

Eventide Residential Home Limited

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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

This unannounced comprehensive inspection took place on 5 July 2017. The last inspection took place on 12 September 2016, when we identified breaches of the legal requirements. The breaches were in relation to a lack of risk assessments, the management of medicines, the safety of the environment, gaps in training particularly in relation to the Mental Capacity Act (2005) and a failure to follow legislation when depriving people of their liberty in order to keep them safe. Following the inspection we received an action plan outlining the steps the provider would take to meet the relevant legal requirements.

Eventide Residential Home is a care home offering care and support for up to 18 older people; at the time of the inspection 18 people were living at the service. Some of these people were living with dementia. Eventide Residential Home Limited is a charitable organisation which is overseen by a committee who give their time voluntarily. The accommodation was in an older style property close to the centre of Bude and local beaches. It was based in a residential street overlooking the golf course. The accommodation was spread over three floors and there was a lift available. There was a lounge and a conservatory where people could choose to spend their time. At the front of the building there was seating on a pleasant patio which was protected from the sun by an electric awning.

There was a registered manager in post. 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. On the day of the inspection neither the registered manager or deputy manager were on duty. The deputy manager came into the service to support the inspection. Following the inspection the registered manager contacted us to discuss the inspection findings.

We identified some areas of concern associated with the premises. Water from hot taps in hand basins became extremely hot very quickly which meant there was a risk from scalding. Fire door alarms were not activated and potentially hazardous cleaning products were not stored safely.

Medicines were stored appropriately and people received their medicines as prescribed. Some handwritten entries on Medicine Administration Records (MARs) had not been checked or counter signed. Arrangements in place for safeguarding people who chose to self-administer medicines were not robust.

Staff starting work at the service did not receive a comprehensive induction to include training in relation to the fundamental standards of care. Not all staff had two references on file which was contrary to the service policy.

The principles laid down by the Mental Capacity Act (2005) were not consistently adhered to. Mental capacity assessments were not carried out to establish if people were able to consent to their delivery of care. Best interest processes were not followed.

Care plans were well organised and contained information regarding people's day to day personal care needs. However, we did identify some gaps in the care records. Staff told us the systems for ensuring they were up to date with people's needs were effective.

Limited activities were provided at the service. Staff and committee members were proactive in taking people on trips into the local town. There were plans to introduce more activities such as bingo sessions.

People were encouraged to remain independent. They were able to maintain control over day to day decisions such as where they spent their time and when they went to bed and got up. Some people chose to spend most of their time in their rooms and staff checked on these people regularly to ensure they had all they needed. People told us they were supported safely and they had no concerns regarding staff approach to care.

There were systems in place to audit various aspects of the service including the environment and care plans. However, these audits had failed to identify the concerns highlighted within this report. Concerns raised at previous inspections had not been addressed. We identified several areas where concerns had reoccurred since 2012. For example a lack of supervision for staff, a weak induction process and a failure to properly implement the MCA.

We identified breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report. 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 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 entirely safe. Hot water temperatures were not regulated and systems for safely storing potentially hazardous cleaning products were not robust. Fire door alarms were not activated.

Staff, including those new to care, did not receive regular safeguarding training.

Systems for the recording and management of medicines were not consistently followed.

Requires Improvement ●

Is the service effective?

The service was not entirely effective. Mental capacity assessments had not been carried out to establish if people were able to consent to the care provided. Best interest processes were not being followed.

New staff did not complete a comprehensive induction before starting work at the service.

Staff did not receive regular supervisions.

Requires Improvement ●

Is the service caring?

The service was caring. Care plans contained information about people's backgrounds and personal histories.

Staff supported people to maintain their independence.

People were able to make daily decisions about their routines.

Good ●

Is the service responsive?

The service was not entirely responsive. People had limited access to organised activities.

Care plans were well organised and guided staff on how to

Requires Improvement ●

support people appropriately.

People and relatives were confident to raise any concerns.

Is the service well-led?

The service was not well-led. Previous inspection ratings were not available, either on the providers website or in the service.

We found a number of concerns during our inspection which had not been identified by the provider or registered manager. This showed a lack of robust quality assurance systems.

Concerns raised at previous inspections had not been addressed.

Requires Improvement 

Eventide Residential Home Limited

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 5 July 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We had not asked for a Provider Information Return (PIR) to be completed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at three people's care plans, Medicine Administration Records (MAR), four staff files, a selection of policies and procedures and other records in relation to the running of the home. We spoke with the deputy manager, four members of staff, twelve people who lived at Eventide and one person who was receiving respite care and five relatives who were visiting on the day.

Is the service safe?

Our findings

At our comprehensive inspection in September 2016 we found problems associated with the environment which might have affected people's safety. A bath hoist was not securely fixed to the floor, water temperatures were not regulated and fire door alarms were turned off.

At this inspection we found water temperatures were still not controlled. Some hand wash basins had signs above them warning the water temperature might be hot. We ran the tap and found it very quickly became hot which could present a risk of scalding. Some people had health conditions which meant their cognitive abilities were affected and they could have been unable to read or understand the written warnings. At our last inspection the registered manager told us they would raise the possibility of installing temperature regulating valves with the committee. At this inspection the deputy manager told us they were waiting for a plumber to give them a quote for the work. Action to protect people from an identified risk had not been taken in a timely manner.

At our previous inspection we found fire alarms did not go off when fire doors were opened due to staff deactivating them to allow residents to leave the building, and forgetting to switch them back on. During our inspection of the premises at this inspection we opened a fire exit door on the top floor and, shortly after, another on the second floor. No alarms went off as a result of these actions. Staff were unable to explain to us why the alarm had not been activated. We later opened the fire exit door on the ground floor when an alarm did go off and a member of staff came to check why this had occurred. When we later checked the alarms on the upper floors they were in working order. The systems put in place to help ensure fire alarms were activated appropriately were not robust.

We also identified other concerns in relation to the premises. Cleaning products, including bleach, were left unattended in corridors where they were easily accessible to anyone passing. In shared bathrooms we found spray bottles containing Dettol. Staff told us it was watered down and they believed this was an acceptable practice. One bathroom contained a sharps box open at the top with a razor blade in it. There was also a razor blade by the side of the bath. In another bathroom we found a knife on an open shelf. Staff were unable to explain why it was there. These items all posed potential risks to people living at the service, some of who had reduced cognitive abilities due to their health conditions.

We identified some gaps in people's individual care plans. For example, two people had specific health needs associated with their skin integrity. This was not reflected in their care plan. One person's plan read; "No pressure sores." Information elsewhere stated they had an ulcer on their leg with directions for staff on how this should be treated. One person's care plan stated they were to have their food and drink monitored to protect them from the risks associated with poor nutrition. Staff told us this was not being completed and they had not been aware of this requirement. It is important information in care plans corresponds with other sources and accurately reflects people's needs to minimise the risk of people receiving inconsistent care.

Staff could not recall when they had last received safeguarding training. None of the staff files we looked at

contained certificates to evidence they had received the training. Safeguarding training was not part of the induction process. This meant staff might not have had the knowledge or skills to enable them to recognise the signs of abuse or know how and when to report it.

We checked people's Medicine Administration Records (MAR). There were 26 handwritten entries on the MARs which were associated with four people's medicines; these had not been signed by staff. It is important that any handwritten entries are signed by two members of staff to reduce the risk of errors and this was stated in the service policy.

One person chose to self-administer their medicines and had signed a disclaimer to take responsibility for this in January 2016. The service policy stated that where people administered their own medicines this should be monitored to check it was being taken as prescribed. There was no record of this occurring. There was no associated risk assessment in place and no evidence the practice was being regularly reviewed.

All of the above contributed to a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we saw a bath hoist in one shared bathroom on the ground floor which was unstable and moved easily. At this inspection we found the hoist fitting had been repaired and was now secure.

At our comprehensive inspection in September 2016 we found staff did not always seek medical advice when making changes to people's medicines. Cream charts were not consistently completed and there were no body maps in place to ensure staff were aware of where creams needed to be applied.

At this inspection we found body maps were in place so staff would know where any creams should be applied. Creams had been dated on opening and care files contained records indicating when the creams had been applied. The medicines policy had been updated to direct staff to seek medical advice before making any changes to people's medicines.

Medicines were stored appropriately. There was a locked medicines trolley in the dining area which was chained to the wall. No one was using medicines which required stricter controls by law. We checked a sample of Medicine Administration Records (MAR) and saw there were no gaps in the records. Not all medicine records included a photo to indicate who the medicines belonged to. This is good practice as it serves as a check to staff when administering medicines and reduces the risk of errors. The deputy manager told us senior staff who were familiar with people and their needs were always responsible for medicine administration.

The recruitment process was not robust. Staff files showed not all staff had two references in place before they started work. Of the four staff files we looked at two had only one reference on file and the other two had none. This was contrary to the service policy which stated; "At least two references will be taken up." This meant people were not protected from the risks associated with being supported by staff who were not suitable for the role. The deputy manager told us they would ensure the registered manager was aware of this issue.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other recruitment checks had been completed including proof of identity and Disclosure and Barring (DBS)

checks.

Staff told us they had no concerns about any working practices or people's safety. Posters were displayed on notice boards with information about the local safeguarding reporting processes. Staff told us they would report any concerns they had to CQC if they felt it was necessary. People and relatives told us they considered Eventide to be a safe environment. Comments included; "They treat you lovely", "The staff know what they're doing and I'm in safe hands" and "The staff really look after us. I have never ever thought any other way, I just feel very safe. No worries about leaving my handbag and other things around either, I trust them all."

At our comprehensive inspection in September 2016 we found staff did not always have access to information to help them support people in a way which would protect them from an identified risk of harm.

At this inspection we found care plans included risk assessments to cover a wide range of areas including using a hot water bottle, bathing and the use of mobility aids. Some people had been identified as being at risk of developing pressure areas and equipment was in place to help minimise this risk. Some people were at risk of falling and this was reflected in their care plans. Risk assessments stated when people might need two carers to support them when transferring from sitting to standing or vice versa. Staff described to us when people might need this additional support. They were confident in their ability to support people safely when mobilising.

People and staff told us they thought there were enough staff on duty at all times. One person told us; "They answer my bell straight away." Rotas showed staffing levels identified as necessary to meet people's needs were consistently met. The deputy manager told us they sometimes used agency staff but it was only occasionally necessary. They told us; "It's a good staff team, someone will usually cover."

The environment was clean and carpets had recently been replaced. There was a working lift in place. The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The kitchen was clean and well-equipped. The service had been rated five (good) by the Food Standards Agency. A committee member visited regularly to carry out health and safety checks of the premises. However, these seemed to be primarily concerned with the furnishings and décor of the premises and had not picked up the problems with the utilities and equipment identified here.

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 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 were being met.

At our comprehensive inspection in September 2016 we found no evidence of any capacity assessments or best interest discussions taking place. Following the inspection we received an action plan stating mental capacity assessment forms would be completed for all new admissions unless provided by other professionals. We checked five people's care plans to see if this action had been completed and found no capacity assessments were on file.

One person was having their diet restricted as it had been identified their health was at risk. Care records dated January 2017 stated; "No more milky drinks to be given to [person's name]." On the 2 July 2016 it had been recorded; "[Person's name] is being offered fruit instead of a biscuit at teatime." It is important, when introducing any restrictive practice, to follow the best interest process to ensure the restriction is proportionate, necessary and the least restrictive option. Information held with the person's care records clearly stated food restrictions were only to be implemented when it was in people's 'best interests' and an appropriate capacity assessment was in place. There was no capacity assessment in the person's care documentation. There was no evidence any best interest discussions had taken place regarding this restriction. Staff views on whether the person had capacity to consent to this restriction varied. One member of staff said they thought the person did have capacity and another that their capacity fluctuated. A relative had signed to indicate they consented to the delivery of care on the person's behalf. This implied the person did not have capacity to consent themselves. Staff told us the person was happy to eat fruit rather than cake and that they did have cake or a biscuit sometimes. We concluded the systems in place to help ensure people's legal rights were protected were not sufficiently embedded and staff were unclear as to how and when they should be implemented.

Systems for recording people consented to their plan of care were confused. If people are unable to consent because they lack capacity to do so, others are only legally able to consent to the delivery of care on people's behalf when they have Lasting Power of Attorney (LPA) for health and welfare. Most people had signed their own care plans and some had been signed by relatives. When relatives had signed there was not always information on file in relation to any LPA arrangements being in place. One relative had signed for their family member although they only had LPA for property and finance. Where relatives had signed on

people's behalf there were not always capacity assessments in place to evidence the person did not have capacity to consent.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection in September 2016 we identified one person had their liberty restricted in order to keep them safe but no application to authorise this had been made. Staff had not received recent training in the MCA following changes to the way in which the law was applied. The service policy did not contain the latest information. Following the inspection the registered manager informed us training for MCA and the associated DoLS had been arranged. At this inspection we saw further refresher training was booked to take place in November 2017. There was a policy in place which contained all the relevant information.

At our comprehensive inspection in September 2016 we found staff new to care were not required to complete the Care Certificate as part of their induction. The Care Certificate replaced the Common Induction Standards in April 2015 and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. We made a recommendation that the service found out more about training for staff new to the care role, based on current best practice.

At this inspection we found there was still no requirement in place for staff new to care to complete the Care Certificate. Although this is not mandatory it is important care staff cover the 15 fundamental standards included in the Care Certificate by some means. Staff told us the induction provided consisted of a series of shadow shifts and observations during which their competency was assessed by a senior member of staff. There was no documentation to evidence these competency assessments had taken place. New staff did not complete any specific training before starting work. They were included on the training sessions arranged for the full staff team. There was no introduction to the organisational policies and procedures or working practices. We spoke with two members of staff who had been employed in the last 18 months. Neither had completed any safeguarding training. The service safeguarding policy stated; "All staff and volunteers will be trained to have an awareness of Safeguarding issues during their comprehensive staff induction programme."

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

There was no training matrix in place to give an overview of staff training needs or highlight when training needed refreshing. Staff told us they had received training in a range of areas including moving and handling, fire safety and first aid. We saw arrangements were in place to have training in Equality and Diversity and the MCA and DoLS before the end of the year. Staff told us the training was of good quality and thorough. One commented; "The training is very good. It's face to face and I do better with that." The deputy manager told us they booked two days of training to include a session in the morning and one in the afternoon on each day. This helped ensure all staff were able to attend a session. One person commented; "The staff seem to know what they're doing."

Most staff had received annual appraisals. Regular face to face supervision sessions were not taking place. These are important as they give staff an opportunity to raise any issues or concerns they may have in a one to one setting. They also can highlight any particular training needs staff may have. Staff told us they felt well supported by management and were able to ask for additional support as needed.

People told us staff were aware of how they preferred to be supported. Comments included; "When the carers get me washed and dressed, they don't make me feel embarrassed. They ask before they do each necessary thing" and ""No complaints – they do it all right." People told us they made day to day decisions and felt they had choices about how and where they spent their time. Care plans reflected this. For example, one stated; "[Person's name] prefers to sit in the lounge and have a cup of tea around 7.30 and a glass of sherry and is usually ready to go to bed about 9pm."

People and staff were complimentary about the food provided. We observed the lunchtime period and saw it was a relaxed occasion. There was music playing which people enjoyed. Tables were set with mats, cutlery, jugs of water, tissues and each place was marked with the person's name who would sit there. A bowl of fruit and several packets of crisps were available on a side table. People were provided with specialised cutlery and crockery to enable them to eat independently if necessary. People were offered a choice of meals and were asked daily what they would like to eat the following day. There were no menus on display and a white board in the dining room was not being used. This meant people were not reminded what meals were being provided on the day.

People had access to external healthcare professionals such as occupational therapists, chiropodists and GP's. Care records contained records of any multi-disciplinary notes and any appointments.

Is the service caring?

Our findings

Everyone was complimentary about the care they received. People told us; "Very good in every way. I'm very impressed with the care here", "We've had to leave our homes and we're lucky to be here. Life's never going to be the same. This is the next best thing" and "It's nice and friendly here." A relative commented; "This place is a little gem – we're so pleased to have found it." Bedrooms were decorated to reflect personal tastes and preferences. People had photographs on display and personal ornaments in their room.

Care plans contained some information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage with people more effectively.

People were supported to maintain their independence as much as possible and this was a frequent theme in our conversations with people. One relative told us they tried to encourage their family member to accept more help from staff but they valued their independence. They said adaptations had been made to support the person to access the building without support and allow them to come and go as they pleased. Comments from people included; "I am independent and do everything for myself", "We can do what we want – it's all free and independence" and "We go out and about together, they trust us."

There were various seating areas in the service where people could choose to spend their time. Some people sat in the main lounge where there was a large screen TV. Others preferred to sit in the conservatory which offered a quieter environment. There was a pleasant seating area outside the front door where people enjoyed sitting in warm weather. Relatives told us they visited frequently and at varying times of the day and were always made welcome.

People told us they were able to make day to day decisions, for example, about where they spent their time and when they got up and went to bed. Comments included; "I decide when to go to bed and when to get up and what I'm wearing each day. Anything I want I'm positive I'll get."

Some people preferred to spend the majority of their time in their rooms reading, watching TV or listening to music. They told us staff checked on them regularly to ensure they had all they needed and provide them with regular refreshments.

When staff supported people with personal care they did it in a way which protected people's privacy and dignity at all times. One person told us; "When the carers get me washed and dressed they don't make me feel embarrassed. They ask before they do each necessary thing and I feel safe and secure." Another described the staff as; "Very gentle."

Is the service responsive?

Our findings

There were limited organised activities available to people within the service. There was no activity co-ordinator employed or any named member of staff with responsibility for arranging activities. An outside entertainer visited occasionally and provided musical and reminiscence activities. On the day of the inspection we did not see any activities taking place. One person told us; "Once in a while there is Bingo, and just occasionally a singer." A member of staff commented; "I wish we had more time to do something with them." A relative told us; "The only thing [family member] would mention is "I wish there were more activities such as crafts, gardening, quizzes, an occasional film, music and movement exercise sessions.""

Some people were able to visit the local town independently and on the day of the inspection two people went out to take part in a gentle exercise class. An extra member of staff was employed one day a week. This enabled staff to support people who were less independent to go into the town with staff for a café trip or local walk.

Daily records were completed with basic information about the care provided and there was a handover between shifts to update staff coming on duty. The daily records focused on which care tasks had been completed for example, if the person had been supported to bathe. There was no information about people's emotional well-being or whether they had taken part in any activities.

Care plans contained information about people's daily personal care needs. The records were well organised and it was easy to locate the information. They gave clear direction and guidance for staff to follow to meet people's needs and wishes and help them maintain their independence. For example, one person's care plan described how staff should assist the person with their personal care including what they were able to do for themselves. Their care plan stated; "Can wash her own face, hands and front, but carer's to wash her back, legs and feet and in between her toes. Please ask if she would like her hair washed." The care plans were regularly reviewed.

The care plans covered a range of areas including mobility, medicines and food. Hospital transfer information sheets had been completed which were used to give hospital staff basic important information if people were admitted to hospital.

Staff told us they were kept up to date with any changes in people's needs. Handovers took place daily when staff shifts changed. A white board in the staff room was used to highlight any information staff needed to be aware of. One member of staff commented; "I never feel like I've missed out on anything. I've never seen to a resident and they've told me something I'm not aware of."

People were asked for their views of the service. The deputy manager told us they had tried to organise residents meetings but these had not been successful. Instead a member of the committee visited regularly and spoke with people on a one to one basis about their experience of the service. Records showed any comments were recorded and action taken to follow up any concerns or suggestions.

There was a complaints policy in place which outlined the timescales within which people could expect to have any concerns addressed. This was due to be reviewed in the near future. There were no complaints on-going at the time of the inspection. People and relatives told us they would speak with the registered or deputy manager if they had any concerns. One person said; "I would have no hesitation in speaking to either the manager or deputy manager if I needed to raise a concern."

Is the service well-led?

Our findings

Providers are legally required to display inspection ratings on their website and in the service in a place where people and visitors can easily see it. The previous inspection ratings were not displayed, either on the website or within the service.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following the inspection we checked the service's website and saw the previous inspection rating was now clearly displayed.

We identified gaps in the auditing systems. For example, although any falls or accidents were recorded there was no system to collate the information and provide an overview which could have allowed the registered manager to highlight any patterns or trends. There was no evidence any action was taken when a risk had been identified to mitigate the risk. For example, one person had fallen on three occasions in their bedroom. There was no evidence that anything had been done to protect the person such as the use of a pressure mat to alert staff if the person got out of bed.

Records of accidents were not transferred to individual files but held together collectively. This could have resulted in people's confidentiality being breached and was not in line with the Data Protection Act.

We also identified concerns with how the service was organised. There was no clear training programme or any overview of what training each member of staff had received and when refresher training would be due. Staff were unable to tell us when they had last had safeguarding training and we did not see any certificates for this in the random sample of staff files we inspected. There was no established induction programme in place and staff new to care were not being given information about the fundamental standards. Staff files were being reorganised but one file had no record of a DBS in place and the member of staff concerned had to arrange for this to be brought in for us to see it.

Staff meetings were not organised. As noted in the 'effective' section of this report there were no staff supervisions taking place. This meant staff needed to be proactive if they wished to raise any concerns or suggestions. Staff told us they had requested staff meetings but this had; "Fallen on deaf ears." There was no formal system in place to gather the views of relatives and other stakeholders.

These examples demonstrated quality assurance processes were either not in place at all or not operated effectively and that the provider and manager had failed to identify areas of significant concern. There was a lack of clear oversight of the service which had resulted in failings in the quality and delivery of care.

Concerns raised at previous inspections had not been addressed in a timely manner. Valves had not been fitted to taps to regulate the temperature of the water. This issue had first been raised at an inspection in 2013. Following the inspection the registered manager contacted us to inform us this was now being organised. The action plan provided to CQC following the previous inspection had not been completed in its

entirety. For example, mental capacity assessments were not being carried out. The system in place to ensure fire door alarms were activated was not effective. Of the previous four inspections three had identified breaches of the regulations. These included breaches in respect of the MCA and a lack of supervisions for staff, both areas which remained a concern at this inspection. We were not confident the necessary action was being taken to improve the service and sustain any improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There were some systems in place to monitor the quality of the service provided. For example, care plans were reviewed monthly by a senior care worker. The deputy manager carried out audits of medicine stocks. This did not include a check of MARs and the practice of not double signing handwritten entries had not been identified. One of the committee members regularly spoke with people about their experience of using the service. Another with responsibility for health and safety visited to carry out checks of the environment. However this had failed to identify the poor practices seen in the use and storage of potentially hazardous cleaning products.

There were clear lines of accountability and responsibility within the service. The service was a registered charity and was overseen by a committee. A registered manager had day to day oversight of the service. They were supported by a deputy manager and two senior care workers. The deputy manager and senior carers had clear roles and responsibilities. The registered manager had two days protected administration time. Following the inspection the registered manager contacted us to tell us the committee had agreed to them increasing their protected administrative days from two to four. The deputy manager told us they had some administration hours but this was not formalised. They had responsibility for oversight of medicines and organising rotas. They told us this could be difficult without any dedicated office hours.

Staff told us they enjoyed working at the service and communicated well as a staff team. They told us staff morale was positive and there was very little staff sickness. One commented; "I'm very happy, I love it here."

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 11 HSCA RA Regulations 2014 Need for consent The provider was not acting in accordance with the Act when recording if people consented to their plan of care. Regulation 11(1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not operated effectively. Regulation 19(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments Previous inspection ratings were not displayed on the providers website or in the service. Regulation 20A(1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support and training. Regulation 18(2)(a)