Aps Care Ltd

Burlingham House

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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 6 and 7 June 2017 and was unannounced.

Burlingham House provides residential care for up to 49 older people, some of whom may be living with dementia. The home is a period building over two floors. A recently opened and purpose built extension provided ensuite facilities and a number of communal areas and outside spaces. At the time of our inspection there were 32 people living within the home.

There was no registered manager in post at the time of this inspection. However, an application had been received to register a manager and, at the time of this inspection, was being processed. This person had started in post in late February 2017, was available during the inspection and is referred to as the 'manager' throughout this report. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We completed a comprehensive inspection of this service in October 2015 where we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two breaches of legal requirements were found in regards to the need for consent and meeting nutritional needs. The provider sent us a plan to tell us about the actions they were going to take to meet the breaches of the regulations.

A further comprehensive inspection was carried out in November 2016 where we again found that the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two breaches of legal regulations were found which related to the safe care and treatment of those that used the service and governance. We asked the provider to send us a plan that set out the actions they planned to take in order to meet the regulations. This was not received by CQC.

At this inspection in June 2017, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to safe care and treatment, staffing and governance. Whilst some improvements had been made, the service continued to be in breach of the regulation relating to governance for a second consecutive inspection. The service also continued to be in breach of the regulation involving safe care and treatment.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The new manager had implemented an action plan when they first started in post in order to address those issues we had identified at the inspection in November 2016. However, although we saw processes had been introduced to assess, monitor and improve the service, these had not been fully effective or firmly

embedded. They did not demonstrate sustained improvement.

The risks to those that used the service had been identified but not fully assessed, reviewed or managed. Delays had occurred in recording measures to control these risks and keep people safe from the risk of harm. People had not received their medicines as the prescriber had intended.

Some people had to wait for assistance or had no way of alerting staff when they needed care or support. Staff were poorly deployed meaning areas of the home were left without staff cover for periods of time.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service had submitted some DoLS applications to the local authority. However, they could not demonstrate that they had adhered to the principles of the MCA prior to making these applications.

People had been included in the planning of their care and reviews of planned care were underway at the time of our inspection. Care plans were individual to each person but did not consistently contain enough information for staff to provide support or contained conflicting information. However, staff knew people and their needs well.

Processes were in place to aid safe recruitment and staff had received training and support. Staff underwent an induction when they first started in their role. Most staff told us they felt supported and that the management team were available should they need them. They had received training in safeguarding adults and understood their responsibilities sin relation to this.

People spoke of caring staff whose approach was respectful and kind. We saw that they respected people's dignity and privacy and were discreet when providing personal care. Staff supported people to make choices.

The service did not always provide consistent person centred care although people told us that, under the influence of the new manager, this was improving. Activities were provided by the service although not everyone we spoke with felt there were enough of them.

The chef understood people's nutritional needs and specialist diet requirements but not all people's needs were met in regards to this. People did, however, tell us that they enjoyed the food, received plenty of it and were given choice. The lunchtime experience for people varied across the home.

Complaints had been appropriately managed and people told us they had confidence in the manager in regards to raised concerns. They told us the manager was quick to rectify any issues and was proactive in communicating.

People told us that improvements were being made within the service however these had not been fully embedded nor sustained at the time of this inspection.

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 risks to those who used the service, and those in relation to the premises, had been identified but not consistently reviewed and fully mitigated.

There were not consistently enough staff available to promptly assist those that used the service.

People did not always receive their medicines as the prescriber intended.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service was not fully complaint with the Mental Capacity Act 2005 (MCA).

Some people's nutritional needs were not consistently met.

People benefitted from receiving care and support from staff that had been trained and felt supported.

Is the service caring?

Good

The service was caring.

Staff were caring, compassionate and kind. They respected those that used the service and took time to offer reassurance when people became upset.

Dignity and privacy was maintained and staff supported people with their choices.

People had been involved in the planning of their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The service had recognised a more person centred service was required and, although further improvements were still required, this was being addressed and implemented.

The level of stimulation and activities for people met most people's needs although some felt this could be improved.

The manager had a proactive approach to actioning any concerns people may have and those that had raised issues told us they were satisfied with how the manager had responded.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The system the provider had in place to assess, monitor and drive improvement had not been fully effective at quickly rectifying identified issues.

An action plan was in place to help drive improvement and associated processes that had been introduced were yet to be fully embedded.

People spoke with confidence in the manager's ability to make positive changes and told us improvements were happening.

Burlingham House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 June 2017 and was unannounced. Two inspectors and one pharmacist inspector carried out the first day of inspection. The second day of inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also liaised with the local authority safeguarding team and the local authority quality assurance team for their views on the service.

During our inspection we spoke with four people who used the service and six relatives. We also spoke with the provider's representative, the manager, the deputy manager, the family liaison manager, two senior care assistants, three care assistants, one chef and done kitchen assistant. We observed care and support being provided to the people who used the service on both days. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Shortly after our visit, the service provided us with further documentation as requested and within the agreed timescale.

We viewed the care records for nine people who used the service. We also case tracked the care and support three people received and viewed a number of medicine administration records and associated documents. We also looked at records in relation to the management of the home. These included risk assessments, minutes from meetings held, staff training records, quality monitoring information and maintenance records.

Requires Improvement

Is the service safe?

Our findings

At our inspection carried out in November 2016, we found that the service had failed to fully mitigate the risks to people's health and wellbeing. Furthermore, we found that there was a lack of systems in place to monitor and assess the risks to people and the environment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in November 2016, we asked the provider to submit an action plan detailing how the service would meet their legal requirements. This was not received by CQC. At this inspection, carried out on 6 and 7 June 2017, we found that the necessary improvements had not been made and that a number of concerns led us to conclude that the provider was still in breach of this regulation.

Whilst the risks to those that lived at the service had been identified, they had not been consistently or fully mitigated, assessed or managed.

One person required a specialist diet to mitigate the high risk of aspiration. Aspiration is when particles, such as food, are accidently inhaled into the lungs causing irritation, infection or damage. During our inspection, we saw that the recommendations made by a Speech and Language Therapist (SALT) in relation to reducing this risk, had not been consistently followed by the service. Full information on these recommendations were not in place in the person's care plan and did not fully guide staff on how to support the person with this aspect of their care. When we asked the staff member who was assisting this person to eat and drink how much thickener was required in their drinks to mitigate risk, they were not able to give us the correct amount as recommended by the SALT. This put the person at risk.

For two other people, the service had identified risks to their health and wellbeing on admission into the home. However, a lengthy delay had occurred in the service identifying these risks and recording the measures taken to reduce them. For one of these people, the delay was 53 days. For the second person, the assessment of risk and measures required to mitigate the risk, had only been recorded following an incident that had resulted in the person injuring themselves.

Risk assessments for people were not always in place and, where risks had been identified, assessed and recorded, did not show that the risks had been reviewed following the occurrence of an incident. Whilst incident forms had been completed, they did not consistently show what actions had been taken to mitigate future risk.

A member of the CQC medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.

We observed senior staff giving people their medicines and noted that they did so with care and by following safe procedures. Staff had received training in medicine management, however, the manager confirmed that not all staff had recently had their competence assessed.

We found that most medicines were stored securely for the protection of people who used the service and at correct temperatures. However, on one occasion during our inspection we did see prescribed drinks thickener accessible and unattended in an area where people were living with dementia. This posed a risk of accidental ingestion. We also noted that the cabinet used for the storage of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) was not appropriately secured.

Records did not always confirm people living at the service received their medicines as prescribed. We found gaps in the records where it could not be confirmed if the person received their oral medicines. In addition, there were gaps in records for medicines prescribed for external application. For some external medicines there were no body maps indicating the areas to which they should be applied. Records also showed that some medicines had not been given to people because they had not been obtained in time to ensure treatments were continuous. We found that for one person a medicine that had been discontinued when they were discharged back to the home from hospital. However, the medicine remained in the medicine trolley and three tablets had since been removed from the container. We could not be assured that this medicine had not continued to be administered to the person. For another person, their prescribed painkilling skin patch had been applied more than 24 hours later than when scheduled. Whilst there were audits in place to monitor medicine administration records, we found these were ineffective at highlighting and promptly resolving issues arising.

Some supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities. For people prescribed skin patches there were additional charts to record their application and removal with body maps indicating their rotational application to the body to ensure safety. However, there was insufficient care planned information on people's preferences about having their medicines given to them. When people were prescribed oral medicines on a when required basis, there was also insufficient written information to show staff how and when to give them to people consistently and appropriately. In addition, records of when these medicines were given to people were not always accurately completed.

These concerns constituted a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was not consistently enough staff adequately deployed to meet the needs of those living at Burlingham House in a prompt manner. One relative we spoke with told us that there 'never' seemed to be enough staff on shift. They went on to say, "Very often I can walk through the dining room and two lounges and not see anyone. I've sat for an hour without seeing staff." They went on to say that this happened on a regular basis and that they often had to go and find staff to assist a person who required the bathroom.

Out of the six non-management staff we spoke with, five told us there were not enough staff. One said, "I wish I could say there was enough staff but I can't." They went on to say that they ran short of staff at least once a week and that this impacted on the care people received. The staff member said, when the home was short staffed, people had to wait longer for assistance to use the toilet. A second staff member agreed that they ran short of staff each week. They told us this risked people becoming stressed as staff were not available to provide assistance when they needed it. This staff member also told us that, when short staffed, it was 'difficult' to ensure staff were always available to those people who chose to be in the various communal areas of the home. A third staff member spoke about the risk element of not having enough staff available in communal areas. They said they were concerned that staff may not always be available to reassure one person who was at risk of falls and who displayed signs of anxiety.

On the first day of our inspection we saw that people in one communal area of the home had no means of calling for assistance. We were alerted to this as we heard a person shouting for help. When we attended to the person we saw that there were no staff members in the vicinity and that the person had no call bell within reach. Others that were in the same communal area also had no call bells within reach. We brought this to the attention of the provider's representative who told us that a staff member should be available in communal areas at all times however, on this occasion, no staff member was available. By the end of the first day of inspection, the provider's representative had ensured call bells were within reach for two people residing in the communal area, however not all people had access to these.

During our inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During our 30 minute observations in one of the lounges of the home, we saw that two staff members briefly entered the room at different times. However, this was only for a very short period of time and, at all other times, no staff were observed to be in this communal area.

When we discussed the staffing levels with the manager they told us that they felt enough staff were on shift each day but that the issue was with staff understanding the need for adequate deployment throughout the home. They told us they would address this.

These concerns constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had processes in place to help protect people from the risk of abuse. Staff had received training in this and, through discussion, demonstrated their understanding and knowledge in this area. Following a recent safeguarding incident, we saw that the service had taken steps to mitigate future risk of this type of incident occurring again.

Accidents and incidents had been well recorded and correlated with care records. The manager logged each incident and had an overview in place which assisted in identifying any trends or patterns. However, although incident forms clearly showed what immediate action had been taken to ensure the person was protected from further harm, they did not record what actions were to be taken to mitigate risk in the future.

Processes were in place to help protect people from receiving care and support from staff not suitable to work at Burlingham House. Prior to starting in role, staff underwent a Disclosure and Barring Service check to help the service make safer recruitment decisions. In addition, photographic identification, address confirmation and references were also sought.

Requires Improvement

Is the service effective?

Our findings

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 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 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 were being met.

The service had made a number of DoLS applications for authorisation to deprive some people using the service of their liberty in order to deliver safe care. However, they could not demonstrate that they had acted in accordance with the principles of the MCA prior to making the applications. No assessments of capacity in relation to the specific decisions were in place and the service could not demonstrate that the person and relevant others had been consulted in relation to these applications or in making best interests decisions. When we brought this to the attention of the management team, they told us assessments of capacity had taken place but that the documents were no longer available.

When we discussed the MCA and its application with the deputy manager and manager, they did not demonstrate full knowledge in relation to this. When we asked them what should be considered in relation to the administration of medicines covertly (hidden in food and without a person's consent), they were not able to fully explain this. When we discussed the MCA with staff, all were able to explain how they supported people to make decisions. One staff member told us they had requested additional training in the MCA as they did not understand it.

The manager had recognised that improvements were required in their compliance with the MCA and taken steps to address this. However, whilst staff had received training in the MCA and had their knowledge regularly assessed, the application of the MCA had not been consistently applied and was therefore not fully protecting people.

The nutritional needs for some people were not always fully met. Whilst people we spoke with talked positively about the quality and quantity of food provided, some people did not always receive the care and support they needed. For example, one person's care plan recorded that, in order to maintain nutritional health, they required snacks to be available in their room. However, during our inspection this was not observed to be in place. For another person who was at risk of losing weight, regular assessments in relation to this had not taken place.

We observed lunch taking place, in two areas of the home, on one day of our inspection visit. We saw that

people had choice in what they had to eat and drink and that the food provided was plentiful, pleasing to the eye and colourful. The service had taken into account the fact people may change their mind at the point of food delivery and this was catered for. We saw that the menu choices on offer were on display in the home. Staff provided the support and encouragement to those they knew needed it. However, staff were not always present in one dining area of the home meaning immediate assistance, should it be needed by others, would not be available. We also saw that no condiments were available and accessible to people and that these had to be requested should they be required.

In one area of the home we saw that there was varying time delays in people, who were sitting at the same table, receiving their lunch. This did not contribute to a social and pleasant lunchtime experience for people. For example, we saw that one person was asleep at the table waiting for their lunch whilst their table companions were eating their meal. We observed that 15 minutes lapsed between people receiving their lunch on the same table.

We spoke with the chef and they demonstrated that they understood people's needs and the specialist diets required.

The relatives we spoke with told us that staff had the skills and abilities to provide the care and support people needed. One told us that staff, "Learnt quickly how to get the best out of [family member]." Another told us that staff had the skills to safely and appropriately support their family member to move with the use of mobility equipment.

Staff told us that they had received an induction and ongoing training and support. One staff member said, "It's interesting and I've learnt a lot." In regards to the training they had received in supporting those living with dementia, they said, "It taught me how to approach people, how to talk to people in low moods." Most staff told us they felt supported in their work and talked of a management team who were helpful, approachable and there if needed.

People had access to a variety of healthcare professionals and we saw that the service had made appropriate and prompt referrals as necessary. For example, people had been supported to access the falls team, dietician and GP.

The home had recently been extended and some people living with dementia lived within this new wing. We saw that it was spacious with access to outside areas and en suite facilities. However, consideration had not been given to recent guidance in regards to the environment for those living with dementia. For example, no contrasting colours were used to assist those with visual difficulties in identifying three dimensional objects. Bedroom doors were painted all the same colour and no distinguishing features were in place to assist people with orientation around the wing and back to their rooms. When we discussed this with the manager, they told us this had been recognised and plans were in place to address this.

Good

Is the service caring?

Our findings

At our last inspection in November 2016 we had concerns in relation to people's dignity and privacy and how staff approached those that used the service. At this inspection, carried out in June 2017, this had improved and a number of people put this down to the influence of the new manager.

One relative we spoke with told us that they had seen distinct improvements in the staff approach since the new manager had been in post. They said, "The staff are coming across as more caring." They continued, "I often see [manager] sitting with people and [manager] sets a good example." Another relative told us that the new manager had recruited, "Excellent staff" that, "Genuinely cared." A third relative explained, "I have never seen the staff be anything but nice." A fourth relative told us that staff were, "Willing and always pleasant."

Our observations confirmed this opinion and we saw staff interact in a respectful, warm and caring manner. For example, we saw one person become confused and upset. A staff member assisted this person quickly, offering reassurance, time and answers to their questions. The staff member sat down with the person and, through their body language, showed they were listening and interested in how the person was feeling. They gave the person the time they needed and answered their concerns which left the person feeling happier and reassured. Throughout our inspection we also saw that the manager, deputy manager and family liaison manager engaged with people who used the service and assisted people when required.

Staff demonstrated through discussion and observation that they knew the needs of people they supported. They were able to tell us about people, their personalities, likes and preferences. For example, one staff member explained, with a smile, that one person, "Liked to have fun." When describing the needs of another person, the staff member explained how they gave them a hug when they first woke in the morning as this was their preference. The staff member said, "I'm here to support people." Another staff member was able to reflect on a person's past and how this influenced them currently. A third staff member spoke of the pleasure they, and a person who used the service, got from interacting with each other. The staff member said, "Every day we smile."

People's dignity and privacy was maintained by staff that understood how important this was. One person we spoke with who used the service told us that staff always knocked before entering their room and we observed this during our inspection. We also saw a staff member compassionately assist one person to remove food debris from around their mouth. Another staff member was seen to discreetly inform another person that they had debris around their mouth so they could wipe this themselves. Personal care was delivered behind closed doors and we saw that assistance to use the bathroom was delivered with discretion. We saw from some of the care plans we viewed that dignity was considered when planning care as was independence. We saw staff offer people choice and respect their decision.

Those people that used the service and, where appropriate, their relatives, had been involved in the planning of the care and support they received. One relative told us that, when their family member first moved into the home, staff sat with them and talked through their preferences. Another relative told us how

the manager had taken time to get to know their family member when they first moved into Burlingham House and regularly liaised with them to continue to understand their needs. From the care plans we viewed, we could see that people who used the service, and their relatives, had contributed to the plan of care. During our inspection, we saw staff involve people in choices and decisions in regards to how they spent their day. One staff member told us how they involved the person they were supporting by, for example, getting a number of items out of their wardrobe to encourage them to choose what to wear.

The home had no set visiting times and people's friends and family were welcome to visit whenever they chose to. The relatives we spoke with told us that they were made to feel welcome whenever they visited. One relative told us they were always offered refreshments during their visit and often the manager would stop and speak with them. During our inspection we saw people welcome guests into their home.

Requires Improvement

Is the service responsive?

Our findings

From the feedback we received, we concluded that improvements were being made in relation to the person centred nature of the care and support delivered. The manager had identified issues in regards to this and was in the process of addressing them although further improvements were still required at the time of our inspection.

Those relatives, whose family members had lived at the home for some time, spoke of a service that was going through positive change in how they delivered care. They acknowledged that the service had not met expectations but that, with the appointment of the new manager, things were improving. One relative told us, "There's been a difference since [manager] started." This relative spoke of staff that were task orientated when delivering support to people but acknowledged that this was changing and that staff were becoming more accountable which had helped in delivering a more person centred service. Another relative told us that the manager being on the floor and setting a good example to other staff had helped to improve this aspect of the service.

Another relative described a staff team that knew their family member well and supported them in a way that met their individual needs. They said, "They all do it [deliver individual care] so well." They gave us an example which demonstrated that staff understood their family member's complex and individual needs and that they worked to achieve the best outcomes for them. However, a fourth relative told us that, whilst some staff were working in a more person centred manner, others were not. This relative told us, however, that they had seen the manager encouraging this more person centred approach with staff. During our inspection we observed some staff interacting with people in a person centred manner. However, on other occasions, we saw that staff missed opportunities to engage with people.

We looked at a number of care plans to see whether people's individual needs had been identified and care planned specifically around them and their needs. The care plans we viewed showed variable quality and quantity but we could see that improvements were in the process of being made.

Care plans were stored securely but all staff had access to them. We saw that people's needs had been assessed prior to moving into the home and again on admission. We saw that care plans accurately reflected people's individual needs but sometimes lacked detail for staff to provide full support to people. For example, for one person who required thickener in their drinks, no prescribed amount was recorded just that it was needed. We also identified that additional documentation contained within people's care plans did not always correlate giving differing guidance to staff. Further, we saw some examples where actions recorded as required within care plans had not been completed.

Whilst we acknowledged that staff knew the support people required, not having consistently clear care plans put people at risk of receiving inappropriate care and support, particularly as the service had recently employed a number of new staff.

We had a mixed response from people in regards to the activities and level of stimulation received at

Burlingham House. One person who used the service told us, "There's not much going on." One relative told us there was not enough stimulation for their family member. They acknowledged that the staff member responsible for arranging activities was capable in their role but wasn't at the service enough. However, others disagreed. One relative spoke of outings and activities that they told us was sufficient to meet their family member's needs. A third relative told us that they had noticed that their family member was more alert since moving into Burlingham House. They told us they thought this was due to the level of stimulation they were now receiving.

When we discussed the level of interaction and stimulation with the manager they told us they were in the process of implementing ideas to make activity and stimulation more regular and person centred for people. A relative we spoke with confirmed this was taking place and was positive about its introduction. The manager told us they had implemented a key worker system that, as part of their responsibilities, encouraged staff to spend time with people. They were also in the process of liaising with family members to obtain objects of interest or meaning to those that used the service in order to spark conversations and memories.

The service had a policy in place should people have cause to complain. However, those we spoke with told us that the manager was responsive to concerns and quick to rectify issues to their satisfaction. One relative told us they found the manager open, keen to improve the service and quick to respond to any worries they may have. The relative told us, "We've built a trusting relationship." Another relative told us that the manager actioned issues, "Straight away." A third relative agreed that the manager had a proactive response to concerns.

The service had received some written complaints and from the records we viewed we saw that these had been responded to appropriately and promptly. We saw that the manager had also actioned complaints which the service had received prior to the manager starting in post.

Requires Improvement

Is the service well-led?

Our findings

The service has had unstable management since 2016 and this had affected the quality of the service. At the time of this inspection, carried out in June 2017, a new manager had started in post in late February 2017 and had applied to register with CQC. They had immediately put an action plan in place to address the issues identified at the inspection in November 2016 however these actions had not fully embedded at the time of this inspection. Throughout these changes, the provider had failed to maintain the quality of the service.

At our inspection carried out in November 2016, we found that the service had failed to implement systems to effectively assess, monitor and improve the service and mitigate risk. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in November 2016, we asked the provider to submit an action plan detailing how the service would meet their legal requirements. This was not received by CQC. At this inspection, carried out on 6 and 7 June 2017, we found that the necessary improvements had not been made and that the provider was still in breach of this regulation.

We had identified concerns about how the service managed medicines at our inspection in November 2016 and although audits were in place to assess this aspect of the service, concerns were still present at this inspection. Further, concerns regarding the management of risk were also still present after this had been highlighted to the provider at our inspection in November 2016. Whilst we saw that the manager's action plan had this as an area for improvement, and that actions had been taken in response, it had not been effective in driving sustained improvements.

The service used a dependency tool to help identify the number of staff required to meet people's needs. However, they had not identified that people's needs were not being met in a prompt manner, particularly when in communal areas. No other way of assessment was in place to ensure staffing was consistently deployed as required. Whilst we saw that staff numbers were regularly in place as informed by the manager, people were still waiting for assistance or in a position where they had no way to gain the attention of a staff member.

Actions had been taken to improve the staff's knowledge in relation to the MCA however their knowledge in its application meant the service was not fully compliant with it. The management team told us that assessments of people's capacity to make decisions had taken place but were no longer available. Furthermore, no assessments had been completed a number of months after DoLS applications had been submitted. Again, this had been identified by the service but actions had not been taken to make those improvements at the time of the inspection.

A nutritional audit had been introduced by the new manager however this had not been effective at identifying, and rectifying, the issues found at this inspection. For example, one person had been identified as at risk of malnutrition. However, the audit had failed to identify that their nutritional risk assessment had

not been completed as specified in the care plan and that there were gaps in their food and fluid intake chart.

Further, the provider's auditing system had not been effective at identifying the failure to maintain accurate, complete and contemporaneous records in respect of each service user.

Due to the lack of sustained and effective auditing systems within the home, and the provider's failure to maintain quality, we could not be sure that risks to people could be effectively identified and managed.

These concerns constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had a service improvement plan in place which had identified most of the issues highlighted in this report. Steps were being taken to address these but processes were still being embedded and, at the time of our inspection, did not demonstrate that they had been fully effective or improvements consistently sustained. However, we saw that the manager was working with the homes' management team, and staff, to make these systems work in order to improve, and sustain, service quality.

Through discussion, the management team did not fully demonstrate that they had the correct level of knowledge in regards to risk management and the MCA. Shortly after our inspection, the provider made us aware that they had employed the assistance of a consultancy firm to help rectify concerns around risk management, care planning and the application of the MCA.

People we spoke with told us that the service had begun to improve since the new manager had started in post. They told us the manager was visible, approachable and proactive. One relative told us they had confidence in the manager and that they were good at communication. Another told us, "There have been improvements since [manager] took over." They said, "There's been an overall increase in standards." A third relative explained the service as, "An improving picture."

Most of the staff we spoke with agreed that the new manager had brought positive change to the service. One said the service was, "Work in progress" but added, "The manager has the right vision, is very active on the floor and is showing staff the right way." Another said, "[Manager] gets stuff done. They're brilliant and it's 100% improved." Another told us, "[Manager] is the best manager I've seen. They've made lots of improvements."

Staff told us the atmosphere of the home had improved and that they were happier in their roles. They told us morale was good and that the staff were supportive. Some of the relatives also commented on the improved culture of the home. One described it as, "Happy" while another said, "The atmosphere was different to other care homes we looked at." They went on to say that staff were welcoming and the manager, "Open and available."

The manager told us they had identified that staff needed to take more responsibility and accountability for their work and had introduced a number of measures to encourage this which we saw in action. These included a key working system, accountability forms and records that staff had to sign to say what assistance they had provided to people. The manager explained that these processes would help with performance management and auditing.

We saw that feedback had been sought on the service from staff, those that used the service and their relatives, in a number of ways. Regular meetings had taken place, care plan reviews begun and

questionnaires recently sent out. The manager had also introduced 'five a day', a system where staff asked five people who used the service, five questions each day in order to gain their thoughts on the service. We saw that this had taken place and was being reviewed by the manager.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not protect people against the risks by way of doing all that is practicable to mitigate any such risks. The service did not ensure that there were sufficient quantities of medicines to ensure the safety of service users and meet their needs. The service did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; Regulation 12 (1) (2)(a)(b)(f) and (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed. Regulation 18 (1)

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 The service did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2)(a)(b)(c) and (f)

The enforcement action we took:

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