

Lifestyle Care Management Ltd

# Alexander Court Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Inadequate</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Alexander Court Care Centre provides 24 hour care, including personal care for up to 82 older people. This includes nursing care for people living with dementia and those with physical needs. The service is a large purpose built property. The accommodation is arranged across five units over three levels. There are three units for people living with dementia and one unit for young people with physical disabilities, all providing nursing care. There is also a residential unit for older people. There were 70 people living at the service at the time of our inspection.

The service had a registered manager. 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 the last inspection on 28, 29 May and 5 June 2015 we found four breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People were not safe at the service. There were poor arrangements for infection control and there were concerns about the safety and suitability of the premises. There were not enough staff available to meet people's needs and keep them safe. Staff did not always receive up to date training. People using the service told us they did not always feel cared for and care plans did not always include people preferences. There was poor record keeping and quality monitoring tools used by the service did not identify issues of safety and quality.

We inspected Alexander Court Care Centre on 10 and 11 March 2016. This was an unannounced inspection. At this inspection we found the service required further improvements regarding infection control, staffing levels, medicines management, access to nutritious food and drink and quality monitoring of the service.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

People and their relatives told us they felt safe using the service. Staff knew how to report safeguarding concerns. Risk assessments were completed and management plans put in place to enable people to receive safe care and support. There were effective and up to date systems in place to maintain the safety of the premises and equipment. We found recruitment checks were in place to ensure new staff were suitable to work at the service.

Appropriate applications for Deprivation of Liberty Safeguards had been made and authorised. Staff received appraisals and supervisions. People using the service had access to healthcare professionals as required to meet their needs.

Staff knew people they were supporting including their preferences to ensure personalised care was

delivered. People using the service and their relatives told us the service was caring and we observed staff supporting people in a caring and respectful manner. Staff respected people's privacy and dignity and encouraged independence. People and their relatives knew how to make a complaint. Staff, people and their relatives told us the registered manager was supportive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe. The kitchen was not clean. People and their relatives felt there were not enough staff available to meet their needs. Medicines were not always administered safely.

People and their relatives told us they felt safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

People had risk assessments in place to ensure risks were minimised and managed.

The provider carried out regular equipment and building checks.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective. People did not have access to nutritious food and drinks.

Some staff had a good understanding of the Mental Capacity Act (2005).

People's health and support needs were assessed and reflected in care records.

People were supported to maintain good health and to access health care services.

Staff received training, appraisals and group supervision to support them in their role.

### Is the service caring?

**Good** ●

The service was caring. People told us the service was caring and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service were involved in planning and making

decisions about the care and support provided at the service.

The service enabled people to maintain links with their cultural and religious practices.

### Is the service responsive?

**Good** ●

The service was responsive.

Peoples care plans were regularly reviewed.

People were able to take part in a programme of activities in accordance with their needs and preferences.

There was a complaints process and people using the service and their relatives said they knew how to complain.

### Is the service well-led?

**Requires Improvement** ●

The service was not well led.

Effective systems were not in place to monitor the quality of the service.

The service did not act on the views of people who used the service.

Staff told us they found the registered manager to be approachable.

# Alexander Court Care Centre

## **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.

On both days of the inspection, the inspection team consisted of two inspectors and two specialist advisors. A specialist advisor is person who has professional experience in caring for people who use this type of service. On the second day the inspection team was accompanied by a pharmacist inspector. Before the inspection we looked at the concerns raised and information we already held about this service. We had received information of concern regarding staffing levels and nutrition provided for people using the service. We looked at details of its registration, previous inspections reports and information the provider had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with 19 people and two relatives of people who used the service. We spoke with 22 members of staff. This included the registered manager and deputy manager for the service, a senior manager, domestic assistant, the chef, assistant chef, kitchen assistant, activity co-ordinator, maintenance person, seven nurses and six care assistants.

We examined various documents. This included 12 care records relating to people who used the service, 36 medicines records, six staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures. 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 to us.

# Is the service safe?

## Our findings

At our last inspection of the service in May 2015 we found significant concerns. This was because infection control practice was poor, there were concerns about the safety and suitability of the premises and there were not enough staff available to meet the needs of people using the service.

At this inspection we found that the service had addressed some of these issues. However, we found the kitchen at the service was not kept clean. We saw rubbish accumulated from sweeping the floor placed in a corner of the kitchen instead of in a dustbin. The surfaces and cooker had dried on congealed food and fat deposits dried on to the surfaces of the cooker. The food preparation areas within the kitchen were untidy and cluttered. The store room attached to the kitchen was untidy with containers of opened packets of food. We observed that some of these containers were damaged. We spoke with the chef and the registered manager about the cleanliness of the kitchen. On the second day of the inspection we noted that some areas of the kitchen had been cleaned but there was still rubbish placed on the floor rather than in the dustbin. This meant people using the service were at risk of eating meals that were not prepared in a clean environment. We spoke with the registered manager about this and noted that improvements had been made. These findings were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always administered safely. Some medicines taken as needed or as required are known as 'PRN' medicines. Some people were prescribed PRN medicines for pain relief. However there was no guidance for staff to follow when administering these medicines. There were several entries on medicine administration records (MAR) charts stating that people had refused pain killers when offered. However we did not see any evidence that staff carried out regular pain assessment for people prescribed these medicines. There were no assessment tools or documentation to inform staff when people should be offered these medicines or descriptions of communication or behaviour that indicated pain in people who could not communicate easily. Staff told us that most people are registered with the same GP who visits the home weekly as well as when needed. Staff told us the GP had recently carried out medicines reviews for these people. However we did not see documented evidence of these reviews.

We also noted when reviewing MAR charts that two people had not taken their medicines as prescribed within the last month. Staff told us that they had difficulty contacting one person's GP therefore necessary assessments were not carried out and another person's medicine was out of stock for 7 days. This was resolved on the day of inspection. These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely and securely including controlled drugs. Medicines received from the pharmacy were recorded in the medicine administration records (MAR) charts and the quantity could be reconciled with the administration records which were clear and accurately documented. There were also records of daily room and fridge temperature monitoring.

There was evidence of best interest meetings for people whose medicines were administered covertly; and staff told us how they rotated the sites used for administering medicines supplied in patch form. Observations showed that staff administered the lunch time medicines appropriately. Records showed staff who administered medicines were trained. Records showed where people received medicines that needed regular blood monitoring and dose changes appropriate checks and adjustments were made.

Staff we spoke with felt there were enough staff on duty, one staff member told us the service was sometimes understaffed but they felt the management team tried to keep units covered by moving staff around. However, people using the service and their relatives did not think there were always enough staff available to meet their needs. One person said, "They are very good, they come when they can but sometimes you have to wait a long time for the toilet and it can be too late by the time they get here." Another person told us, "Sometimes you just want them to be able to stay twenty seconds longer to talk to you." Another person told us, "It would be nice to have a bath everyday but they can't manage that, there's too many of us to look after." One relative said, "There's never enough staff at the weekends."

Observations showed staff were available on each unit and responded to call bells promptly. However, we noted there was little time for care assistants to interact with people using the service beyond interactions relating to the immediate task at hand. We looked at staffing rotas and noted that on most shifts there were two or three care workers based on the units and there was extensive use of bank staff. From the rota it was unclear where the bank staff were allocated. This meant there was a risk that people using the service may not always have adequate staff available to meet their needs as deployment of staff was not clear. One staff member told us, "We get moved around quite a lot to cover."

The above findings were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe at the service. The service had a safeguarding policy and procedure in place to guide practice. Safeguarding training for staff was mandatory. Staff told us and records confirmed they completed e-learning on safeguarding. The provider followed up the e-learning with observation sessions carried out by line managers to ensure staff put learning in practice. Staff were knowledgeable about the process for reporting abuse and knew who to notify. The service had a whistleblowing policy and procedure. Staff we spoke with knew how and where to raise concerns about unsafe practice at the service.

Risk assessments were carried out for people using the service. These were documented in people's care files and identified the risk and actions needed to minimise and manage the risk. These assessments included risks associated with specific medical conditions, pressure areas, mobility and falls, bed safety rails, behaviour that challenges the service and nutrition. Risk assessments were reviewed six monthly or sooner if a new risk was identified. For example, we saw that one person who had a high risk of pressure ulcers had a management plan in place and the risk assessment relating to this was reviewed monthly. Staff were knowledgeable about people's individual risk management plans and knew actions needed to minimise the risk. However, some people's risk assessments did not include guidelines for their medical condition or for managing specific behaviour. We spoke with the registered manager about this and saw that these were updated.

During this inspection we found building safety checks had been carried out and any issues identified were addressed. This included audits of the environmental health and safety. For example records showed boiler, water hygiene and electrical checks were carried out annually. Other checks on equipment such as hoists, water temperature and fire alarms were carried out monthly or weekly as required. All communal areas of



the service were checked daily by the maintenance person and registered manager and any repairs logged and completed.

There was a lack of storage throughout the premises. Hoists, wheelchairs and walking aids were stored inappropriately in bathrooms and in the garden. The garden shed containing gardening equipment and chemicals was left unlocked. This meant people may be at risk of injury from falling equipment or chemicals. We spoke with the registered manager about this and action was taken to secure the door of the shed and to have the equipment removed from the garden.

Accidents & incidents were managed by the service. We saw records of incidents that had taken place involving people who use the service and noted recommendations had been made and recorded in the accident file to prevent reoccurrence. Serious incidents were reported to the local authority safeguarding team and the Care Quality Commission as appropriate. Staff we spoke with knew the procedure for reporting accidents and incidents.

The provider had a staff recruitment procedure in place. Staff were employed subject to various checks including references, proof of identification and criminal record checks. Records showed that appropriate checks had been completed on staff to ensure they were suitable to work in a care environment. The recruitment practice in the service was robust.

## Is the service effective?

### Our findings

The service was not always effective. People we spoke with told us they were not happy with the quality and variety of food at the service. One person said, "We have very limited choice with the food." Another person said, "I had to tell the chef how to prepare vegetarian food; I don't want pasta all the time." Another person we spoke with told us, "There's little variation with the food. I'm on a pureed diet so it tends to be the same thing over and over again." When asked what they thought of the food at the service one person said, "The meat is always tough. Food's not nice."

We observed lunch time on both days of the inspection and breakfast on the second day. The menu plan was a four week rolling menu but this varied depending on the different floors of the service. On the first day of our inspection lunch was roast lamb or egg mayonnaise salad. However, the menu on display in the hallway on the ground floor informed people that they had a choice of breaded plaice and chips or ham salad. The lunch menu on display on the notice board on one unit on the second day of our inspection informed people that lunch was, breaded fish, chicken casserole, ham salad, mash and mixed veg and bread and butter pudding with custard.

However, the lunch choice had changed and was a choice of breaded fish, chips, scampi, mash, peas and lemon meringue pudding & cream. We asked about the changes to the menu as people did not receive their choices. The chef explained the menu was changed at the last minute as several ingredients were not available due to the food supplies arriving late.

We spoke with kitchen staff about involving people using the service in menu planning. They told us they attended residents meetings and spoke to people individually about meal preferences and said they were "Trying out new recipes." People we spoke with told us there were not many opportunities to discuss meals. We asked people about the variety of food. One person told us, "One day the cook asked me and said that I could choose anything I wanted so I asked for [seafood] but I never got it. I don't know why I was asked if I can't get what I want."

The most recent meeting took place in October 2015 and was attended by 13 people. Records showed the meeting covered food and mealtime feedback. People highlighted that meal choices were not always offered the day before, staff did not always explain why meals of choice were not available and there was not much fruit in the lounges. People gave suggestions of what they would like to see on the menu. There was no action plan to make changes following the meeting. This meant although the provider sought people's views they did not act on it and people were not fully involved in decisions about their meals.

We were concerned that people using the service did not always receive appropriate meals to manage medical conditions. During our inspection we noted that two people who required a special diet to manage diabetes were not offered any alternatives from the main menu and were served with a sugary dessert. The care workers we spoke with told us they were unaware that both people were diabetic. There was no alternative dessert available. The chef told us they did not know individual people at the service required a diabetic diet. This meant people may be at risk of receiving inappropriate meals which could have an impact

on their health and well-being.

In the kitchen there was a lack of fresh ingredients. Meals were made from frozen or convenience foods. There were large quantities of powered soup and desert mixes, liquid egg and frozen goods such as, vegetables, chips, cakes, Yorkshire puddings, bread rolls and breaded fish. The only fresh vegetables were five peppers and one cucumber and potatoes. The chef told us liquid egg was used for scrambled eggs on a daily basis and powered soups and dessert mixes were used as it was easier. The service did not serve fish except as breaded fish. The chef informed us the budget for meals for each person using the service was kept to a maximum of £2.10 daily. One person told us, "I'm very often hungry. I tell them and they say you have to wait it's not time for a meal yet. I can't understand when I ask for seconds even porridge it's always finished there's never seconds."

The registered manager told us the kitchen staff should have been aware of dietary needs, they also said there was no maximum budget for meals and kitchen staff could order whatever was needed to prepare meals. We asked about management meetings with the kitchen staff to discuss nutrition for people living at service. The registered manager told us regular formalised meetings took place to discuss the menu and individual dietary requirements of people. We did not see minutes of these meetings. This meant the provider did not adequately monitor, identify and manage people's nutritional needs.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff working together to ensure meals were served promptly and at the correct temperature. People were not rushed and were not served their deserts until they had finished their main meal. Staff were aware of people's individual preferences. For example, staff told us one person was only given very small portions of food as a full plate of food put them off eating. People were encouraged to sit at the dining table and those that could not or chose not to, had their meals in the lounge or their bedroom. Some people were given clothing protectors during meal time. These were put on and removed as and when meals were served or finished.

People had access to sufficient fluids throughout the day. One person told us, "When I'm thirsty they will get me a cup of tea, you can have one whenever you want." We observed staff offering hot drinks (tea and coffee) at set times throughout the day and refilling cold drinks at other times. Staff were observed giving encouragement and reminders to people to have drinks.

People's care records included care plans relating to nutrition. Fluid and food charts were completed for people using the service and their weight was monitored monthly or more often if necessary. Records showed referrals were made to the dietician if required. We found that for one person who had lost weight over a period of time had not had review of the care plan relating to nutrition. We raised this with the nursing staff. Following the inspection the provider had carried out a reviewed and referral to the GP.

At our last inspection of the service in May 2015 we found that some mandatory staff training had lapsed for between six months and one year and we did not see dates when this training would be carried out. At this inspection people using the service and their relatives told us they felt staff were knowledgeable and knew how to carry out their role. The service had a program of training which was divided between mandatory training and essential training for staff who required it for their role.

Mandatory training included moving and positioning, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, infection control, food safety, health and safety and dementia. Essential training included

medicines and first aid. We found that staff were up to date with required training and there was a system in place to monitor when staff were due to refresh their training. New staff had been provided with an induction program so they knew what was expected of them and had the necessary skills to carry out their role.

Staff had supervision meetings with their line manager every two to three months. Clinical staff told us they received supervision from the deputy manager. Staff we spoke with told us they found it useful to meet with their manager and to talk about their personal development needs and how they were progressing in their role. Staff told us and records confirmed annual appraisals had been completed for staff working at the service.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and deputy were knowledgeable about the MCA and how to obtain consent before giving care. Nursing and care staff were able to tell us about MCA and DoLS and we saw records of training they had attended.

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. At the time of inspection the majority of people who used the service had authorised DoLS in place because they needed a level of supervision that may amount to deprivation of liberty. The home had completed all appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. The provider had sent in notifications to the CQC about the decisions of applications submitted for Deprivation of Liberty Safeguards. We looked at records relating to best interest decisions in the care records of people using the service. The decisions were well recorded and a contribution from and signature of significant others such as their relative.

Staff were knowledgeable about how to obtain consent. They told us they would ask permission and explain what they were about to do before carrying out care and we observed staff asking people before they carried out any aspect of care. People's care records showed they had signed consent to care where able to do so. We saw staff knock on bedroom doors and wait for a response before entering. During personal care being undertaken in people's bedrooms a dignity sign was hung on the external door handle to inform people of this so other staff did not enter.

# Is the service caring?

## Our findings

At our last inspection of the service in May 2015 we found people using the service did not always feel cared for. At this inspection we found this had improved.

People and their relatives told us they thought the service was caring. One person said, "They are very gentle with me." One relative told us, "We are very happy with the home." Another relative said, "Mum is happy here, she's looked after really well, the staff keep us updated regularly."

People using the service had mixed views about the staff approach. Some people felt staff attitude was not always pleasant. One person said, "Staff attitude is not always good, they say yeah, yeah and then carry on, it's gone downhill, got worse over the past few months." Another person said, "Some of them just don't listen." Other people felt the staff attitude was caring. One person told us, "They are very nice." Another person said, "They always talk nicely to me, ask me what I want."

Observations showed staff interacting with people in a kind, respectful and personalised way. One staff member was observed speaking calmly with one person who was shouting and throwing objects in their bedroom. The person soon became calm. Another staff member was observed comforting someone who had become distressed because they wanted to go for a walk. The staff member held their hand and helped them to put their jacket on before accompanying them into the garden.

Staff told us how they promoted people's dignity, choice, privacy and independence. They said they ensured doors were closed when assisting people with personal care. We observed staff discretely speaking with people who required personal care during the day and supporting them back to their rooms where personal care could be carried out.

Each person had a named nurse who was responsible for overseeing the care the person receives and liaising with other professionals involved in a person's life. Staff were able to describe how they developed relationships with people they cared for. This included speaking with the person and their family and gathering information about their life history, likes and dislikes. People's preferences were recorded in their care files and both nursing and care staff were knowledgeable about people's preferences.

Staff understood and facilitated people's wishes regarding preferences that contributed to their wellbeing. For example, people's rooms were personalised and people were encouraged to do the things they enjoyed. One person told us, "I'm happy with the home, it's really important to me that I can see the garden from my bedroom" Another person said, "We sit here for hours watching the birds and squirrels in the garden."

Observations showed staff speaking with people in a way that promoted independence. One person told us, "I can still do things for myself like getting dressed and they don't interfere." Staff we spoke with told us they tried wherever possible to support people to do as much for themselves as possible to remain independent. People and their relatives were involved in decisions about their care where possible. One relative told us, "They always tell us about changes and what treatments need to happen."

People's needs relating to equality and diversity were recorded and acted upon. This included providing cultural and religious activities and access to their specific communities. For example, representatives from two religions visited the home to support people in their spiritual activities during our inspection. People were supported with religious practices in their bedrooms in line with their religious preferences.

There were plans in people's care files regarding their wishes for end of life care. Where people were unable to make decisions regarding this, their relatives were fully involved. There were clear plans detailing the support staff needed to offer as a person's health deteriorated. The service worked closely with the end of life facilitators and made referrals promptly.

## Is the service responsive?

### Our findings

At our last inspection of the service in May 2015 we found people's care plans were not personalised and did not include their preferences. At this inspection we found this had improved.

All care records reviewed had details of an initial assessment carried out when people came to live at Alexander Court Care Centre and person centred care plans for each person. Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans and risk assessment to ensure appropriate care was given to meet their needs. Care plans were personalised and covered areas including personal details, personal care and physical well-being, diet, weight, including dietary preferences, sight, hearing and communication, oral health, foot care, mobility and dexterity, history of falls, continence, medicines, mental health and cognition, social interests, hobbies, religious and cultural needs, personal safety and risk, carer and family involvement, other social contacts or relationships and daily communication. However, we did not see plans relating to accidents and behaviour management in some people's care files.

Care plans contained details of people's likes, dislikes and preferences including how often and when they wanted support with sleeping and morning routines. In one person's sleep care plan we saw the person liked windows closed at night, curtains closed and lights off and did not like to be covered with a blanket when sleeping. Records showed care plans were reviewed each month by senior staff and updated as necessary.

People had access to health care services. People told us they were able to see a healthcare professional if they needed to. One relative told us people were able to access health care services outside the home. We saw records of visits to the service from various health care professionals. There were records of visits from the chiropodist, district nurse, optician, psychiatrist and dietician. People's care records contained information relating to various appointment letters following up from referrals.

People said there were enough activities to do at the service. One person said, "There's lots of activities going on, the hairdresser comes once a week, and the nail lady every month, there's always something going on." The service had two activity co-ordinators who provided support with activities during week days. This included organised one to one and group activities, outings, social events and facilitating residents meetings. There was a program of activities which were well attended. During the inspection 21 people took part in an afternoon bingo session on the ground floor and a game of hoopla was facilitated in the upstairs lounge. The seating in the lounge areas had been zoned into smaller groups of three or four rather than set out against the walls and around the room enabling people to choose where to sit and who to sit with and encourage interaction.

The service had a resident house cat. The cat remained on the ground floor of the service and some people were involved in caring for and feeding the cat. One person said, "He's lovely, comes in to see me."

On the second day activity co-ordinators had arranged for people to watch a film in the lounge with snacks

available. People who needed to move around were seated in the back row and were able to move about freely during the film. This meant they could still take part in the activity without interrupting other people.

One person using the service told us they had started a befriending group and visited the different units to encourage people to become involved in activities. They said they were involved by helping the registered manager to shop for and plan events and discussed the various ideas they had and things they would like to do. The registered manager told us about the befriending group and new equipment such as games ordered for activities at the service.

The service had a complaints policy and procedure which was displayed in the service. The registered manager and staff were able to explain how they would deal with a complaint. People and their relatives knew how to complain if they needed to. One relative told us they had made a formal complaint regarding two issues and this had been addressed and resolved to their satisfaction.



# Is the service well-led?

## Our findings

At our last inspection of the service in May 2015 we had concerns about poor record keeping and monitoring of quality within the service. The provider had submitted an action plan following our last inspection however, we found further improvements are required.

At this inspection the service was not well led. Peoples care records were not always fully completed or up to date. For example, behaviour monitoring interim actions were not evident in care plans and there was poor record keeping in people's care files relating to accidents. Staff did not use the correct language in care files when referencing health concerns to ensure care was fully documented. This meant information was not always clear. This was not identified during audits carried out by the management team.

We observed and records showed the service was not always proactive in ensuring people did not experience delays in receiving treatment from health care professionals. During our visit one person who was newly admitted to the service with complex health needs required input from a health care professional and experienced delays in receiving this. We were concerned that the management team had not managed the delay. Although aware that this was an issue no actions had been taken or plan put in place to resolve this. We spoke with the registered manager and deputy manager about this as we felt the person needed treatment. They told us this was due to the way referrals were made. They responded to our concern and contacted the relevant health care professional. This meant people may be at risk of not receiving appropriate care when they needed it.

Meetings for people using the service and their relatives took place but feedback was not acted on to improve the quality of the service or to address concerns. One person told us, "We have monthly residents meetings but they don't listen, nothing changes." Another person said, "I get fed up of trying to make it good. You can tell them but you don't see any changes." Staff told us residents meetings took place every four months and were facilitated by the activities co-ordinators. The available minutes were dated 21 April 2015 and 9 October 2015. The registered manager confirmed these had been the only meetings held. Records showed during the meetings people highlighted their concerns about maintenance within the service, uncomfortable beds, window cleaning and lack of hearing aid batteries, laundry and domestic issues such as missing clothing. No action plan was in place for feedback from residents meetings. This meant the service was not acting on feedback received to improve the quality of the service.

Staff told us relatives meetings took place every four months and were facilitated by the registered manager. The minutes of meetings available during the inspection were dated 28 October 2015. The registered manager confirmed this had been the only meeting held.

Staff told us they enjoyed working at the service and found the management team approachable and supportive. The registered manager told us staff on the units worked well together. Staff worked as a team during the inspection. For example, we saw a nurse and care assistant discussing the approach they would use for carrying out personal care for one person with complex health needs. We observed them preparing equipment needed and agreeing tasks they would each carry out to make this less distressing for the

person. The management team said they felt well supported by senior managers and were able to contact them easily for guidance or support. One staff member said, "I'm well supported in my job." Another staff member said, "The support is good. I can talk to the deputy manager or any of the senior staff."

Quality monitoring systems were in place, however they had not identified issues we identified during our inspection such as incomplete records, concerns about nutrition and medicines management. This meant people were not protected against the risk of inappropriate or unsafe care and treatment by regular monitoring of the quality of the service provided. The registered manager and deputy manager were responsible for completing audits. Records showed weekly and monthly audits were completed which included care planning, risk assessment, nutritional needs, infection control, falls monitoring and medicines management. The service had an action plan but had not fully completed this following our last inspection.

The above findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the registered manager was open about areas of improvement. All staff we spoke with were helpful, co-operative and open.

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  Service users were not receiving suitable and nutritious food and hydration which is adequate to sustain life and good health. 14(4)(a)

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not assess the risk of, and prevent, detect and control the spread of infections. 12(2)(h) Medicines were not managed in line with policies and procedures of current legislation and guidance to address supply and ordering administration and recording. 12(2)(g).

### The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider did not ensure the premises were kept clean. The registered person did not ensure such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.

### The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not act on feedback on the service provided in the carrying out of the regulated activity, for the purposes of continually evaluating and improving such services.17(2)(e) The provider did not maintain complete and contemporaneous records in respect of each service user. 17(2)(c) The provider did not assess monitor and mitigate the risks relating to health, safety and welfare of service users. 17(2)(b)

**The enforcement action we took:**

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider did not have sufficient numbers suitably qualified, competent, skilled and experienced staff to make sure that they can meet peoples care and treatment needs. 18(1)

**The enforcement action we took:**

We imposed a condition on the providers registration.