

Living Plus Health Care Limited

Living Plus Healthcare Ltd t/a Queen Anne Lodge

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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This comprehensive inspection took place on 14, 15 September and 5 November 2015. The inspection was unannounced.

Living Plus Health Limited t/a Queen Anne is a registered care home and provides accommodation, support and care, including nursing care, for up to 40 people, some of whom live with dementia. There were 35 people living in the home at the time of our visit. The home is built on

four levels and there is a lift between the floors. There is a communal lounge and separate dining room on the ground floor where people can socialise and eat their meals if they wish.

At our previous inspection in October 2014 we identified concerns in relation to the provider's compliance with the regulations. They were not able to demonstrate safe recruitment practices and staff were not supported effectively through supervisions and training. Plans of care were not always personalised and reflective of

Summary of findings

people's needs. At times they were unclear and confusing. Medicines were not always safely managed and the provider was not able to demonstrate they sought and acted upon people's consent to their care. We required the provider to take action to address these concerns. The provider wrote to us in April 2015 to say what they had done to meet legal requirements in relation to these breaches. We also made a recommendation at this inspection that the provider seek professional support for the registered manager as well as embedding a robust auditing system.

A change in the registered manager had taken place since the inspection in October 2014 and the service had had a new registered manager in place since June 2015. 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.

At this inspection we found the provider had taken action to make improvements. However sufficient action had not been taken to meet our regulations and further improvements were required.

People confirmed they felt safe and staff demonstrated a good understanding of how to protect adults at risk. The management of medicines had improved. However, risk associated with people's care were not always appropriately assessed and plans had not always been developed to ensure that staff met people's needs consistently and reduced risks.

Recruitment practices had improved and appropriate pre-employment checks were undertaken. Staffing levels were appropriate to meet the needs of people. Improvements to supporting staff had been made. Supervisions were taking place although not as frequently as the policy stated. Some improvements in the training staff received had been made, although there were still significant gaps in training that would support staff to effectively deliver care.

Observations demonstrated people's consent was sought before staff provided care. People confirmed staff involved them in making decisions. Staff and the registered manager demonstrated a good understanding of the Mental Capacity Act 2005. The Care Quality

Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The service had submitted applications for DoLS for some people living in the home to the supervisory body.

People described staff as kind and caring. They felt they were treated with respect and dignity. Most observations reflected this. Whilst staff knew people well, care plans and care records were not always personalised, accurate, up to date and reflective of people's needs and preferences.

People and their relatives knew how to make a complaint and these had been investigated. However records did not always follow the provider's policy. We have made a recommendation about this.

Systems were in place to gather people's views. Staff described the registered manager as open and approachable. They were confident any concerns would be addressed and staff and people felt listened to. A system of audits was in place although this was not always fully effective. However, the provider was introducing a new system to support the auditing of the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The overall rating for this service is 'Requires Improvement'. However, we are placing the service in 'Special Measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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

Summary of findings

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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Identified risks associated with people's care were not always assessed nor a plan developed to mitigate such risks.

Staff had a good understand of safeguarding. They knew what to look for and how to report both internally and externally.

Recruitment processes ensured staff were safe to work with people at risk and the provider ensured appropriate staffing levels to meet people's needs.

Medicines were managed safely, though improvements were needed in some records.

Requires improvement



Is the service effective?

The service was not always effective.

Improvements in the supervision of staff had been made, however there were gaps in training which reflected that not all staff were fully supported to deliver effective care.

Staff had a good knowledge of the Mental Capacity Act 2005 and the need for best interests decisions to be made. They demonstrated they involved people in making decisions and respected the decisions they made. However records were inconsistent when a person lacked capacity to make a decision.

People's nutritional needs were met and they had access to healthcare professionals when they required this.

Requires improvement



Is the service caring?

The service was not always caring.

Staff mostly treated people with kindness and respect. Staff demonstrated a good understanding of the importance of promoting dignity and respect but people's dignity was not always preserved when care was being provided

People felt involved and changes were made as a result of their feedback.

Requires improvement



Is the service responsive?

The service was not always responsive.

Staff knew people well but the planning of care was not personalised and did not always reflect people's needs.

A complaints procedure was in place and people knew how to use this. We saw where concerns had been raised the registered manager had investigated these. However the record of investigation was not always clear.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well led.

People's records were not always accurate and completed fully.

Systems were in place which monitored the service and gathered people's feedback. However such feedback had not been analysed. Audits had not identified the issues we did during the inspection.

A new auditing system had just been introduced. As this was new we were unable to assess its effectiveness.

The manager operated an open door policy and staff were encouraged to share concerns and make suggestions.

Inadequate



Living Plus Healthcare Ltd t/a Queen Anne Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 14, 15 September and 5 November 2015 and was unannounced.

The inspection team consisted of three inspectors and a pharmacist inspector. Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications and the provider's action plan. A notification is information about important events which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This Information helped us to identify and address potential areas of concern.

During the inspection we spoke to three people living at the home and one relative. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We also spoke to the registered manager, operations manager, eight staff and a visiting health care professional. We looked at the care records for six people and the medicines administration records for 20 people. We looked in detail at five staff members' recruitment, supervisions and appraisals records and sampled these records for all other staff. We reviewed the staff training plan and the staff duty rota for the past four weeks. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures. In addition we received feedback from two external health care professionals.

We asked the registered manager to send us further information regarding staff recruitment, supervision and training records after our visit. These were received.

Is the service safe?

Our findings

People said they felt safe living at the home. They said staff looked after them well and they had no concerns.

At our last inspection in October 2014 care plans did not always give sufficient information to enable staff to act consistently to meet people's needs, as a result the support provided by individual staff members varied. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst staff knew people well, the assessment of risk and planning of care to implement measures to reduce such risks were not consistently in place or adequate. For example, for two people, records indicated they could display behaviours which may present a risk to themselves and others. An assessment of the risks associated with these behaviours had not been undertaken. There was no information about how the behaviours presented, the triggers to these behaviours or how staff should provide support to reduce any risks associated with these behaviours. One observation we made during the inspection reflected that staff did not understand how to manage behaviours and whilst the manager took action to address this at the time, clear risk assessments, care plans and training on the management of behaviours which may challenge could have prevented the situation.

For a third person who had a diagnosis of diabetes no assessment or plan of care regarding this condition had been developed. No plan was available to inform staff of the monitoring or support this person required. Whilst information about the signs of a hypo or hyperglycaemic (low or high blood sugar level) episode were available, no instructions for the action to take to prevent this occurring or what to do if it did occur were available. For a further two people who were receiving medicines to help manage seizures, no plans of care had been developed. No risk assessments had been undertaken outlining the risks associated with the condition, how the condition presented for the individuals and how staff should provide support in a safe way. The training matrix did not reflect staff had received any training to support people who could have seizures.

The provider was undertaking significant environmental work within the home which as a result meant people's rooms were temporarily changing. However, personal emergency evacuation plans had not been updated to reflect the change of room for people and some rooms appeared not to exist. For example, one person's care records contained three different room numbers which were all different to the number on the person's bedroom door. The manager showed us a list they held of the rooms people were residing in while the works were taking place. However for this person the room number on this list was not the number on their door. The lack of clear assessments and recording of correct room numbers placed the person and others at risk in the event of a fire.

The continued failure to effectively assess risks associated with people's care and to do all that is practicably possible to reduce such risks is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had not undertaken all the necessary pre-employment checks before staff started working in the home. Criminal records checks and references were not always obtained prior to staff working which placed people at risk of harm. This was a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. The provider had undertaken Disclosure and Barring Service (DBS) checks and requested references for all new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. On occasions where staff had commenced work prior to all checks being returned, risk assessments had been undertaken and staff worked under full supervision.

At our last inspection the management of medicines was not always carried out safely. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made. Medicines were stored securely and the temperature

Is the service safe?

records for the medicines refrigerators and rooms provided assurance that medicines were kept within their recommended temperature ranges. The administration of medicines was recorded via Medicine Administration Records (MAR). Staff were able to explain how creams were applied and recorded. Plans for the application of creams were in place and reflected the directions on the labels. The staff were able to describe in more detail the frequency of creaming. Information available to support the administration of medicines was variable. Whilst information regarding allergies, “how I take my medicines”, “if required” and “variable dose” was available, for three people their allergy information was not consistent between care records and “if required” medicines information was not personalised. Homely remedies were available within the service. The service had agreed a list of homely remedies with each person’s GP. Homely remedies are medicines the public can buy to treat minor illnesses like headaches and colds. The effectiveness of medicines were appropriately monitored. We reviewed the records of one person who had been prescribed two medicines that required their blood to be monitored. Test results and subsequent tests were scheduled for this person along with records of the exact dose to administer.

The inconsistent information regarding allergies was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we were concerned that staff had not received sufficient training to support them to understand the principles of safeguarding. At this inspection 18 of 44 staff had received training on safeguarding; however records we were provided with showed that only one of eight registered nurses had completed this training. The registered manager confirmed all nursing staff had undertaken safeguarding training and were awaiting

certification. Staff spoken with, including registered nurses had a good understanding of safeguarding adults at risk. They were able to identify types and signs of potential abuse and understood the procedures to follow if they suspected abuse had occurred. All staff told us they would not hesitate to report any concerns to the manager. At the time of inspection there were no current safeguarding concerns. However one had been raised with the registered manager and we saw they had taken action to investigate and address the concerns. The registered manager advised they had liaised with the relevant authorities throughout their investigation, although it was not always clear who they had liaised with, on what date and if the relevant authorities were satisfied with the outcome.

There were enough staff to keep people safe and meet their needs. People told us they could call staff if they needed them and that staff responded quickly. We heard an alarm sound which indicated a person may have fallen. Staff responded immediately. The registered manager told us about the staffing levels they supplied. We observed this had been consistently provided for the four weeks prior to our visit, with nine care staff and two registered nurses in the morning, six care staff and two registered nurses in the afternoon and three carers and one registered nurse at night. In addition two activity staff, two maintenance staff, housekeeping staff and kitchen staff worked each day. Staff gave mixed views about the staffing levels. Some felt there were plenty of staff whilst others felt at times an additional staff member was needed. The registered manager told us that based on staff feedback they were recruiting additional staff. Observations showed staff responded quickly to people’s needs and requests. Staff were not rushed throughout our inspection and had time to spend with people.

Is the service effective?

Our findings

People told us they felt confident that the staff supporting them were knowledgeable and had the skills required to carry out their role.

At our last inspection in October 2014 staff did not always receive appropriate support and training to help them deliver effective care. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw some improvements had been made. The registered manager told us they felt the supervision of staff had improved and they showed us a schedule of supervisions they said they aimed to follow. The provider's policy stated that "Supervision should be undertaken a minimum of six times a year and the Organisation aim to make this a bi-monthly stipulation." Records showed that the frequency of supervisions had improved and all staff who had been in post long enough had received supervision since the new manager had commenced their role. The assistant manager told us how supervised observation of staff practice had recently been introduced to the service. Although supervisions were not being completed in accordance with the provider's policy, staff confirmed they received supervisions and felt supported.

One staff member said "Training is always available" and said they get as much support as needed. Another told us if they felt they needed any other training they just had to let the manager know and this would be arranged. A training database was in place and the registered manager told us this supported them to monitor training. Staff told us they felt the training was helpful in supporting them to understand their role. At our last inspection we were concerned that staff had not received moving and handling training, dementia training, safeguarding training and Mental Capacity Act (MCA) and DoLS training. At this inspection we saw some improvements had been made, however further improvements were needed to ensure staff were receiving training to support them in their role. We were given a copy of the training matrix and told that this was up an up to date record of training staff had received. This showed 40 of 44 care related staff had received training in moving and handling. However, it also reflected

that only 18 of 44 care related staff had completed training in safeguarding, only 20 of 44 care related staff had completed training in MCA and DoLS. Staff spoken with demonstrated an understanding of their role within both safeguarding, MCA and DoLS. The home supported people living with dementia, however only 12 of 44 staff had received any training to support their understanding of this diagnosis and how people may need to receive their support.

Whilst improvements had been made with staff supervisions and the support staff received, the consistent lack of training placed people at risk of receiving ineffective care that doesn't meet their needs. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection staff had not received training on the Mental Capacity Act 2005 and were not able to demonstrate an understating of their roles and responsibilities in this. Restrictions were placed on one person and the correct process had not been followed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and staff. This act provides a legal framework for protecting people who are unable to make decisions for themselves and to ensure any decisions made are in their best interest. DoLS is a part of this legislation and ensures that people can only be legally deprived of their freedom of movement when it has been authorised as being in their best interests and the least restrictive option.

The registered manager and staff demonstrated an understanding of the MCA 2005 Where people were able we saw the service had sought their written consent for various aspects of their care including their care plans. Observations throughout the inspection showed staff sought people's verbal consent before acting and we saw how staff respected people's right to make their own decisions.

The manager and nursing staff were able to describe to us how they involved people and their relatives in making decisions about their care and people confirmed staff

Is the service effective?

discussed this with them. Where a person lacked capacity to make a decision, assessments had been completed. However the recording of these were inconsistent. For one person whose medicines were administered covertly, their care plan contained an assessment of mental capacity with respect to medicines. Notes from a best interest meeting were also present in this person's file which included specialist pharmaceutical advice to ensure the medicines remained active whilst administered covertly. However, another person's care plan stated they lacked capacity but no mental capacity assessment and best interest decision had been recorded. Staff were very familiar with people and knew them well, however the lack of clear records could place people at risk of having decisions made that are not in their best interest or that they may not have consented to.

A lack of clear, accurate and contemporaneous records regarding a person's care was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff demonstrated good knowledge of Deprivation of Liberty Safeguards (DoLS) and understood their responsibilities in relation to this. They confirmed applications to the supervisory body had been made for some people living in the home. Where these had been authorised a copy was kept within the persons care records and staff were aware of these.

People were supported to eat and drink as required, either physically by staff or with additional supportive equipment. Everyone spoken with said they enjoyed the food and drinks offered and there was always a choice. People chose from a planned menu but said if there was nothing they

liked on the menu other options were available. We observed lunch over both days of our inspection. Staff offered support to people throughout, ensured they knew what the meal consisted of and checked they were satisfied with the meals.

The kitchen contained information about people's likes, dislikes and any special dietary requirements. Kitchen staff told us the care and nursing staff kept them informed of any changes and the chef consulted with people about the menu.

Staff used a Malnutrition Universal Screening Tool (MUST) which is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. Care plans were also in place to guide staff about the level of support people needed. For example, if they were on a soft diet, required thickened fluids and their weight monitoring. Kitchen staff told us they were informed of the people who may require fortified and high calorie diets and they ensured this was delivered. An external health care professional told us they felt the home responded well to changing needs in people's dietary intake and they took appropriate action, although they said the records did not always reflect what the staff had done.

People had access to a range of healthcare professionals including community nurses, dentists, GP, dieticians and Speech and Language Therapist. Where needed the home requested the GP made referrals to other teams for support. People told us they were supported to see the GP if needed. A health care professional said staff were knowledgeable of people's needs, made appropriate referrals for additional support at appropriate times and followed the advice of other professionals.

Is the service caring?

Our findings

People said staff were kind and caring. They told us they felt respected and listened to. Two health care professionals explained how staff demonstrated a caring approach and promoted people's dignity and privacy.

Staff were seen to be caring. Most observations showed staff treating people with kindness and affection. During conversations with people, most staff spoke respectfully and in a friendly way. They chose words that people would understand. Staff explained what they were doing and why. They used people's preferred form of address and got down to the same level as people and maintained eye contact. Staff spoke clearly and repeated things so people understood what was being said to them. However, when one person asked to use the bathroom they were told in an abrupt manner by a member of staff that they would need to wait. A second person asked the staff member to help the person and were told "[they] can wait a minute". Everyone in the room was then told by the staff member that they would have to stop the game they were playing with people as they [the staff member] were "seeing to [person]". The staff member's communication did not demonstrate kindness, compassion or respect for those in need of support.

People confirmed staff always asked them how they were, what they wanted and checked with them that they were happy with the care they were getting. They said they were always given choice and felt listened to. Staff responded in a caring way to difficult situations. For example, when one person became upset staff spoke reassuringly to the person and used distraction to help them feel at ease.

Staff mostly demonstrated a good understanding of the need to respect people's dignity and privacy. For example, when a visiting professional arrived to visit a person, staff encouraged and supported the person to their room for privacy. When assisting with meals or drinks staff supported with dignity and engaged with the person in the activity. However, when supporting people with moving and handling equipment in the communal areas staff did not use screens to protect or promote people's dignity. The registered manager and operations manager told us staff should be using these screens.

People did not know what a care plan was but did tell us that the staff spoke to them about what they liked, disliked and how they wanted to be supported. People told us how resident meetings had recently been introduced and said if they had any concerns they could raise them at the meeting. People confirmed they felt listened to. They told us of changes to the mealtime that had taken place as a result of their feedback in these meetings.

Is the service responsive?

Our findings

People told us staff responded to their requests and met their needs. A healthcare professional said they felt the staff and service were personalised, understood people's needs and were responsive to changing needs. They said they made referrals at appropriate times and always acted upon advice they were given.

Staff had a good knowledge of personalised care and were able to tell us what this meant. They knew the people they cared for and the support they needed. However, care plans were not always personalised and did not always reflect people's individual needs. For example two of six people's files contained care plans where the information had been pre populated. The actions for staff to take to support the persons needs in the care plans were the same and staff had circled either "he" or "she". Pre populated care plans containing the gender of both a male and a female meant care plans were not always person centred.

For a third person whose communication was limited, a communication care plan had been written, however this did not contain any personalised information about the way in which the person did communicate. For example, it stated they were unable to communicate by verbal means and staff should try and read their body language. However it gave no detail about the person's body language or what it may mean. No other form of communication systems had been introduced for this person, such as visual aids. However we did see another person using technology to help them communicate effectively. A fourth person's hygiene care plan stated they had a strip wash daily and would request a shower. However, when we spoke to them this person said they preferred a bath and to wash their

hair every other day, but rarely had a bath since moving into the home as this was not offered by staff. This meant the planned care for this person had not been individualised to ensure their preferences were met.

Whilst staff knew people well the lack of detailed and individual care planning placed people at risk of receiving care and support that did not reflect their needs or preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a complaints procedure in place and on display in communal areas. People knew who to speak with if they had any concerns or complaints. People confirmed they could talk to staff and felt listened to. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. There had been three complaints recorded this year, although one of these was a concern raised by the local authority safeguarding team. The registered manager had investigated two of these and the provider had investigated one of them. The registered manager told us they had provided a response in relation to those they had investigated. Records held regarding complaints did not always follow the provider's policy for example, this stated a final letter would be sent following a complaint made. It outlined what would be included within this letter however we did not find a record of this for the three complaints the home had received. **We recommend the registered manager and provider review the complaints policy to ensure they are adhering to this when investigating complaints.**

Is the service well-led?

Our findings

People said they felt the home was well led and spoke highly of the registered manager. They said they could talk to the manager if they needed to. Staff confirmed management was always available and were confident any concerns they had would be acted upon.

At this last inspection care records were unclear, confusing and not always accurate. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (regulated activities) regulations 2014. The provider told us the action they had taken to address these concerns.

At this inspection we found significant improvements had not taken place and care records remained confusing and did not accurately reflect people's current needs. For one person their records regarding nutritional intake were confusing. Their nutritional assessment stated they were a low risk of malnutrition, however the care plans stated they were at high risk. The care plan also stated they were having a "normal diet", but then stated they needed a high calorie diet. In addition their nutritional status was assessed monthly and stated they were a low risk. This person's records regarding their mobility were also confusing. Some areas stated they were immobile, while other areas stated "divert [the person] attention to subject [they] can respond positively to while walking together to the toilet." Staff confirmed this person was unable to mobilise. For a second person their care records regarding their hydration intake was confusing. One plan stated they needed to have their fluids thickened, whilst another plan stated they could drink normal fluids. Staff were able to confirm the person's fluid consistency which meant that whilst staff were aware of the person's needs the records provided conflicting guidance which may place the person at risk of receiving care and support that was inappropriate to their needs.

Information gathered about falls for people was not effectively used to assess risks. For one person, accident records were available which reflected three falls in August 2015 and a further fall in November 2015. However, the falls risk assessment had not been updated since the end of September 2015 and the falls care plan had not been

reviewed since 30 July 2015. Whilst measures had been implemented to reduce the risk of harm should the person fall, there was no evidence the information was used to update the records.

Records regarding people's capacity were unclear or incomplete at times. For example, one person's care plan recorded they lacked capacity and a second record stated a mental capacity assessment was required. However, the mental capacity assessment document had not been completed.

At our last inspection we made a recommendation that the service seek professional support for the registered manager as well as embedding a robust auditing system. At this inspection a new registered manager was in post. They were working towards a management qualification and also attended an NHS Leadership Development programme. An external health and social care professional said they were a "valuable contributor" and approached the programme "whole heartedly", indicating "she is passionate about client care and supporting her staff to provide good quality care."

The provider had a number of systems in place to monitor the quality of the service provided, including medicine audits and spot check inspections. Medicine audits demonstrated that actions had been undertaken to improve the service. Spot inspections undertaken by the provider looked at the environment, observations of staff practice, activities, training and a sample of care documentation. Following the spot inspections, actions were identified and a record kept of when these were completed. We were not assured of the effectiveness of these spot inspections as they had not identified the training needs of staff and did not identify the problems we had found with care records or the work that was required for these. The work required on care records was not documented as an action. Provider visits took place monthly, reviewing all aspects of the service including care records, the environment and people's views. Following these visits action plans were produced identifying areas which required improvement. The registered manager also undertook random care plan audits. The provider visit dated 30 September 2015 did record that care plans required "looking at in more detail", however this had not

Is the service well-led?

been incorporated into the action plan and we were unsure of the effectiveness of the random care plan audits as these had not identified the concerns with care records that we had.

A lack of clear, accurate records regarding a person's care and effective systems to monitor the quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was introducing a new auditing system to support the quality monitoring of the service, however at the time of the inspection this was very new and we were unable to assess its effectiveness.

During our visit on 14 September 2015 we raised a concern with the registered manager who subsequently took action. They told us they had reported this as a safeguarding concern to the local authority but they had not reported this in writing to the Commission. The registered manager also told us of a matter that the local authority safeguarding team raised with them for investigation. They confirmed they had not submitted a notification of this incident to the Commission. The registered manager stated they did not realise they were required to submit this as they thought the local authority would have informed the commission. Registered providers are required to notify the CQC of a range of significant incidents, which occur within the home. The provider did not ensure they notified CQC of such events. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider used a variety of systems to gain the views of others regarding the quality of the service and to identify areas for improvement. Surveys with people, relatives and other professionals to gain their feedback were

undertaken. We saw positive feedback received from external professionals and comments included "the efforts by staff to implement and understand DoLS [The Deprivation of Liberty Safeguarding] is of the highest order." One person said they were asked for their views with questionnaires. They confirmed changes were being made to the environment as a result of their feedback. However, one relative comment stated that "Staff attitude varies". We could not see that this had been explored further or what action the registered manager had taken. The registered manager confirmed no formal analysis of surveys had been completed and no action plan had been developed as a result of these. The lack of formal analysis meant that any concerns raised may be missed.

Regular meetings with staff took place. Staff were able to contribute to the meeting and to make suggestions of importance to them. For example, we observed that staff had suggested a half hour catch up each day to discuss certain topics. They suggested the topic areas and the registered manager told us this had been introduced informally. Where there were concerns the registered manager discussed these with staff. For example, we saw concerns regarding care records had been raised by the registered manager with registered nurses and the need for improvement of these had been reinforced. Staff told us they could make suggestions and these were acted upon.

Staff and people told us the manager was open and approachable. They felt comfortable to talk to them and confident action would be taken if they had any concerns or suggestions. However, one staff member did tell us they did not feel able to talk to the manager if they were busy. Staff understood their role and responsibilities well and an external health care professional agreed with this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Diagnostic and screening procedures	The care of service users was not always planned in a manner that met their needs and reflected their preferences. Regulation 9(1)(b)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Diagnostic and screening procedures	The registered person had not ensured all staff received training to support them to deliver effective care. Regulation 18 (2)(a)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
Diagnostic and screening procedures	The registered persons had failed to notify the Care Quality Commission of incidents which were reportable under the Health and Social Care Act (2008) Care Quality Commission (Registration) Regulations 2009. Regulation 18 (2)(e)
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had not ensured identified risks associated with peoples care had been appropriately assessed and plans developed to mitigate such risks. Regulation 12(1)(2)(a)(b).

The enforcement action we took:

A warning notice was served on the registered manager and registered provider for this service requiring them to be compliant with this regulation by 18 January 2016.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	Service user records were not always accurate and complete and systems were not always effective in monitoring quality and safety. Regulation 17(1)(2)(a)(b)(c)

The enforcement action we took:

A warning notice was served on the registered manager and registered provider for this service requiring them to be compliant with this regulation by 18 January 2016.