff levels at the moment in the afternoon are stretched... We need to reassess and probably take measures... I do still

need one more person in the afternoon."

These findings evidence a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. This is a continued breach of regulation.

Following the second day of inspection on 20 December, we looked at the rota for forthcoming weeks. The registered manager had added her name and that of the provider to the rota, which increased the overall staffing numbers to two in the morning and two in the afternoon. Since March 2017 during the afternoons there was an overlap of three hours in the afternoon shift to enable two staff to be on at the same time, which should mean people could access activities with staff.

People were not fully protected against the risks of potential abuse. Only the manager and deputy manager had undertaken training in safeguarding. Staff found it hard to describe what safeguarding meant in terms of their work. Three of the four staff spoken with could not describe the various forms of abuse or what action they would take should they suspect abuse or poor practice.

Staff and commissioners referred to particular people living at the service who could pose a risk to other people's safety. One health and social care professional voiced concern that people living in the service were not protected from the risk of abuse "to the degree I would like". On one occasion in January 2016 one person decided to remove themselves to a local hotel in order to avoid contact with a potentially violent resident, who has since left the service. Although this was done with the knowledge of at least one staff member, neither the registered manager nor the provider were aware this had happened until after the event. There had been no other incidents of this type. A memo was sent to staff by the registered manager reminding them to contact her.

There was an incident policy but it was not always being adhered to in practice. For example, the policy instructed staff to contact the provider or registered manager in the event of any incident. No safeguarding alert had been made to the local authority or CQC about the above incident to ensure the person was safe on their return. This meant people were not adequately protected from avoidable harm.

These findings evidence a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected against risks and action had not been taken to prevent the potential of harm. Risk assessments had been completed for most people living at the service covering people's physical and mental health needs, but some records contained gaps. Three people did not have a risk assessment but these were sent to us post-inspection. Not all records had support plans advising what should be done to reduce risks.

Aspects of the building were not safe. For example, we observed that there was no smoke alarm in the laundry room. A member of staff had shared suggestions for improving security to the provider. However there was no date for completion of this work.

Some aspects of peoples' medicines were not managed safely.

There was a box containing homely remedies and a register to list current stock held, but there were no entries for the whole of 2016. The deputy manager explained the registered manager was responsible for carrying out an audit on homely remedies. However, the last date this was done was recorded as 17 December 2014, so that was two years out of date. An item of prescribed cream was found in the homely

remedies box. The label had come off and it was two months out of date (use by date 18 October 2016). Storing a prescribed medicine inappropriately presented a risk of it not being found and used for the person for whom it was intended. Having no label on a prescribed cream meant that there was a danger it could be given to the wrong person. Having no audit put people at risk of receiving out of date and potentially harmful medicines

Some allocated tasks had not been completed as required. This included safety checks of medicines fridge temperatures on that day. This meant that there was no evidence that the fridges were always maintained at a safe temperature for storage of food and medicines.

On the second day of the inspection, we noted the same checks had not been carried out on two further days. (17 and 18 December 2016) Examination of the rota for those dates showed that on those two days there had been two members of staff on duty in the morning shift and one in the afternoon shift from 4pm to 10pm.

At the time of the last inspection, a recommendation was made that the medicines policy should be updated in order to cover medicines to be given "when required". However, the overall Medicines Administration Policy was last updated in April 2012 and therefore remained out of date. Similarly, the homely remedies policy had not been updated since March 2013. This means that administration of PRN medication had not been covered in the policy. The registered manager sent a memo to staff on 10 September 2016 which referred to PRN medication. They asked that "all service users on PRN have in their care plans need related to previous steps to antipsychotic medication." However, people did not have a PRN protocol to indicate when and how to administer PRN medication.

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

Staff said they had received medicines training. The registered manager said she had found when doing an audit on medicines management that one person had been working for "several months" before receiving full medicines training. They had not been shown how to do medicine returns. However, as this person was not tasked with doing returns, there was no risk to people using the service. The registered manager raised the matter with the person responsible for training at that time in order to ensure that all staff were trained in all aspects of medicines administration.

Medicines were stored safely in locked cabinets. Appropriate arrangements were in place for looking after medicines which required additional secure storage. At the time of inspection, we were told none of these medicines were in stock as no one had them prescribed. Medicines administration records (MAR) were completed appropriately. We observed a medication round using safe practice. There was a system to support people who were learning how to administer their own medicines. The registered manager undertook spot checks of MAR sheets. When they found some medicines errors they issued a memo to all staff to advise them on correct practice.

The registered provider did not have an effective staff recruitment procedure in place. None of the staff had a complete personnel folder. The registered manager showed us where papers relating to different members of staff were being stored loose and in no particular order in a locked filing cabinet drawer. In the same cabinet there were some ring binders which were designed to hold staff employment and training records. Some of these were partly filled and some were completely empty. As a result, the registered manager was unable to demonstrate that all necessary pre-employment checks had been undertaken on all staff.

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

External contractors were employed to complete annual maintenance and safety checks and audits of electrical equipment, fire extinguishers and water system. Current certificates for Legionella and fire security were in place.

People living at the service said they felt safe there. One person said "I feel really safe here because the staff make sure you're okay."

Is the service effective?

Our findings

Staff did not always have the training they needed to meet people's needs and ensure their safety.

There were short falls in record-keeping, for example, there was a record of induction undertaken, but the column headed "Received and Understood" had not been completed by any staff. There was a checklist which showed that certain staff had been observed as part of medicines training. However, there was no record of exactly what training each member of staff had completed, nor was there an overall training plan. Each member of staff was supposed to have a file containing their training records but at the time of inspection no files had been completed.

The registered manager said that information about which training had been completed by which members of staff was "Just in my head". This means that it was not clear exactly what training and development had been provided to staff, nor whether it was sufficient to enable them to give effective care.

Staff told us that there was an induction process which consisted of shadowing experienced staff members and then being observed themselves. The provider had not implemented the Care Certificate for newly appointed staff to aid their induction. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities.

Staff were able to describe some of the training which they had received, such as manual handling, fire protection, drug awareness, food hygiene, but not everyone had received training in safeguarding or the Mental Capacity Act 2005.

Staff confirmed that supervision was being held approximately every three months and records were being completed. However, there was no action plan or areas for development identified, nor any signature by the staff member, just the registered manager. It was therefore not clear how the supervision session was intended to help staff improve their practice and develop their skills.

The registered manager said "I would like to be more organised with the training." To that end, they said they had appointed a member of staff to take on the role of training coordinator. However, at the time of inspection no activity had yet been undertaken by that person.

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

The annual appraisal had been completed with four out of five eligible staff during the preceding year.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection no one was subject to Deprivation of Liberty Safeguards. [DoLS]. The registered manager told us that all people using the service had capacity to make decisions about their care and support. There were notes in care plans to show that people's capacity had been assessed by the registered manager.

Not all staff were aware of the key requirements of the Mental Capacity Act 2005 nor had they been offered training in this. One professional who worked with the service said "Staff seemed unsure of where their duty [in relation to DoLS applications] lay."

However, we found evidence that the registered manager was familiar with the requirements and the procedure, as there were references in some care files to "best interests" meetings having been held for people who had subsequently left the service.

People told us they liked the food and were able to make choices about what they had to eat. Observation of lunchtime and supper showed there was a freshly prepared cooked meal on offer at the middle of the day with a snack available in the evening. One person said "(the food is) well-prepared and well cooked. We get roast on Sundays and there's plenty of it. I've put on weight since I've come here. People were able to help themselves to tea and coffee and a variety of snacks during the day and were observed doing so.

Minutes of meetings between the provider and people living at the service held in October 2016 showed that they had been asked about the food provided, had made their own suggestions for some additions and that this was incorporated into the menus.

People's care records showed relevant health and social care professionals were involved with their care. This was confirmed by observation, by discussion with people living at the service and by comments from professionals.

Following the inspection, we were told that some people were having behaviour plans amended in the light of changes to their behaviour. A visiting professional told us they had noticed staff taking a more proactive approach in challenging a person who was exhibiting negative behaviour in relation to others. This indicates that people's needs were now being monitored and responded to more proactively.

Is the service caring?

Our findings

People said they were happy with the care they received. Comments included, "The care here is very good... staff are always happy and cheerful here."

Another person said "I'm very happy here and contented... If I went out into the community I might let myself go again."

Healthcare professionals working with the service said "Staff at St Denys are very caring, they don't get fazed...they are flexible and calm."

Staff knew people's individual communication skills, abilities and preferences. Staff were observed communicating appropriately with people who had a variety of communication needs. For example, where there was a hearing impairment, staff took time to speak slowly enough for the person to lip read.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. Staff described how they needed to be flexible in their expectations and take into account people's current mood or state of mental well-being.

One member of staff said "We try and motivate, encourage, get on their level. We need to assess our people on a daily basis to see what they can do."

People's bedrooms were personalised and decorated to their taste. For example, one person's room was decorated to a theme which was in keeping with their hobby. Other people had collections of music on CD in their rooms. People explained they were able to come and go to the rooms as they pleased and they held keys to their own rooms which ensured privacy.

The home was spacious enough to allow people to spend time on their own if they wished. There was a separate conservatory in the garden for use by smokers. People appeared to be contented. People were observed sitting in the smoking area chatting to each other, or watching television.

People's records included information about their personal circumstances and how they wished to be supported. Each care record contained care plans for different aspects, such as behaviour. For instance, where people were suffering from acute anxiety, staff were observed giving regular reassurance and explanations about items such as medication and GP appointments.

Records also showed that people had been consulted as to their wishes and preferences. We saw evidence that people had also been asked to give their consent, for example to not smoke in their bedrooms, or to not go out to the shops unattended. This showed that people had been involved in decision-making about their care and treatment.

Is the service responsive?

Our findings

The provider had a complaints policy and procedure in place. This gave details of who to contact within the service if a person wished to raise an issue or complaint. However, the policy did not include the contact details for other professionals, for example the commissioning bodies. Details of who to contact if the person remained unhappy were also not included, such as the local government ombudsman. The policy referred to contacting the Care Quality Commission if the person remained unhappy with the outcome. However, CQC does not have the legal remit to investigate individual concerns and would refer them to the most appropriate organisation, such as the service or the local authority. There had been one complaint since the last inspection, which was made to CQC which the provider responded to.

People who were motivated and competent were able to maintain their independence and access the community by themselves. However, the shortage of staff meant that other people were not being supported to undertake a range of activities. One of the expressed aims of the service was to enable people to regain their independence, but there was little evidence of activities designed to support this being undertaken in any structured way. For example, one person said "I wouldn't mind working again somewhere. I don't have enough to do during the day." Since the inspection the registered manager has said there was a folder with records called Recovery, which included all individual activities and actions to promote recovery.

The registered manager said that people did their own laundry. However, the laundry room had been rendered inaccessible, due to it being in the garden where extensive building works were taking place. The door to the garden was kept locked and no one living at the service was allowed to go through the door because of the dangers presented by the building site. We were told that this had been the situation for the last 18 months and that staff had been undertaking laundry for people living in the service for the last 18 months. This means that people were not being encouraged to learn how to look after their own laundry as part of a recovery plan.

Each person living at the service had a keyworker. A key worker is a named member of staff responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. However, there was no dedicated time for key worker activities, over and above the domestic chores which were listed to be done on each shift.

One health and social care professional said, "I think the shortage of staff stops the complete delivery of (person centred care) for example, a client may want to go swimming, but staffing is not sufficient to enable this." One member of staff said, "I think we need to improve, to do more activity with the residents such as going for walks or going swimming."

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had then informed the plan of care.

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. Care plans were broken down into separate sections, which made it easier to find relevant information, for example, physical and mental health needs, personal care, and behaviour management.

A freelance singing tutor visited the home on a weekly basis and organised a group singing and dancing session.

Regular meetings were held with the provider and people living at the service. Minutes were taken and showed that people had been able to influence change, for example over the choice of food ordered and served.

Is the service well-led?

Our findings

The registered manager was also a partner in two other registered services. The registered manager said they had addressed this by promoting one care worker to deputy manager to oversee areas of management during the working week. However, the deputy manager continued to work as part of the team providing care. At the time of the previous inspection, the registered manager had agreed to look at releasing more hours for the deputy manager to have protected management time once they had recruited additional staff. In discussion at the end of the first day of this current inspection, the registered manager, the provider and the deputy manager all agreed that this had not yet happened. On the second day of the inspection we were shown a rota which indicated that the deputy manager would have protected management time commencing week beginning December 26, 2016.

The registered manager was spending less time at St Denys than they had previously, due to pressure from their other two registered services. They estimated they were present for "2 to 3 shifts per week". However the co-provider, who was also a partner at the other two registered services, estimated the registered manager was only present at St Denys for "5 to 10 hours per week". One staff member said "We don't see her face-to-face very often...just now and again". They continued, "She comes here sometimes when there is a crisis or something". Another staff member said "She is rarely in the building...it would be better if she could be here a lot more." One questionnaire received from a relative said "(the proprietors) don't come in as often as they used to".

Rotas for the 4 weeks commencing 21 and 28 November 2016 and 5 and 12 December 2016 showed that neither the registered manager nor the provider were on duty at any point, nor were they listed as being on-call in case of emergency.

A lack of regular presence in the home by the registered manager was having a negative impact on the service. One independent professional informed us they had tried on numerous occasions over a period of several weeks to contact the registered manager. They had requested a call back which had not been forthcoming. This was then raised with CQC. The registered manager responded by criticising staff for not having passed on messages. We received information from a second health care professional of a similar nature. They stated that they had tried on several occasions to contact the registered manager and had not received a call back until repeated attempts were made. They had eventually received what they considered to be a negative response from the registered manager.

The registered manager found it difficult to locate a range of documents which were supposed to be in current use. There were two desks in the office which were both piled high with folders, documents and assorted paperwork which required organising and filing in order to be usable and accessible.

The registered manager said they had not understood their responsibilities at the time of the previous inspection: "I wasn't aware there was a breach last year because we were rated Good overall." They said this despite the fact they had a copy of the report to hand which highlighted that there was a breach of regulation. They had not completed an action plan as required to show us what action they were taking in

relation to the requirement to ensure there was suitable staffing in place. This indicated that the registered manager had not given sufficient attention to their responsibilities at the time of the previous inspection. We did not receive a completed Provider Information Return from this service before our inspection.

A range of quality assurance measures had been put in place to review the quality of care and support being provided. These included checks of electrical equipment, audits of room cleaning, service user hygiene needs, temperature checks of rooms and fridges, and reviews of service users' needs. However, many of these systems had not been recently reviewed and some quality checks had not been undertaken at all. One example was the audit of homely remedies register. This had not been completed during the whole of 2016. It was last completed by the registered manager on 17 December 2014. This meant that there was no record of what remedies were being used and whether they were within the expiry date.

There were three people living at the service who did not have a current, updated risk assessment in place at the time of the inspection. We were informed by the registered manager that these had been completed 10 days after the second day of inspection. This indicates that the quality assurance systems had not picked up what they were supposed to cover.

There were other examples of an auditing system having been set up and then not used consistently since the time of the last inspection. For example, the weekly checklist on daily duties for Mondays had not been completed for 16 weeks out of 52. There was no evidence of this having been reviewed and action taken to drive improvement. There were similar gaps for the checks for other days of the week. The daily record of temperatures including fridge temperatures had not been completed at all on the 17 or 18 of December, 2016. Again, there was no indication that management were aware of these shortcomings and had taken any action.

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

The lack of a consistent presence in the home meant the registered manager was also not always sure what the current system in use should be. For example, there was a book of official Health and Safety Executive (HSE) accident notification forms which showed that records were being completed whenever a person living at the service had an accident. However, the registered manager was unclear whether an Incident book was also being maintained. They believed that usage had been discontinued.

We found there had been at least two incidents involving the police which had not been notified to CQC. The registered manager said "There's been a few incidents, but I haven't documented any, because they didn't happen in the home."

One such incident concerned a person who returned to the home with injuries sustained during a fight. The effect of not documenting this was that no further action could be taken against perpetrators, the person's health could not be monitored and notice taken of any pattern in such events. This also indicates that the registered manager was not fully aware of their responsibilities in relation to keeping CQC informed of incidents, nor of monitoring incidents to mitigate risk to people using the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 CQC (Registration) Regulations 2009.

The registered manager gave us a memo which had been sent to staff because they had failed to alert them to a different serious incident having taken place. This was a breach of the home's own policy on incidents, but there was no evidence of change to the system or of learning.

The registered manager told us that regular meetings were held with staff. At the time of inspection we were told there had been a meeting with staff but minutes had not been typed up. We asked for them to be sent on later and we received them within the requested timescale.

The minutes described a discussion relating to staffing levels, with the registered manager indicating that they had assessed the need to have two staff on the afternoon shift but that staff appeared to not feel this was necessary. The registered manager also said that staff needed to be more motivated and needed to encourage people using the service to do activities that they liked. The minutes were taken by the registered manager and concluded with the following phrase "Staff appeared to be in agreement with these comments".

We were told that "ideally" the registered manager would send an annual questionnaire to relatives to gain their views on improving the service. However, they then went on to say "I put my hand up, I haven't done it this year and I can't say I did it in 2015."

We saw minutes of a community meeting held in October 2016 where actions were raised with people using the service and suggestions received from them. The registered manager followed up the meeting with an action plan advising staff of changes to be implemented, such as playing board games with people in the evenings.

The registered manager undertook spot checks of MAR sheets and issued memos to staff to indicate errors and where they needed to improve practice.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments relating to the health safety and welfare of people using services must be completed and reviewed regularly by people with qualification skills competence and experience to do so.</p> <p>Risk assessment should include plans for managing risks.</p> <p>12 (2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider must have systems and processes established and operated effectively to prevent abuse of service users.</p> <p>13 (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider must assess monitor and improve the quality and safety of the services provided.</p> <p>17 (2)(a)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions.

19 (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Providers should have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times.

Persons employed in the service must receive such appropriate support training professional development supervision and appraisal as is necessary to enable them to carry out the duties they employed to perform

18 (1)(2)(a)