

Sage Care Homes (Jasmin Court) Ltd

Jasmin Court Nursing Home

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 inspection took place on 17 May 2017 and was unannounced, which meant the staff and registered provider did not know we would be visiting. The service was last inspected on 19 and 20 April 2016. The overall rating of the service was good. At this inspection we found the overall rating of the service was requires improvement.

The manager had started working at the service in November 2016; they had not yet registered with the Care Quality Commission. The manager told us they had obtained the documentation to apply to become the registered manager, but they had not submitted their application yet. 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.'

Jasmin Court is registered to provide accommodation for 50 older people who require nursing and/or personal care. Accommodation is provided on the first and second floors, accessed by a lift. Communal areas such as dining rooms and lounges are situated on the ground floor of the home. At the time of the inspection 36 people were living at the home.

We saw the deployment of staff particularly during mealtimes could be improved to ensure people were supported appropriately and in a timely manner. We saw examples when people's calls for assistance were answered promptly, but we also saw examples when this was not the case.

The registered provider's recruitment policy needed to be updated. We found the system in place to ensure that fit and proper persons were employed at the service needed to be more robust.

We found that some people's risk assessments required improvement to ensure care was provided in a safe way.

We found that the registered provider had not ensured that people's care plans were regularly reviewed or in response to change. This meant there was a risk that people would not receive appropriate care. We found there was contradictory information in some people's care plans. We also found that some people's care plans did not reflect the care that was being provided by the care staff. The manager told us they were in the process of reviewing people's care plans.

We found the registered provider had not ensured that staff received appropriate training and support to enable them to carry out their duties. The manager told us that a programme of staff training was being delivered at the service to bring staff up to date. The manager had a staff supervision schedule in place.

People were satisfied with the quality of the food that was provided at the service. However, a few people we spoke with told us sometimes hot food had gone cold by the time it was served. We shared this feedback

with the manager so appropriate action could be taken to ensure food temperatures were checked.

There was a programme of activities for people to participate in, but we saw there was no one to one activities provided to people who were unable to leave their rooms. It is important that all the people living at a service are provided with meaningful activities.

We reviewed one person's Deprivation of Liberty Safeguards authorisation which had been granted with conditions in March 2017. These conditions are legally binding and we saw that some of these conditions had not been met. This showed there was a risk that people would not receive appropriate care and treatment to meet their needs.

We found the registered provider had failed to ensure that people and their representative views were actively sought for the purpose of continually evaluating and improving the service.

Our findings during the inspection showed the registered provider systems to assess, monitor and improve the quality and safety of the service required improvement.

People we spoke with told us they felt 'safe' and did not have any worries or concerns. Relatives we spoke with felt their family member was in a safe place.

The service had arrangements in place to manage medicines so people were protected from the risks associated with medicines.

People we spoke with were satisfied with the quality of care they had received. Relatives were also satisfied with the quality of care their family member had received.

Most of the people and relatives we spoke with told us that concerns and complaints were always taken seriously and responded to in good time. However, the feedback we received from a few relatives showed the systems in place to ensure the complaints process was followed by all staff needed to be more robust.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw the manager had held a number of staff meetings since they started working at the service. Regular staff meetings help services to continually improve.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the back of the full version of this 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?

The service was not always safe.

We saw the deployment of staff could be improved at meal times and that some people's risk assessments required improvement to ensure care was provided in a safe way.

People told us they felt safe. On the day of the inspection some staff were attending safeguarding training to ensure they understood how to safeguard people they supported.

Systems were in place to manage people's medicines.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found the registered provider had not ensured staff received appropriate support and training to enable them to carry out the duties they were employed to perform.

Relatives made positive comments about the care their family member had received.

People we spoke with were satisfied with their access to healthcare services. □

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect, and their privacy was protected and staff were able to describe how they put this into practice.

People and relatives made positive comments about the staff.

Good ●

Is the service responsive?

The service was not always responsive.

We saw that the systems in place to ensure care plans were

Requires Improvement ●

regularly reviewed and changed to reflect current needs required improvement.

We saw the service provided activities in the communal areas, but we saw that people who were unable to leave their rooms did not have meaningful access to stimulus to improve their wellbeing.

We saw the system in place to ensure people and relatives complaints and concerns were responded to needed to be more robust.

Is the service well-led?

The service was not always well-led.

We saw the processes in place to ensure the quality and safety of the service were monitored required improvement.

We found the systems in place to ensure the views of people and their representatives were actively sought to continuously improve the service required improvement

Requires Improvement 

Jasmin Court Nursing Home

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 17 May 2017 and was unannounced, which meant the staff and registered provider did not know we would be visiting. The inspection was prompted in part by information shared by the local authority and information the CQC had received. The information showed there was emerging risks at the service. This inspection was undertaken to examine those risks. The membership of the inspection team consisted of two adult social care inspectors, a specialist advisor and an expert by experience. The specialist advisor was a registered nurse who was experienced in the care of older people. 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 our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). 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 used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being delivered. During the inspection we spoke with nine people living at the service, six relatives, the manager, the deputy manager, a nurse, a team leader, two care staff, an administrator, the activities co-ordinator, a domestic and

the cook. We looked around different areas of the service; the communal areas, the kitchen, bathrooms, toilets and where people were able to give us permission, some people's rooms. We examined a range of records including the following: seven people's care records, people's medication administration records, four staff files and records relating to the management of the service.

Is the service safe?

Our findings

We examined people's individual risk assessments. We found some people's risk assessments required improvement. For example, in one person's care records we found there was no clear direction for moving and handling the person to reduce risk of pain. This showed the person had not been protected from the risk of receiving inappropriate care. In addition, when we spoke with the nurse they told us the person had periods where they displayed behaviour that could challenge staff, but this was not documented in the person's care plan. This showed there was a risk that the person's behaviour was not managed consistently and the risks to their health, welfare and safety were not managed.

In another person's care plan we saw the GP had recorded the person was at risk of aspiration, but no risk assessment or action plan had been implemented. This showed that there was risk the person would not be provided with care in a safe way.

In another person's care plan there was evidence of weight loss in April 2017, but weekly weights had not been undertaken as advised in the care plan. The evaluation stated 'GP to be informed of weight loss', but no further action had been documented in that specific care plan for the rationale of weight loss or whether further weight loss could be prevented. This showed the measures in place to reduce and manage the risks to the person relating to weight loss required improvement.

During the inspection we noticed an outside gate that should be kept locked at all times had been left open by staff. We also noticed the paving surface was slippery in this area. We shared this information with the manager; they assured us appropriate action would be taken to ensure people were safe.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment.

The manager told us the service employed a maintenance worker to manage environmental risks and maintain the property. We saw a range of regular checks were completed at the service including: weekly nurse call checks, wheelchair check, walking frame checks and window restrictor checks. We also saw evidence that regular fire detection system checks had been completed and fire drills had been undertaken at the service.

During the inspection we spent time observing the daily life at the service including the care and support that was being delivered. People we spoke with told us staff were very busy. People's comments included "Staff are busy and it's maddening out there," "Staff are too busy to sit and chat. Staff have to put up with a lot" and "Staff don't have time to sit and chat, but always call to see if I am alright." We saw some examples where people's calls for assistance were not responded to in a timely manner. For example, one person did not receive their breakfast in a reasonable timescale from waking, despite the person asking for drinks and being assured by staff they were coming. In contrast, we saw examples where people's calls for assistance were responded to promptly.

Some people had lunch in their rooms located either on the first or second floor. Some of these people also required support with eating. For example, on one floor eight people had lunch in their rooms and three people required assistance to eat. We saw two staff were deployed on the floor to serve meals, support people to eat and also respond to any calls for assistance. This showed the deployment of staff during mealtimes could be improved to enable people to be supported appropriately and in a timely manner.

We shared our observations with the manager and ask them how the staffing levels at the service were determined. They told us they used people's individual dependency assessment's to determine staffing levels. They also told us the regional manager was in the process of developing a dependency assessment to calculate the staffing levels at the service. This assessment would be used to calculate the number of staff service needed with the right mix of skills to ensure people received appropriate care. For example, number of nurses and number of care assistants for each floor.

We saw a recruitment and selection policy was in place, but it did not identify all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 must be available to demonstrate fit and proper persons have been employed. We shared this information with the manager so appropriate action could be taken by the registered provider.

We reviewed four staff recruitment records. The records contained a range of information including the following: application, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. We identified a few concerns in staff recruitment records and shared this information with the manager. For example, we saw one staff member's employment history had not included all the start and end dates of employment. We also saw that one staff member's reference from their most recent employment with a care agency had not been obtained. The manager told us the care agency would not provide a reference and they had obtained a reference from a previous employer. However, we saw no evidence to show the care agency had been contacted. This showed the system in place to ensure that fit and proper persons were employed at the service needed to be more robust.

We found appropriate arrangements were in place for obtaining and handling medicines. The medicines people needed were available. We observed the nurse in charge administering medication. Throughout our observations we noted that medication was handled safely.

We found a few concerns related to people's medication records. We noticed that one person's pre-emptive prescribing card completed in 2016 had not been reviewed or archived. Prescribing cards are written for people thought to be near the end of life to support symptoms which may occur in the last one to three weeks of life. We also saw that two forms were being used to monitor one person's blood sugar levels. We also saw the guidance in place to help staff decide when to administer medicines prescribed 'when required' would benefit from being more detailed and person centred. For example, if a person was prescribed a medicine to alleviate pain, how did the person communicate they were in pain.

We saw the systems in place for staff to regularly check people's transdermal patches were still in place could be improved. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. For example, a person may be prescribed a transdermal patch for pain, which is replaced every seven days. We shared our information about medicine records with the manager so appropriate action could be taken.

Medicines were kept safely and at the right temperatures.

Medicines that are controlled drugs (CDs) were kept in cupboards that complied with the law. This meant that medicines could not be mishandled or misused by other people, and that they were safe to use.

Medicines were disposed of appropriately. Unwanted medicines were recorded in a book and collected by a licensed waste disposal company. This helps prevent mishandling and misuse.

The provider had a process in place to respond to and record safeguarding concerns. The manager told us they had identified that some staff had not completed safeguarding training when they started working at the service in November 2016. On the day of the inspection we saw some staff were attending safeguarding training. It is important that staff undertake safeguarding training so they understand their roles and responsibilities in regard to keeping people safe.

People we spoke with told us they felt 'safe'. One person commented: "I like it here. At home I was on my own and often I was frightened. Here there is someone around all the time." Relatives we spoke with did not express any concerns about their family members' safety.

We found there were arrangements in place for people who had monies managed by the service. We examined three people's financial transaction records and the balance was correct. However, we noticed the dates on the receipts did not always match those dates logged on the registered provider's electronic accounting system. We shared this information with the manager so appropriate action could be taken.

During our inspection we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. There were malodours in a few people's rooms. The manager told us they were taking ongoing action to improve these specific rooms.

We found that hoist slings were not measured or used for individual people. Care staff informed us they should be wiped between people, but acknowledged this was not always done. We found there was a lack of awareness amongst staff about the risk of cross infection. The manager told us they had ordered additional slings. On the day of the inspection, one of the slings that had been ordered by the manager was delivered.

Is the service effective?

Our findings

On the morning of the inspection we saw that one person did not receive appropriate care. The person was not supported to wash until midday and did not receive their breakfast in a reasonable timescale from waking, despite the person asking for drinks and being assured by staff they were coming. We shared our observations with the manager; they assured us action would be taken to ensure the person received appropriate care.

We saw people had a written care plan in place. We found some shortfalls in the care plans we examined. One person's care plan stated they required fork mashable food. However, the person's relative told us the person was able to have soft snacks. We saw the person's care plan had not been updated since July 2016 and did not reflect whether staff could now encourage soft snacks. This showed there was a risk the person would not receive appropriate care to meet their needs.

One person's care plan stated they had unstable diabetes; we saw two charts in place to record blood sugars, it was not clear which chart was routinely being used. It was not clear from the care plan or talking with care staff whether they had liaised with the diabetic specialist team to support care planning and needs. The care plan evaluation completed in May 2017 identified the person had been admitted to hospital due to high blood sugars, but there was no update to the care plan to prevent this reoccurring again. There was little guidance in the person's care plan regarding their diet and records showed there was a history of non-compliance with a diabetic diet. This showed there was a risk the person would not receive appropriate care and treatment to meet their needs.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. We checked whether the service was working within the principles of the MCA.

We found the service was working within the principles of the MCA. However, the systems in place to ensure people's DoLS conditions were met required improvement. We reviewed one person's DoLS authorisation which had been granted with conditions. These conditions are legally binding and have to be met. The person's conditions included a new communication plan to be drawn up on how staff could communicate better with the person. An urgent referral to be made to hearing services for a hearing aid. A care plan to put in place as the person could be resistive of interventions and display aggressive behaviour. The condition included a care plan to identify potential triggers and how the behaviour that challenged could be managed in the least restrictive way. We reviewed the person's records. We saw evidence that the audiology department had been contacted, but there was no further details of contact or information included in the person's communication plan. We saw that a care plan to specifically identify potential

triggers and how it can be managed had not been completed. This showed there was a risk the person would not receive appropriate care and treatment to meet their needs.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Person-centred care.

We found some staff had not completed all their induction training. For example, one staff member had not completed moving and handling training. We saw the documentation to record staff induction was not always included in staff files or not fully completed. This showed the system in place to ensure staff completed their induction training to enable them to deliver care safely and to an appropriate standard required improvement.

We found the registered provider had not ensured staff received refresher training to maintain and update their skills to enable them to deliver care safely and to an appropriate standard required improvement. The manager told us they had identified shortfalls relating to staff training when they started working at the service. They told us a programme of face to face training was now being delivered at the service. For example, on the day of the inspection safeguarding training was being delivered to a group of staff. The manager told us all the staff who administered medication were being given medication training.

The National Institute for Health and Care Excellence (NICE) recommends an annual review of staff knowledge, skills and competencies relating to managing and administering medicines. We saw the system in place to ensure this annual review was completed required improvement. The manager assured us that a staff competency check would be completed each year.

We found staff had not received regular supervision and an annual appraisal. For example, one staff member started working at the service at the beginning of 2016. We spoke with the manager; they confirmed there were no supervisions recorded for the staff member. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The manager told us they had identified shortfalls relating to staff supervision and appraisal when they started working at the service. They had a supervision schedule in place for 2017 and had completed over twenty supervisions in January 2017.

This showed the registered provider had not ensured that staff had received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Staffing.

During the inspection we observed the meal time arrangements in the dining room. We did not see a menu on display for people to look at. We spoke with the cook who was aware of people's food preferences and special diets so these needs could be met. Care staff were provided with a list people who needed a specialised diet and/or soft diet to refer to. Care staff were aware of people's individual likes and dislikes. Staff supported those who needed assistance. We also saw staff prompt and encourage some people to eat.

People we spoke with were satisfied with the quality of food provided at the service. People's comments included: "Food is good" and "Food is alright. If I don't fancy what is offered they give me a salad." People we spoke with told us they were asked the day before what they would like to eat the following day. People

told us they could change their mind. One person showed us the menu booklet they had been given, which showed the different meals for each week. However, they said this was not always adhered to. They said it would be good to have the daily meals displayed in the communal areas on each floor to remind people.

A few of the people we spoke with told us sometimes hot food had gone cold by the time they received it. We saw the arrangements in place to ensure the temperature of food was checked and maintained on food trolleys needed to be more robust. For example, a temperature probe was available to staff to check temperatures on the food trolleys, but we did not see these being used on the day of the inspection. We also saw the deployment of additional staff during mealtimes would reduce the serving time. We shared this information with the manager; they assured us that appropriate action would be taken.

People we spoke with were satisfied with their access to healthcare services. People told us they could see the doctor if they felt unwell. People's comments included: "I can see a doctor if I need to, staff sort that out. I haven't seen one in the past couple of weeks" and "The GP comes once a week and I can ask to see them if I want." Relatives we spoke with were also satisfied with their relative's access to healthcare services.

Is the service caring?

Our findings

People and relatives made positive comments about the staff and told us they were treated with dignity and respect. People's comments included: "They [staff] are good and they work hard" and "I feel safe and staff are very good."

People told us they were happy and cared for by staff that knew them well. People were addressed by their preferred names. People were relaxed in the company of staff. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This showed people were treated respectfully.

During our inspection we spent time observing interactions between staff and people who used the service. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported them. We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission prior to supporting the person. We saw that people were cared for by staff that were kind, patient and respectful.

We did not see or hear staff discussing any personal information openly or compromising privacy. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. However, we noticed that some people's daily notes records were not stored appropriately. We shared this information with the manager; they assured us action would be taken to protect people's personal information.

We saw staff interacting respectfully with people and all support with personal care taking place in private. One person said "I like the door kept open, but staff close it when I get changed." This showed people's privacy and dignity was promoted and respected.

We saw there was a range of information available for people, visitors and relatives to look at in the reception area including information about dignity in care.

The manager told us a Holy Communion service was held at the home each week which people could choose to attend. They told us some people were supported by family to go to church on a Sunday.

When we spoke with the manager they told us that as part of the service's training programme, staff would be completing end of life training. This would ensure staff had the skills and knowledge to care for people when this support was needed.

Is the service responsive?

Our findings

We received mixed views from relatives we spoke with regarding their involvement in their family member's care planning. Some relatives told us they were fully involved, whilst others told us they had not been involved. This showed that the systems in place to ensure that an assessment of needs involving relevant people required improvement.

We saw people had a written care plan in place. However, we found shortfalls and contradictory information in the care plans we inspected. For example, in one person's care plan there was contradictory information regarding their capacity to make decisions. We found examples where care plans did not reflect the care being provided or when a person's needs had changed. For example, one person had their drinks thickened, but this was not reflected in the person's care plan. This meant the systems in place to ensure people's care plans were regularly reviewed or in response to any change in needs required improvement. We spoke with the manager; they told us they were in the process of reviewing each person's care plan. This showed that people were at risk of receiving care that was inappropriate and did not meet their needs.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Person-centred care.

We spoke with the activities co-ordinator who was employed by the service. They told us they worked Monday to Friday between ten and three o'clock. They provided a range of activities in the communal area of the service which included: chair aerobics, glass painting, cooking, reminiscence, handicrafts and bingo. They told us they did not have the opportunity to provide activities on a one to one basis to people in their room. They were committed to making the activities enjoyable for people. The manager told us they were in the process of employing an additional activities co-ordinator to work at weekends.

During the inspection we saw people were supported and encouraged to attend activities, but equally could choose not to attend. One person said "I am happy in my room. I watch telly sometimes and sometimes I have a rest. I don't want to take part in activities. They have asked me nicely but I don't like to." However, for those people who were unable to leave their room they were not provided with any activities on a one to one basis. It is important that all the people living at a service are provided with meaningful activities, linked to hobbies and interests that the person enjoyed. We shared this feedback with the manager.

The registered provider had a complaint's process in place and this was displayed in the reception area. Most of the people and relatives we spoke with told us that concerns and complaints were always taken seriously and responded to in good time. The feedback we received from a few relatives showed the systems in place to ensure the complaints process was followed by all staff needed to be more robust. For example, one relative told us they had not received a response to a complaint they had raised verbally with a senior member of staff. They thought action had been taken, but they weren't sure. Another relative told us action had been taken as a result of a complaint, but this action was not always sustained.

Is the service well-led?

Our findings

The manager told us they had started working at the service in November 2016. They had not registered with the Care Quality Commission. The manager told us they had obtained the documentation to apply to become the registered manager, but they had not submitted their application yet. The manager told us they had identified a number of shortfalls at the service and they were taking action to address these shortfalls. For example, staff training and supervision and reviewing people's care plans. Our findings during the inspection showed the registered provider had failed to monitor effectively that the service maintained a good quality service for people.

During the inspection we found concerns relating to records. We found the registered provider had not ensured that each person who used the service had an accurate and contemporaneous record in place, including decisions taken in relation to the care and treatment provided. We also found the storage of people's daily notes required improvement.

The manager told us they sent a weekly report to the regional manager each week. They also sent them copies of any safeguarding alerts and notifications that had been raised. We reviewed two weekly reports completed in May 2017. The reports covered a range of topics including; admissions, staff training and information, maintenance concerns, accidents, incidents, complaints and safeguarding. We also saw that senior staff had completed a number of audits at the service including infection control and catering. Our findings meant that whilst this overview was provided it had not been effective in maintaining a good quality service for people.

The manager told us the regional manager regularly visited the service. We examined the regional manager's monthly report completed in April 2017. We saw the report covered a range of areas including observations, staff concerns, safeguarding, complaints, DoLS, nutrition, care plans, infection control, training, supervision, environment and equipment. However, our findings during the inspection showed the registered provider systems to assess, monitor and improve the quality and safety of the service required improvement, for example, that staff received relevant training and support to enable them to carry out their duties and that people's care plans were regularly reviewed or in response to a change in needs.

The manager told us they had reviewed the systems in place to monitor accidents and incidents to ensure any trends were identified. For example, they had introduced a falls analysis system. They gave us an example of the action they had taken when they had identified a trend in the timing of falls. We saw the manager reported any accidents, incidents, complaints and safeguarding via their weekly report. However, we were unable to determine what system was in place to ensure the registered provider used the information to monitor the risks relating to the health, safety and welfare of people.

The service was unable to provide evidence to show that regular meetings were held with people and/or their representatives to obtain the views. For example, the only meeting records provided for 2016 was for the meeting held by the current manager. We reviewed the minutes of the meeting. We saw a range of topics had been discussed including activities, respect and dignity and staffing levels. The manager told us

that they were planning to hold regular meetings in the future. This showed the registered provider had failed to ensure that people and their representative views were regularly sought for the purpose of continually evaluating and improving the service.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Good governance.

We saw the manager had held a number of staff meetings since they started working at the service. For example, a domestic team meeting was held in December 2017, a cooks meeting was held in January 2017 and a care staff meeting in March 2017. We reviewed the minutes of these meetings; we saw these meetings were being used to continually improve the service. For example, we saw action being implemented to improve infection control and the quality of the food provided to people living at the service.

During the inspection we saw the registered provider's statement of purpose required updating. We shared this information with the manager.

The manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered provider had not protected service users from risk of receiving inappropriate care and treatment.

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 registered provider had not ensured service users were protected from unsafe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not ensured the systems and processes to monitor the quality and safety of the service were effective in practice.

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 registered provider had not ensured staff were appropriately supported and received training to enable them to carry out their duties.

