Broadoak Group of Care Homes

South Collingham Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This unannounced inspection visit was carried out on 24 May 2017. South Collingham Hall is registered to provide accommodation for up to 33 older people. On the day of our inspection 23 people were living at the home.

We carried out an unannounced comprehensive inspection of this service in October 2016 and a focused inspection in December 2016. Breaches of legal requirements were found and we took action to ensure the necessary improvements were been made to make sure people received safe care and support. The provider sent us six action plans following the October 2016 inspection but did not provide us with one following the December 2016 inspection.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People may be left at risk of harm or abuse because the procedures designed to protect them were not followed. Some risks to people's health and safety were not being clearly identified.

People may not be provided with their care and support when this was needed because there were not always enough staff on duty. People may not receive their medicines safely because the training staff had for this was out of date and they had not been assessed to be competent in following safe medicines practices. Some risks of infection were not being identified and controlled.

People were being cared for and supported by staff who had not been trained to do so. People's right to make decisions for themselves may be overlooked as the Metal Capacity Act (2005) was not always followed.

People were not provided with a positive mealtime experience which could affect their nutritional and fluid intake. Staff understood people's healthcare needs and their role in supporting them with these.

People were cared for and supported by staff who respected them. Staff usually respected their privacy and dignity. Where possible people were involved in planning their own care.

People received their care and support in a task oriented manner rather than in a person centred and proactive way. People's care plans were not always kept up to date and staff rarely referred to these. There was a system in place for people to raise any complaints, but this had not been used.

The views and experiences of people who used the service, relatives and staff were not captured to improve

the service. The systems to monitor the quality of the service and identify where improvements were needed were not effective.

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

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 safe.

People may not be protected from harm or abuse because procedures to do so were not followed.

Risks to people's health and safety were not always accurately assessed.

People may not receive the care they require in a timely manner as there were not always enough staff on duty to do so.

People may not be supported with their medicines safely because staff who administered these had not received recent training or been assessed to be competent in providing medicines support. Additionally safe practices were not always followed.

More robust systems were needed to ensure any risks of infection were identified and controlled.

Is the service effective?

Requires Improvement

The service was not entirely effective.

People were supported by staff who had not received all of the training they were expected to have in order to carry out their duties.

People may have decisions made on their behalf that they were able to make for themselves or decisions may be made that were not the least restrictive.

People did not receive the encouragement that would promote their nutritional and fluid intake.

Staff understood people's healthcare needs and supported them with these.

Is the service caring?

Requires Improvement

The service was not always caring.

People were cared for and supported by staff who respected them but they may not always have a caring experience using the service

People were able to contribute to planning their care and making decisions about this.

People privacy and dignity was respected by staff when providing their care and support although this was compromised on occasions through a lack of thought.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive the care needed to meet their needs in a personalised way. People may not receive the care that was planned for them to receive as staff did not refer to their care plans.

There was a system in place for people to raise any complaints or concerns

Is the service well-led?

Inadequate

The service was not well led.

The management of the service was approachable and supportive but lacked the vision needed to develop and improve the way people received their care and support.

There was a lack of systems to obtain the views of people who used the service and staff. Quality monitoring systems that had been implemented were ineffective and did not identify where improvements were needed.

South Collingham Hall

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 visit took place on 24 May 2017 and was unannounced. The inspection was carried out by two inspectors.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners who fund the care for some people and asked them for their views.

During the inspection we spoke with two people who used the service and one relative. We also spoke with three care workers, a senior care worker, the cook, the activities coordinator, the administrator, the deputy manager and the registered manager. One of the registered partners and a director attended our feedback at the end of the visit.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, four staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

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.

Requires Improvement

Is the service safe?

Our findings

During our October 2016 inspection we found that the provider had not ensured the premises and equipment used by the service provider were safe to use, failed to assess the risks to people's health and safety and mitigate and risks and had not assessed, detected and prevented the spread of infection. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider they needed to make improvements in relation to these and they submitted action plans stating how they planned to make the improvements needed. During this inspection we found the provider had not made all of the required improvements.

The provider had described in their action plan how the maintenance book would be used to highlight what maintenance tasks were required and whether these had been carried out. They said this book would be regularly reviewed however there was no evidence this had been done.

The provider had described in their action plan that all auditing tools would be reviewed and an annual planner would be introduced which would track actions needed, however this had not been done. The provider also stated on their action plan weekly checks would be maintained, but these were not being fully completed. Some days did not show any cleaning had been undertaken.
There were some areas of the service that were not clean and because cleaning schedules were not being fully completed we were unable to ascertain when these had last been cleaned. One area that was in need of cleaning was the laundry, yet this did not appear on a cleaning schedule. There were bin bags full of dirty laundry left on the landing waiting to be taken to the laundry by staff when they had time to do so. Whilst we saw these were taken to the laundry during the morning they had been left for a period of time unattended which was unsightly and presented a risk of spreading infection should someone who used the service taken dirty laundry out of these bags. The deputy manager told us this was their normal routine for managing dirty laundry.

The failure to ensure the premises and equipment used by the service provider were safe to use, the failure to assess the risks to people's health and safety and mitigate and risks and to not assess, detect and prevent the spread of infection are ongoing breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our October 2016 inspection we found that sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider they needed to make improvements in relation to this and they submitted an action plan stating how they planned to make the improvements needed. During this inspection we found the provider had not made the required improvements.

A person who used the service told us, "They are supposed to come straight away (when I ring my buzzer) but I must say they don't always do so. There are usually enough staff, but sometimes they can be a bit short." Another person said, "We get the help we need. It does depend on how many staff are here on how

quickly you get help. You don't always get what you want as staff are busy."

The registered manager told us that following our October 2016 inspection they had increased the number of care staff on duty and employed an activities coordinator. However staff told us they had been working below these improved staffing levels for some shifts recently following the unexpected departure of a member of staff. This was the case on the day of our visit. The registered manager told us they were continually advertising for new staff and had just started a wider recruitment campaign.

Past rotas showed that there had been a number of shifts over recent weeks when there had been below the agreed number of staff on duty, which included times prior to the recent departure of the member of staff. Over the previous month to our visit there had been 18 occasions where there had not been the full complement of staff on duty. The deputy manager told us these occasions came about when a staff member had called in unavailable for work at short notice, so they were unable to arrange cover.

A staff member said, "There is more pressure on us when there are not enough staff on." Another staff member told us, "It's not as easy to give everyone the care they need with four (staff on duty)." Staff also told us they did not complete the shift planner when they were short staffed as it was not possible to assign all of the tasks that needed to be done.

There were housekeepers on duty each day to undertake the cleaning of the service, however care staff were responsible for doing people's laundry. Care staff said they fitted this in when they could throughout the day but this was difficult, particularly as the laundry was in an outside building and not in the main house. Staff were busy and were hurrying between people who needed their attention. When we raised this as a concern at our feedback at the end of the visit a registered partner authorised an increase in housekeeping hours to include undertaking the laundry.

The failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons is an ongoing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the provider did not have systems in place to ensure that all staff were able to record and report any safeguarding concerns. When issues arose they did not ensure that learning was in place to reduce the risk of a similar incident occurring. People who used the service and staff referred to a recent incident that had taken place in the service where a person had presented behaviours that others found to be challenging. One person told us they had "felt frightened". A staff member confirmed to us this incident included a safeguarding concern and a report we saw of this incident confirmed this to be the case and included a second incident of abuse. Neither of these incidents had been reported to the local authority as a safeguarding concern. Whilst action had been taken to resolve the situation there was no analysis of the situation and any lead up to this to prevent such a situation form reoccurring.

It was evident from our discussions with staff, with the exception of the registered manager, that whilst they knew to report any concerns about a person's safety within the service, they did not know the procedures to follow in Nottinghamshire to report a safeguarding concern to the local authority. The registered manager told us they did not have a file for safeguarding with guidance and contact details on how to make a safeguarding referral. This posed a significant risk that if a safeguarding concern was identified when the registered manager was not available this would not be reported to the authorities as required.

There was a reference to an incident in one person's records that had been raised as a safeguarding concern with the local authority. Although this incident was not substantiated there was no system in place to record

any safeguarding concerns and the outcome of these and whether there were any lessons that could be learnt for the future.

The failure to effectively operate a system and follow processes that protects people from abuse is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
We asked people if they felt safe using the service. One person replied, "I am happy living here." Another person said, "Yes, safe enough." A relative told us they felt their relation was safe "despite not being the easiest person to look after".

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. They described indicators that could signify a person had been abused and told us they would report any concerns they suspected or identified to the registered manager or another senior member of staff on duty.

A person who used the service told us, "You have to have your own (walking) stick but we do have them (staff) to help us get about." Staff spoke of keeping people safe by "taking their mind off" anything they felt was putting them at risk, such as going into the kitchen. Each person had a personal emergency evacuation plan (PEEP) which described how they should be evacuated form the building safely in the event of an emergency.
Whilst we have described in the breaches above improvements that had not been made following our last inspection we also found some that had been. The provider had purchased a new hoist and the main communal areas had been decorated. A recently broken window had been repaired.

The provider agreed to some changes with the laundry arrangements, which included introducing some designated laundry hours. They also told us that they were in the process of replacing the equipment we had raised concerns about.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed the necessary recruitment checks had been carried out.

People were supported to have any medicines they needed when these were required. One person who used the service told us, "We get them (medicines) on time." We saw staff administering medicines to people during mealtimes.

The systems in place for the storage and administration of people's medicines were not always followed to ensure these were managed as safely as possible. Whilst we found these systems were followed most of the time, we found a few examples of where these had not been and the failure to do so had not been identified so these could be corrected. This included not dating when some medicines with a limited shelf life were opened so it would be known they were being administered whilst at their most effective. We also found that some medicines to be given 'as required' (known as PRN) did not have a protocol detailing when and how these should be given. There were also some improvements needed in the recording of medicines received and when they were administered.

The training for some staff who administered people's medicines had expired and these staff had not undergone refresher training to ensure they were up to date with current practice and still following the

correct procedures. In addition there was no system in place to assess the competency of staff who managed and administered people's medicines. The registered manager told us they audited PRN medicines and checked the medicines trolley each week, but did not check other aspects of medicines management such as dates and records made. As a result they had not identified the issues we have referred to above.

Requires Improvement

Is the service effective?

Our findings

During our October 2016 inspection we found that staff employed had not received appropriate training to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider they needed to make improvements in relation to this and they submitted an action plan stating how they planned to make the improvements needed. During this inspection we found the provider had not made the required improvements.

Staff had not received all of the training identified in the provider's training plan, or had their training updated when this had expired. Additionally the record kept of staff training did not clearly show what training staff had completed and when this was due to be updated. One staff member told us they had not completed the training they should have because they had been off work when the training had been provided. They said they had not been provided with another opportunity to attend this.

New staff had completed a basic induction checklist when they started work. The registered manager told us the deputy manager oversaw new staff then completing the Care Certificate. However there was no record to show which staff were completing this. The deputy manager told us that staff who were undertaking the Care Certificate had only recently started to do so and had not yet handed in any completed work for this. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

The registered manager told us that staff attendance at training had decreased when they had changed to a different training provider. They had established that staff preferred the previous training provider, so they had been reengaged to provide the training. However this had still not led to all staff attending and completing the training they needed. We saw a memo had been sent to staff from one of the registered partners reminding them of their responsibility to attend training.

Staff spoke of having regular supervision. The registered manager undertook the supervision of all staff and we discussed how they planned the content of this. The registered manager agreed with our suggestion that there could be a greater use made of supervision to discuss work related issues and topics with staff.

The failure to provide staff with appropriate training and support to enable them to carry out the duties they are employed to perform is an ongoing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our December 2016 inspection we found that the registered person had not always acted in accordance with the Mental Capacity Act (2005). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider they needed to make improvements in relation to this and they submitted an action plan stating how they planned to make the improvements needed. During this inspection we found the provider had not made all of the required

improvements.

Where people lacked the capacity to make a decision the provider had not always followed the principles of the Mental Capacity Act (2005) (MCA).The 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.

Whilst some decisions were made for people who did not have the capacity to make these themselves following the MCA, there were also some decisions that had been made where the MCA had not been followed. We saw some people had been assessed to be unable to make decisions about their personal care, taking medicines and about the environment. In these circumstances decisions had been made in people's best interest involving relevant other people to make the decision. However there were other decisions made for people without following the MCA to see if people could make these decisions themselves. Some people had bedrails fitted to their beds without giving their consent or having capacity assessments to determine if they needed these to be decided for them in their best interests.

The failure to act in accordance with the Mental Capacity Act (2005) is an ongoing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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). The registered manager told us there was not anyone who used the service who currently had a DoLS although they had applied for these in the past. Staff told us there were keypads fitted to external doors to prevent anyone from leaving, although there was no one who tried to do so at present.

People were asked to give verbal consent before they were provided with any care and support which staff explained to them. One person who used the service told us staff, "Tell me before hand when doing things." Staff said they explained to people before they provided them with any care. However there was no system, such as people signing their care plans, to show they had agreed with their planned care and consented for this to be provided to them.

People were able to have meals they enjoyed. A person who used the service told us, "The food is not bad. You have to ask if you want something different." Another person said, "I do enjoy the food when it comes."

Whilst we were sat with one person who was waiting for their breakfast to be brought to them told us, "There are a lot of things I don't like." The person said they expected they would be given a cooked breakfast they did not like and this happened regularly despite having told staff about this several times. The person was brought this meal as they had predicted and they informed the staff member they did not like this. The staff member brought some toast as an alternative without asking the person if they would like this, or offering any other option. The person then had to ask the staff member if they could have some marmalade to go with their toast as this had not been offered to them. The person said "that's better" when the marmalade was brought to them. We saw that the information about this person's dislikes had not been passed onto the cook so the person could be provided with an alternative in future.

The cook was knowledgeable about people's individual dietary requirements and had written information about people's needs, preferences, diets and allergies, although this information did not include the

breakfast the person had not liked. The registered manager told us there was not anyone who required a specific diet for cultural or religious reasons.

People's weight was monitored through being weighed monthly. The registered manager told us if there were any concerns about someone's weight change they were weighed more frequently. A staff member told us one person who had not been eating well was now "eating a lot better" and the GP had been involved. The registered manager confirmed they requested support from relevant healthcare professionals when they had concerns about someone's eating, swallowing or weight change. We saw records in people's care records showing GPs and dieticians had been involved in supporting people who had lost weight.

People were supported with their healthcare and had access to healthcare services. A person who used the service told us their health was "very much looked after". Another person said, "I go to the doctor on a regular basis for checks." People also said healthcare professionals visited them when required. One person said staff contacted a doctor "quickly" if needed. Another person told us they had been visited by a chiropodist recently.

A visiting community nurse spoke positively about the way people were supported with their healthcare. They told us staff contacted them in good time if they recognised any concerns and that they followed through with any treatment regime they put into place. The registered manager and staff spoke of having positive relationships with healthcare professionals who were involved in the healthcare of people who used the service. The registered manager and deputy manager accompanied one person to a healthcare appointment who needed two staff to support them when accessing community resources. The registered manager also had a meeting with a healthcare professional to discuss one person's mental health needs to see how they could improve the support they provided to this person.

Requires Improvement

Is the service caring?

Our findings

People were not provided with a positive mealtime experience which would encourage them to eat well. We observed people having their breakfast and lunch in the dining room. The social aspect of dining was not promoted at either of these meals and we saw people waiting a long time to be served their food. At lunchtime people were provided with a choice of meal which had already been plated up, which restricted the amount of choice they had. One person who came into the mealtime a little after the others was given their meal without being offered a choice. Drinks were served with the meal but these were luke warm having been left standing in a warm dining room due to the hot weather. We saw two different staff assisting more than one person to eat at the same time, and another person who we thought would benefit from some individual support was not provided with this.

During our visit we identified some occasions where we viewed people's privacy and dignity was compromised. This included continence aids being left around the building and a notice displayed in a corridor which listed which staff would support people with certain tasks during the day, including going to the toilet. The registered manager agreed these incidents did not promote people's privacy and dignity and they would address these with staff.

People were supported by staff who they related with well. A person who used the service told us, "We get on well." Another person said, "We can't grumble, I'm quite satisfied." A relative told us they saw staff as "caring". Staff spoke of having good relationships with people who used the service, relatives and other staff. A staff member told us they enjoyed their job and "liked to make a difference to people's lives". Another staff member said how they enjoyed listening to people talking about their earlier lives and experiences. The registered manager said people told them they were happy at the service and they saw people looked happy and content.

Staff explained there was a keyworker system in place where each person who used the service had a named member of staff who looked after their interests. This included making sure they had the toiletries and clothes they required and liaising with their relatives if they did not have what they needed.

The provider informed us on their PIR that people who used the service and their relatives were involved in planning their care. We asked a person if they had been involved in planning their care and they replied, "I think so, my relatives would have helped." The registered manager told us they discussed people's care with those that were able to do so and included people's relatives when possible.

The registered manager told us there was no one who used the service at present that had the support of an advocate. The registered manager said they did not have any information about these services but they would obtain this if it was needed. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

The provider informed us on their PIR that people are treated with dignity and respect and that they recognised and adhered to people's diversity, values and human rights. People told us they did not have any

issues in how they were supported to maintain their privacy and dignity. One person told us they had requested to be supported by staff of the same gender. The person confirmed this was provided and this preference was included in the person's care plan. Staff said they felt people's privacy and dignity were respected and said they would speak with anyone who did not do so.

Requires Improvement

Is the service responsive?

Our findings

During our October 2016 inspection we found that the care provided to people was not appropriate, did not meet their needs or reflect their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider they needed to make improvements in relation to this and they submitted an action plan stating how they planned to make the improvements needed. During this inspection we found the provider had not made all of the required improvements.

Whilst we found there had been improvements made to the content of people's care plans the provider stated in their action plan that care plans would be more accessible to staff. They also said that a planner would be implemented to set goals for completing care plans. However we found that staff lacked knowledge about people's care plans. People's care plans were completed and reviewed by the registered manager and were kept in their office which was on the top floor. Although the registered manager said staff could access these at any time we found that in practice they did not do so. As a result staff rarely, or not at all, read people's care plans. One staff member said, "They (care plans) are kept upstairs so are not that accessible." When we fed this back to the registered manager at the end of the inspection visit they said they would arrange for people's care files to be kept in the staff office on the ground floor where they would be more accessible to staff.

Although we observed people's presenting needs were responded to, signs and symptoms of someone developing issues or problems may not be recognised. One person had recently been admitted to hospital following their wellbeing deteriorating. There were entries made in the person's daily notes that described some changes in the person's behaviour from how they usually responded. These had not been seen as indicators that the person may have an underlying health problem. Another person's care plan provided clear detail about the person's needs and how a health condition they had affected them. There was some useful information included in the care plan about this healthcare condition. However the care plan had not been updated to show how a recent deterioration in this condition had affected them.

People did not always have a personalised care experience. We observed staff often worked in a task centred rather than a person centred way. For example one person was given their medicines to take just as they had been served their breakfast rather than wait for a convenient moment for them to have these. When someone else showed some signs of distress during a meal staff shouted out their name across the dining room on three occasions, but did not provide them with any individual attention. Another person told us they had not been informed they had to go to a medical appointment recently until "the last minute". The said, "It would have been good to know before." The deputy manager said they did usually tell people in advance, but sometimes this could be overlooked, as it had been on this occasion.

One person was known to need to be occupied and an activity board had been made for them. We saw the person was content when using this, however we also saw the person damaging furniture in their room when they did not have something to occupy them.

The failure to provide people with appropriate care that meets their needs and reflects their preferences is

an ongoing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us about other occasions when their needs were met. A person who used the service told us staff, "Know what I need." Another person said, "I like a bath, I have to ask sometimes." A relative told us they did not have any worries about how their relation was looked after and they were happy with the service they received. The registered manager said they went and undertook an assessment on anyone new wanting to use the service to identify what their needs were and whether they would be able to meet these.

Until recently people had not been provided with opportunities to follow their interests and take part in social activities. However a recently appointed activities coordinator was introducing recreational opportunities. A person who used the service told us, "There was nothing to do so I went back to my room for a sleep. A girl has just started and that's made a difference." Another person said, "We have a lady who comes to do things like bingo and dominos." People spoke about a forthcoming boat trip they were looking forward to.

A staff member said, "We have a new activities coordinator, people are enjoying what they are doing." We saw some people enjoying a session of reminiscing about Newark and surrounding areas looking at books and pictures of bygone years. The provider informed us in their PIR that people were given support to be involved in community activities. The registered manager told us some people were supported to visit the nearby town and trips were organised to a local garden centre and café. Plans for future activities included a planned summer boat trip and a cream tea afternoon.

People were informed about how to make a complaint. A person told us they would tell "the ones who are in charge" if they had a complaint but added that they were "not always around". The registered manager said there had not been any complaints made but they had a procedure to follow in the event of one being made. The provider informed us on their PIR there had not been any complaints received in the preceding 12 months and referred to people being able to raise any concerns without fear of any recrimination. Staff spoke of resolving any issues people had at the time and recording these in their daily notes.

Inadequate

Is the service well-led?

Our findings

We found during our two previous inspections in January 2016 and October 2016 that the provider was not effectively monitoring the standard of the service provided. During our October 2016 inspection we set requirements for Regulations 9, 11, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us six action plans detailing how they were going to become compliant with these regulations. We have found at this inspection that the provider had not completed the improvements they said they would on the action plans and was still in breach of these regulations. This showed the provider was not making the improvements needed to the service so they complied with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had visited the service and prepared a report following these visits. These reported on positive findings and comments made by staff and people who used the service. There was not any mention of the issues we had found in our previous inspections or that the improvements the provider had stated they would make in their action plans.
We visited again in December 2016 and during this inspection we found that systems or processes were still not operated effectively in respect of assessing, monitoring and improving the quality and safety of the services provided. Also that systems or processes were not operated effectively in respect of assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not submit an action plan as requested to inform us of how they will make the improvements needed which would enable us to determine these improvements have been made.
During this inspection the registered manager told us they had developed and implemented a set of new auditing tools. We reviewed the files containing these auditing tools and found that although these had been implemented they were not being properly completed or used correctly. For example audit sheets to show different areas of the home had been cleaned at the required frequency were only partially completed. A weekly form to show that these and other checks had been completed correctly did not identify that these had not been.

The auditing system did not include some checks we would expect to see undertaken. These included that bedrails were checked to ensure these were fitted correctly and that people's call bells were in working order. Additionally the audit tools did not address all the issues we had raised in our October 2016 inspection which presented a risk that these would continue or be repeated. This included not checking people's pressure reliving mattresses were set at the correct settings to protect their skin integrity.

There was a lack of auditing of people's care plans and risk assessments to ensure these were accurate and up to date. Other areas of the service were not being audited. The system to monitor staff training was not effective and did not provide information showing what training staff had not completed or needed to be updated.

We found there were limited opportunities for people who used the service and staff to discuss issues and put forward suggestions and ideas for the service so that any problems or other issues that needed to be

addressed could be identified and action taken to improve the service. A person who used the service told us, "I don't think we have any (residents meetings) I've not been to one." One staff member said they had not passed on any ideas due to the lack of opportunity to do so. The registered manager said they did not have residents meetings or any formal staff or management meetings but they tended to have discussions with staff on a regular basis during a shift.

Staff said they had handover meetings at changes of shift, however there was no record made of these to pass information onto staff who had not been on duty that day. There was a list of tasks to be allocated to staff each shift, however this was a laminated sheet which was wiped clean after each shift so there was no record kept of who had been allocated tasks and whether these had been completed.

An external company had undertaken a risk assessment which identified the improvements needed and practices to be followed to prevent the growth of legionella bacteria in water systems. There was no record made to show the improvements needed had been made, although the provider's representative assured us these had been. We saw records made of the practices to be undertaken were incomplete and unclear so they did not show these were carried out as intended. Also there was a section of the risk assessment to show who the responsible person within the service was for managing the control of any identified risk from legionella bacteria. This had not been completed so it was known who was responsible for ensuring the tests and safety checks were completed.

The failure to establish and operate systems or processes effectively in respect of assessing, monitoring and improving the quality and safety of the services and not operating systems or processes effectively in respect of assessing, monitoring and mitigating the risks relating to the health, safety and welfare of people who used the service and others who may be at risk which arise from the carrying on of the regulated activity are ongoing breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider is legally required to notify us without delay of certain events that take place. Our records showed we had been notified of some events in the service the provider was required to notify us about, however we found during the inspection there had been some other events that had taken place which should have been reported to us that have not been. These included a DoLS having been approved for one person, who had since left the service, and incidents of abuse that had taken place. The deputy manager was not aware of when they should send us a notification and said they would not know how to do so if they needed to in the absence of the registered manager.

Failing to notify The Care Quality Commission of notifiable events is a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The registered manager told us staff were made aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy. The registered manager said they had discussed whistleblowing with staff in supervision but this had not been recorded. There was a staff communication book for passing on any messages.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager also held the same position for another service also owned by Broadoak Group of Care Homes. The registered manager told us they felt supported by the provider and any requests they made for additional resources or equipment were considered. Staff described the registered manager as "hands on" and said she was "always popping up and done to make sure things are okay".

The registered manager told us they sent survey forms out to people's relatives to ask for their views on the service. They showed us the most recent forms that had been returned. These forms contained mainly positive comments, however these were not used in any way to identify any improvements that could be made or shared with staff.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person must notify the Commission without delay of any abuse or allegation of abuse in relation to a service user. Regulation 18 (2) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights were not being protected through the Mental capacity Act 2005. Regulation 11(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were occasions when there were not sufficient staff deployed in order to meet people's needs