

Maria Mallaband Properties (4) Limited

Cavendish Court

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 6 and 7 November 2018.

Cavendish Court 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. Cavendish Court is registered to provide accommodation with personal care for up to 43 people. The accommodation is located over three floors and there are lounges and dining rooms on each floor. On the day of our inspection there were 34 people living in the home.

At our last inspection we rated the home as good overall. At this inspection, we found that there were three breaches in regulations. There were breaches in Regulation 9: person centred care; Regulation 17: good governance and documentation and Regulation 18: staffing. The service was rated requires improvement overall and this is the first time that the service has received this rating. You can see what action we have taken at the back of this report.

Cavendish Court did not have a registered manager in post. There was a peripatetic manager in place at the time of our inspection and the new manager started the day prior to our inspection. 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.

There were not sufficient skilled and experienced staff to meet the needs of the people living in the home. Agency staff utilised in the home had not received sufficient induction to familiarise them with the home and the people living there.

Risks assessments were not consistently being reviewed and updated where there were changes.

People and their relatives were positive about the permanent staff working in the home. However, there were high levels of agency staff employed and people felt that they did not know their needs and preferences.

Staff had completed safeguarding training and safeguarding incidents were appropriately raised by staff. However, we found the provider was not recording the outcomes of safeguarding incidents so the opportunity for learning lessons was being missed.

People's privacy and dignity was not respected by all staff members. We saw instances where staff were not caring in their approach.

Staff members did not receive regular supervision in line with the provider's policy.

We received some negative comments about the food in the home. A new chef had recently been employed and improvements were being implemented.

Most of the care plans reflected people's life history and their needs and were person centred. People and their relatives told us that the care they received was responsive to their needs. However, we found care plans were not consistently being evaluated and additional monitoring charts where risks were identified were not always being completed comprehensively.

The registered provider did not have effective systems in place to monitor and improve the quality and safety of the service. The issues we identified had been picked up by the provider's audits, however they had not been effective at improving and sustaining that improvement within the service.

Medication was being stored and administered safely. Regular medication audits were being conducted and any issues identified were addressed.

Registered providers are required to send notifications in relation to events or changes which occur in the home. We found that the service was sending appropriate notifications.

Staff recruitment was safe and appropriate checks were completed to ensure that staff were safe to work with vulnerable people. Staff training was up to date.

People and their relatives felt confident that issues raised would be addressed. Complaints were recorded and dealt with in accordance with the provider's complaints policy.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making. People were involved in the care plans and had signed their consent to care where able. Where people lacked capacity, appropriate paperwork was in place to ensure that decisions were made in their best interests.

We saw regular checks on the property were undertaken and the premises were safe without restricting people's ability to move about freely.

People had access to activities within the home and told us that they were happy with the activities on offer.

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.

There were not sufficiently skilled, competent and experienced staff deployed to meet the needs of the people living in the home.

We found risks were managed appropriately, however risk assessments were not consistently evaluated and updated.

Staff recruitment was safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We saw staff received regular training, however they were not receiving consistent supervision and support.

We received mixed feedback about the food in the home, however the provider had recently employed a new chef and changes were being implemented to improve this.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People and their relatives were positive about the permanent staff and their caring attitudes and that they knew them well, however we received several concerns about the high levels of agency staff who did not know people.

Most of our observations were positive, however we did see two instances where staff did not treat people with dignity and respect.

People's information was stored securely and confidentially.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Most of the care plans were detailed, informative and person centred, however we found that these were not effectively reviewed and updated.

Additional monitoring charts were not being consistently completed.

People and their relatives were happy with the activities in the home.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The provider did not have an effective quality assurance system to embed improvements and maintain the standard of care provided in the home.

Staff, people and their relatives all commented on the inconsistency of the management and the impact this had had on the home.

We saw that staff and resident meetings were being held regularly within the home and that feedback was sought via residents and professionals' surveys.

Requires Improvement ●

Cavendish Court

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 November 2018 and was unannounced. The inspection was carried out by one adult social care inspector, an assistant inspector, a specialist adviser, who was a tissue viability nurse and an expert-by-experience, on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was completed by one adult social care inspector.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service. We invited the local authority to provide us with any information they had about Cavendish Court. We also looked at the Provider Information Return (PIR) we received from the provider prior to our inspection. This form asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at the most recent visit completed by Healthwatch. We used the information to help with our planning of the inspection.

During the inspection, we used several different methods to help us understand the experiences of people living in the home.

We spoke with eleven people who lived at the home, seven relatives/friends and eleven members of staff including the regional director, clinical lead, peripatetic manager, manager, quality and compliance manager, activities co-ordinator, a nurse and four members of care staff. We also spoke briefly to four members of agency staff. We spoke to two visiting health and social care professionals as part of our inspection.

Throughout the inspection, we observed how staff supported people with their care during the day.

We looked around the service, as well as checking records. We looked at eight care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment and training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

People living in the home and their relatives told us they felt there were not enough experienced staff in place to meet the needs of the people living in the home. Comments included, "I feel nervous at night when agency staff are on as I don't know them", "Sometimes the staff take a long time to answer the bell as they are always short staffed", "On the whole my relative feels safe during the day but I have concerns at night due to the agency staff" and "My relative can sometimes be kept waiting when they ring for assistance".

Staff also told us, "I don't have time to do paperwork. They have not had a regular nurse now for a while so things are not getting updated. There are not enough staff", "We have had problems with staff in recent months. We have been trying, but we have been working with agency a lot", "Staffing is not good, there are too many agency" and "It's not always safe. It's not the amount of staff, it's the skill due to the agency and their knowledge".

Our observations were that call bells were not being answered in a timely manner and people were having to wait for assistance. We noted eight occasions over the two days of our inspection where people were waiting over five minutes for assistance. On two occasions it was 15 minutes before staff attended to people's call bells. We asked for copies of the call bell response times, however the regional manager advised that they were not able to provide this from the system which was in place. There was therefore no ongoing monitoring of the call bells response times.

The dependency of people within the home was monitored regularly and adjustments were made to staffing levels with a view to ensuring there were enough staff to meet people's needs. However, we saw on six occasions in the previous four weeks that the staffing numbers were below the recommended amount as calculated by the dependency tool.

We noted that there were high levels of agency staff utilised within the home. We asked about their inductions into the home, and how they received sufficient information to care for people. Two of the agency staff told us that they had not received any induction on starting in the home. We also checked paper records to see what induction agency staff received. We sampled six records of agency staff and found none of these had any kind of induction into the home.

We saw on both days of our inspection, the morning medication round undertaken by the nurse on duty took three to four hours to complete. We spoke to the nurses and they told us they were interrupted and asked to complete other tasks, as they were the only nurse on shift. There were 23 people in the home at the time of our inspection who needed nursing care.

We spoke to the manager about staffing and they told us that this has been identified as a priority and they were actively recruiting new staff and seven new staff members were going through the recruitment checks.

The above issues constitute a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not deployed sufficient numbers of suitably qualified,

competent, skilled and experienced persons to meet the needs of the people living in the home.

Since the inspection, the provider had introduced one-page profiles for each person living in the home to assist new or agency staff members and they have reassured us that inductions are being carried out for all new and agency staff. They have also provided updates on their recruitment.

We saw that risk assessments were in place and where risks were identified, referrals were completed to relevant health professionals or action was taken to minimise risk. For instance, where people were at risk of falls, bed rails, low beds or crash mattresses were in place. However, we did note that risk assessments were not consistently being updated regularly. We saw that most risk assessments had been re-written in September 2018, however they were not being evaluated monthly in line with the provider's policy or where there were changes. For example, we saw in someone's care plan that they required a modified diet and were receiving care in bed, however we saw them up, very chatty and eating a normal diet. We were informed that this person had improved considerably in the last two weeks, but the risk assessments and care plans had not been updated to reflect these changes. We spoke to the manager in relation to this and they advised that care plans and risk assessments remained an area for improvement.

We looked at the accident and incident records in the home. We could see incident forms were completed when anything happened in the home. Audits were completed by the manager and reports submitted to the provider's quality compliance team and action was taken where any patterns were identified.

We saw that handovers took place at every shift change to inform staff of any issues and there was a diary to record any appointments or issues which needed to be followed up.

We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked Medicine Administration Records (MARs), which showed people were getting their medicines when they needed them and at the times they were prescribed. We saw records were kept of all medicines received into the home and if necessary their disposal. There was guidance in place for medication 'given when necessary' (PRN medication) to inform staff when people may need this medication. The medicines trolley and treatment room were securely locked, and daily temperature checks were made. Regular medication audits were carried out and any actions were followed up promptly.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The manager told us they were aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). Staff confirmed that they had received training in protecting vulnerable adults and records confirmed this. Staff members were clear on the processes to follow if a safeguarding incident occurred. Safeguarding incidents had been documented, appropriately referred to the local authority and notified to CQC. We did note that outcomes of these were not always recorded, therefore we could not be sure that lessons were learnt from any safeguarding incidents. We raised this with the manager to address.

The provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or external agencies.

We found that appropriate recruitment checks had been made to ensure new staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full

employment history, a medical check and references.

We checked some of the equipment and safety records and saw that they had been subject to recent safety checks. We walked around the home and our observations were of a clean, fresh smelling environment, which was safe without restricting people's ability to move around freely.

We could see that several maintenance checks were being carried out weekly and monthly. These included the fire alarm system, emergency lighting and water temperatures. We saw appropriate safety certificates were in place for gas and electrical installation.

Staff had regular training on fire safety and we saw that fire drills were completed regularly and at different times to ensure all staff had experience of this. We did note that several staff had not completed fire drills. This had been picked up by the manager and plans were in place to address this. We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEP) in place. PEEPs are good practice and would be used to assist emergency personnel to evacuate people from the home in the event of an emergency, such as a fire.

Is the service effective?

Our findings

At our last inspection, we noted that staff supervisions were not happening as often as the provider's policy stated, however improvements had been noted just prior to the inspection. At this inspection, staff told us that they had not received regular supervision and due to several management changes, there had been no consistent support. We checked the provider's policy on supervision and saw staff should receive supervision four times a year. We noted that four staff members had received none this year and the remainder had received one supervision since the beginning of the calendar year.

This is a further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties.

New staff received an induction when starting in post and completed shadowing of existing staff prior to working unsupervised. This was based upon the Care Certificate for any staff new to care. However, when we asked to see induction documentation, the manager was unable to provide this. We spoke to staff who all confirmed that they had completed an induction on starting their employment. The manager agreed to review all the documentation in relation to this.

We asked staff members about training and they all confirmed they had received regular training throughout the year. Staff training records confirmed this. Staff had undertaken a range of training relevant to their role including moving and handling, safeguarding and health and safety. Nurses had access to additional training to ensure they maintained their clinical knowledge.

We received some negative comments about the food in the home. Comments included, "It's simple food. We get a choice but not every day", "The food is okay, some days are better than others, we are given a choice" and "My relative says the meat is sometimes tough to eat". We spoke to the manager in relation to the food and they informed us that there had been a change of chef recently and the provider's systems had identified that people generally across the home were losing weight. They had therefore reviewed the meals in the home, had recently introduced shakes and a snack menu at night and were providing snacks in between meals during the day.

We saw that people were weighed regularly and if someone had gained or lost significant amounts of weight, appropriate advice was sought. Visits and advice from other health professionals were recorded in care plans and it was clear to see what action had been taken. We spoke to two visiting health and social care professionals who had no concerns about the home and felt that their advice was followed by staff within the home.

We saw that people had access to fluids and were offered drinks regularly throughout our inspection. During lunch time people had the option of where to eat and were given two choices of food. Our observations on both days of the inspection were that the food looked and smelt good.

All the people and their relatives we spoke with felt that their needs were met, and relatives felt they were kept up to date. Comments included, "The staff are nice and treat me well", "I'm involved in the care I receive, I'm given choices and I'm not told what to do" and "The staff know me well". Relatives told us, "I am kept informed of any decisions about my relative's care", "We are always aware of what's going on, they will ring us if there are any concerns" and "The staff know what they are doing and work well together".

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the service was working within these principles and conditions on authorisations were being met. Mental capacity assessments and best interests' decisions had been recorded where necessary within each file. There was a clear tracker of all the DoLS applications which had been granted and when these expired.

Staff were clear on the need to gain consent prior to assisting anyone. During our visit we saw that staff took time to ensure they were fully engaged with each person, for instance by ensuring they made eye contact, speaking slowly and clearly with people. Staff explained what they needed or intended to do and asked if that was acceptable rather than assuming consent.

A tour of the premises was undertaken. This included all communal areas such as the lounges, dining room and with people's consent a few bedrooms. We saw that rooms were clean and personalised.

Is the service caring?

Our findings

We asked people who lived in the home and their visitors about the home and the staff who worked there. Everyone we spoke with was positive about permanent staff, however they expressed concerns in relation to the amount of agency staff and how they did not know them and were not familiar with their needs. We received a variety of comments about staff approach, "Staff do not always answer straight away", "I can be left on the toilet for a long time, eventually the carer does come back" and "Most of the staff knock on my door before they come in". We also received positive comments, "All the Cavendish girls are good, they know me and are very good. They look after me, I can talk to them", "The staff call me by my first name. They are all friendly and I enjoy living here" and "The day staff here are great"

We spoke with four agency staff, two of which informed us that they had not had an induction prior to starting work. We observed one agency staff member was rushing about, stating that they did not know which meal was appropriate to give to the person and they were unable to find a member of permanent staff to provide this advice. They were upset and stating that they had not being given sufficient information to support the person. Another agency worker told us it was difficult to offer person centred care as they did not know the people in the home.

We observed a member of staff assisting someone at lunchtime. They were stood over the person and did not sit with them. They kept moving away to assist other people and stood throughout the time they were assisting the person. We observed another staff member, who did not knock prior to entering people's room and was seen to be abrupt with the people they were supporting. This was not treating the person with dignity or respect. Both these incidents were raised with the manager to address.

We saw that people had to wait for long periods to receive care when call bells were activated, on a couple of occasions up to fifteen minutes.

The above issues constitute a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not receiving person centred care.

Throughout the inspection, we mainly observed positive interactions between staff and the people living in the home. We spoke to permanent staff about people's likes and dislikes, as well as their history and staff demonstrated that they knew people well. Staff told us they enjoyed working at Cavendish Court, however they did comment on the staffing situation and the constant management changes and how this had impacted upon the home.

It was evident that family members were encouraged to visit the home when they wished, and they told us that they were made to feel welcomed.

People living in the home looked clean and well cared for. People being cared for in bed also looked clean and comfortable. Relatives commented that the home was always clean and fresh smelling and the people always looked well cared for. One relative told us they had raised an issue in relation to this, but it had been

dealt with appropriately and had not occurred again.

Care plans included people's preferences in terms of the gender of care staff they preferred and their preferred names. People were encouraged to be independent, whilst remaining safe.

Equality and diversity support needs were assessed and monitored. Protected characteristics (characteristics which are protected from discrimination) were considered at the initial assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider was assessing all areas of care which needed to be supported and established how such areas of care needed to be appropriately managed.

People had access to advocacy services and their personal information was kept securely in the locked cupboards on each floor, so people could be confident that their information was kept confidentially.

Is the service responsive?

Our findings

From our observations and discussions, we found that permanent staff knew the people they were supporting well. They could tell us about their likes and dislikes. We looked at the care plans and saw that care plans were detailed, person centred and informative. There was an overview of people's history and people who were important to them. They recorded people's preferences and how they liked their care to be delivered, for instance whether they preferred a male or female care, whether they preferred a shower or bath.

We saw inconsistencies on the evaluation of care plans. Most of the care plans had been re-written in September 2018, however they had not been evaluated since that date. We saw one person had significantly improved in their health, but the care plan and risk assessments had not been evaluated and re-written to reflect this. In another care plan, we saw someone had been on respite in the home since July when the plan had been written. This person had a risk assessment and care plan in place in relation to falls. However, despite them having a few falls, the care plan had not been evaluated or reviewed since July. Someone was at risk of pressure ulcers and the documentation in relation to wound care was confusing and had not been completed in line with the advice from other health professionals. Due to the high number of agency staff, this meant that we could not be confident that staff were given up to date guidance on people's care needs.

We looked at additional monitoring charts and saw that these were not consistently completed to monitor where someone needed pressure care or were at risk of malnutrition or dehydration. We saw there were gaps in charts, insufficient recording and they were not being completed contemporaneously. For instance, one person was at risk of pressure ulcers developing and charts were in place to record their repositioning to reduce this risk, but the position was not recorded on the charts, just that staff had seen them.

The above issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider was not maintaining an accurate, complete and contemporaneous record in respect of each service user.

Since our inspection, the manager has confirmed that one page easy read profiles have been introduced for each person living in the home to provide an overview for all new and agency staff about people's needs.

People told us that they had choices in relation to daily living activities. Comments included, "I do not feel restricted, I can choose where I want to sit", "It's good here, I like it". Relatives told us, "Staff are lovely and good and do care" and "Staff are good and accommodating".

The provider had a full-time activities co-ordinator. People and their relatives were positive about both the activities co-ordinator and the activities which took place in the home. They told us that they looked forward to the activities. We observed a pre-school visit, where children were completing a craft activity with the people living in the home. We saw smiles and laughter from everyone and it was clear that everyone enjoyed this activity. We also observed entertainers performing and people were smiling and clearly enjoying the music.

We spoke with the activities co-ordinator who informed us that they met with residents when they came into the home and regularly reviewed which activities were popular and amended the timetable accordingly. Activities were advertised around the home and the co-ordinator kept a detailed record of all the activities they had carried out with each person. People who did not want to join in with group activities could enjoy one to one time in their room with activities such as hand massage or chatting and reminiscing. Regular visits were conducted by local churches to meet people's spiritual needs.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. Records were dated and signed by a GP and were reviewed appropriately. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person's advance decisions about their end of life care are respected.

We saw that information was recorded about people's end of life wishes so staff were aware of how people would like to spend the end stages of their life. For people in the home who were at the end of their life, their wishes were recorded, and preparations had been made to enable them to remain in the home as they had expressed.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. People living in the home and their relatives told us that they could raise any concerns and were confident that they were listened to and complaints would be dealt with. We saw the provider had dealt with complaints in accordance with their policy.

The provider had considered the Accessible Information Standard and recorded in care files, people's individual communication needs and how staff could meet these needs.

Is the service well-led?

Our findings

There was no registered manager in post at the time of our inspection. There had been several management changes over the last 12 months. At the time of our inspection, there was a peripatetic manager who had been in post for four weeks and the manager had started the day prior to our inspection.

We spoke to people and their relatives about how the home was run. We received numerous comments about the constant changes in management. Comments included, "There's been so many managers I can't keep up", "They need to have a manager who stays longer than a few months", "There's not enough staff, not run properly and taken all the joy out of living here", "There has been some improvements since the new manager started" and "Hopefully if this manager stays, we will see improvements around staffing levels".

Staff also commented about the management changes. Comments included, "This manager has been good and had good staff meetings, but we had a couple of managers turn over so quickly and we didn't even get to know them", "We went through a rough patch, but it feels like we are on the up. We all work as a team" and "There have been lots of management changes. No stable manager and there has been no continuity".

As we have explained earlier in this report, we found the home was in breach of Regulations 9, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager took some action to resolve some of the issues we found and the issues we found had been previously identified by the provider's quality assurance systems. However, these systems had not been effective in improving the service. We found some improvements had been made; such as care plans being re-written, but these improvements had not been embedded and sustained as care plans had not been evaluated or updated since they had been re-written.

The frequent changes in management had meant that there was inconsistency across the service. For instance, induction information for agency staff had been introduced by one manager, however when we asked the current manager they were unable to find this initially and once this was found could not explain why these were not being completed.

The provider's quality assurance systems had identified the issues within the home but had not been effective at implementing improvements or sustaining and embedding these improvements in the home.

This is a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have effective systems and processes in place to ensure compliance with the regulations.

Reports were submitted monthly to the provider's regional team as well as their quality and compliance team. These identified any concerns and trends. The regional team and quality and compliance team had been offering regular support to the home to improve standards and had identified the same issues as we found as part of our inspection.

We saw that residents' meetings were taking place and people had chance to voice their concerns about any issues. Questionnaires were completed annually by an external company. One had just been sent out to people and their relatives. We were able to view the previous year's survey which contained mainly positive feedback. Surveys had also been issued to professionals for feedback on the service.

We saw that staff meetings were held regularly, and staff could raise any concerns. Issues such as staffing, recruitment, weights and documentation had been discussed. Regular 'flash' meetings had been introduced where all heads of departments met with the manager each day to discuss issues and look to solutions. We observed one meeting and again they were addressing similar themes to those we found on inspection.

Providers are required to notify the CQC of events or changes that affect a service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We saw the provider was appropriately notifying CQC of all incidents within the home.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all the people who use their services. We saw that the rating was displayed in a communal area of the home and on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	People were not receiving person centred care and were not always treated with dignity and respect.
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 provider had not deployed sufficient skilled, competent and experienced staff to meet the needs of the people living in the home. Staff employed within the home were not receiving regular support and supervision to assist them in performing their roles.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have effective systems in place to ensure compliance with the regulations. The provider was not keeping accurate, contemporaneous notes in respect of people living in the home.
Treatment of disease, disorder or injury	

The enforcement action we took:

We served a Warning Notice under s29 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 asking the provider to be compliant with the regulations by 1st March 2019.