Strong Life Care Limited

Earls Lodge Care Home

Inspection report

Queen Elizabeth Road
Wakefield
West Yorkshire
WF1 4AA

Tel: 01924372005
Website: www.Stronglifecare.co.uk

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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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place 11 May and 1 June 2017. The inspection on the 11 May was a focused inspection looking at the Caring and Well-led domains, this was carried out in response to the registered provider removing a voluntary hold on admissions following the concerns found at the previous inspection. No significant concerns were identified during our site visit on the 11 May 2017. However following our site visit we received information of concern and we returned to the home on the 1 June 2017 to resume the inspection and expand it to a comprehensive inspection looking at how the home ensured people received a Safe, Effective and Responsive service.

The home was last inspected in February 2017, at which time we found the home was failing to meet the requirements of two of the Health and Social Care Act 2008 regulations. These were in relation safe care and treatment and good governance.

At this inspection although some improvements had been made we found continued breaches in relation to safe care and treatment and good governance and a new breach in relation to the need for consent.

Earls Lodge provides care for up to 50 older people some of whom live with a diagnosis of dementia and all of whom require nursing or personal care. The accommodation is offered over two floors. On the ground floor is the Glenn unit which offers residential care for up to 23 people living with dementia beds and on the first floor is the Dale unit which offers 27 nursing beds. The home has a secure external garden and patio areas, which can be accessed by people who live at the home on the ground floor.

There was no registered manager at the time of the inspection, and the service had not had a registered manager since September 2016. 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. There had been a number of manager's in post since this time however they had not registered with the Care Quality Commission. There was a newly appointed manager in post who had been promoted from the position of deputy manager between the first and second days of the inspection. The newly appointed manager had been employed by the provider for 12 months. There was also a Head of Clinical Governance, an operations manager, an HR Director and the Managing Director who were offering support to the new manager.

Medicines management was not safe in all cases, and there was evidence people had been without prescribed medicines as these had not been ordered in a timely manner.

Staff had undertaken training including safeguarding and could demonstrate their understanding of the training they had undertaken.

The home was not always working with the Mental Capacity Act 2005 as information about people's mental

capacity was conflicting, and people's rights were not always protected as a result. There were Deprivation of Liberty Safeguards in place for people in the home who had been assessed as needing these.

People gave us mixed feedback about the food.

Staff were observed to be kind and caring when supporting people and we saw they knocked on people's doors before entering.

Care records were not completed in a timely or accurate manner. Care staff were creating daily care records for people from memory as they had not recorded key information at the point of care. This meant some daily care records were incomplete and inaccurate.

There were some processes in place to monitor the quality and safety of the service.

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 always safe.

Medicines were not always managed safely and people did not always receive their medicines as prescribed.

Specialist equipment provided for people was not always being used.

Processes were in place to ensure the safe recruitment of staff.

The home was clean.

Recruitment processes ensured only suitable staff were employed to care and support people.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had undertaken training.

There were deprivation of Liberty Safeguards in place for some people; however decision specific mental capacity assessments were not always in place and where people were not able to give consent there was no evidence the people who had given consent on their behalf were legally authorised to do so.

People were generally happy with the food they had.

Is the service caring?

Requires Improvement

The service was not always Caring.

Staff were seen to be kind and caring when supporting people.

We saw staff were knocking on people's doors before entering, which helped to ensure people's privacy and dignity was maintained.

We found there was poor information recorded in relation to

people's wishes for the end of their lives.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always reflect people's current care and support needs.

An activities co-ordinator was in post who was responsible for ensuring there was a range of activities for people to participate in.

A complaints policy was in place, where a complaint had been raised these had been investigated.

Is the service well-led?

Requires Improvement

The service is not always well-led.

The registered provider had systems in place which monitored the safety and quality of the service, however they had not identified the issues found at this inspection.

There had been recent changes to the management of the home, and a number of supporting senior managers were in place.

Records of care delivery were not always contemporaneous to ensure they accurately reflected care needed by the person and provided by the home.□

Earls Lodge Care 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 checked 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 11 May and 1 June 2017 and was unannounced on both days. On 11 May the inspection was carried out by two adult social care inspectors. On 1 June 2017 the inspection was carried out by three adult social care inspectors, a Specialist Advisor with expertise in skin integrity and pressure area care, and an Expert by Experience who had expertise in older people's care and the care of people living with a diagnosis of dementia.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included the Local Authority commissioners and safeguarding teams and the Clinical Commissioning Group. Prior to and during the inspection we spoke with a specialist tissue viability nurse, and the local safeguarding team.

During the inspection we spoke with the managing director, HR director, head of clinical governance, operations manager, the manager, two nurses, three senior care staff and seven members of the care staff team. We also spoke with 12 people who lived at the home, eight relatives, two visiting health professionals and the chef.

We reviewed a variety of records including care records for 16 people their risk assessments and daily care records, training records, medication records for everyone in the home, policies and procedures, auditing and monitoring processes, provider and management visit reports, safeguarding records and accident and incident records.

Requires Improvement

Is the service safe?

Our findings

Staff we spoke with told us they had completed safeguarding training and explained safeguarding was about protecting people. Staff said they would report incorrect moving and handling, not wearing personal protective equipment (PPE) and abuse which included anyone shouting at people. Staff told us they were confident that if they raised concerns these would be dealt with appropriately.

During our inspection on the 1 June 2017 we found that staff had undertaken safeguarding training and could demonstrate their understanding of this when we spoke with them. One member of staff told us they had recently reported an incident to a senior manager in relation to poor moving and handling practice they had witnessed.
When we followed this report up with the management team we found there was no record of the incident. The manager who had dealt with the matter could not tell us which person who used the service had been involved in the incident. We raised this matter to the management team as a concern and were supplied with an incident form after the inspection. The record of this incident was not made until a week after the incident, and did not record whether there had been any referral made to the local authority safeguarding authority or if any checks to the person concerned had been carried out to ensure there had been no injuries.

The inspection team referred the matter to the local authority safeguarding team. Following the inspection the provider confirmed that no harm or injury was caused to the person and that the safeguarding team had confirmed that the concern was not a safeguarding matter that required investigation.

Accidents and incidents which were recorded were reviewed and there was a summary completed each month. This was analysed to identify any people who had suffered multiple falls for instance and the time of falls and the areas of the home where they occurred. On the 1 June 2017 we found there were other injuries identified during the inspection for example skin tears for which there were no records and staff were unable to tell us how or when these injuries had occurred. Incomplete records are reported on further in the Well Led domain of this report.

We reviewed the assessment of risk within the home. One staff member we spoke with told us, they would have to look in care plans to know what risk assessments were in place and the contents of them. Another staff member said, "Risk assessments are on the system. They gave an example of a person who does not use the buzzer and required hourly checks; the staff member was not sure if there was a risk assessment in place for this, despite recognising this was a risk. Following the inspection the Provider confirmed that there was a risk assessment in place and the risks were properly communicated to staff through the detailed verbal handover that takes place daily as confirmed by the staff member. The staff member confirmed that if they were unsure of people's needs they would ask or check the care plan.

Staff we spoke with told us the fire alarms were tested each week. One staff member was aware of people's moving and handling requirements if people needed to be evacuated from the home. Although they were not aware people had Personal Emergency Evacuation plans (PEEPs). A PEEP instructs staff how to escort a

person safely from the building in an emergency, it is therefore very important all staff are familiar with these plans. Another member of staff said, "I have seen the evacuation plans in the office but not read them."

The concerns which had been raised to us by health professionals prior to the second day of the inspection were in relation to pressure areas prevention and care and weight loss. There were concerns about the level of personal care, which was in place for people and further concerns that whilst specialist equipment had been supplied to help relieve pressure and prevent damage occurring to people's skin, this equipment was not in a number of cases evident or in use.

Individual risk assessments for nutrition (MUST) and the risk of developing pressure ulcers (Waterlow) were completed and reviewed monthly.

We spoke with staff about the management of pressure areas, one staff member told us, "Some people are on two or four hourly turns, regular checks are carried out and cream applied if needed and I make sure pressure cushions are used and these move with the person." They went on to say if they noticed a mark they would record this on the electronic system and report this to the senior staff member.

Pressure relieving mattresses and cushions had been supplied to people at high risk of developing pressure ulcers and, although the specific detail of the equipment was not always documented in their care plans, the equipment supplied was suitable for the person's level of risk.

One relative we spoke with told us, their relative was nursed in bed all day. They told us this was due to the home not providing an appropriate chair for the person to sit out safely. The relative told us the home had promised to get a specialist chair when the resident was assessed to be admitted some weeks ago. The person was not able to sit out of their room as a result of the chair not being in place, which was affecting their well-being and risk of social isolation. We asked the management team about this and were told the chair had now been ordered and was expected to be delivered at the end of June 2017.

During our inspection on the 1 June 2017 we observed a resident sat in their bedroom, they were sat in a 'tilt' chair and a pressure cushion was on another chair. A carer told the inspector, " [Resident] should be sat on an airwave cushion'. The inspector told the carer the service user wasn't sat on the cushion.

The above examples demonstrate a continued breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The concerns raised by healthcare professionals were investigated during a subsequent safeguarding investigation and found not to be substantiated. The Provider advised us that there had been an historic issue of equipment ordered by the district nursing service being delivered to the home unnamed, which resulted in difficulties for staff identifying the correct person for whom the equipment had been ordered. This has now been resolved.

The staff rota showed there was a variation of between six and nine staff on duty during the day. We asked the head of clinical governance to demonstrate how they calculated the number of staff required to meet people's needs. They told us they used a dependency scoring tool, which allocated a number of care hours to each person each day dependent on their needs and this was the information used to calculate how many care staff were needed.

We found there had been two occasions during May 2017 where all five members of staff had been supplied by an agency, which meant there was no permanent staff employed by Earls Lodge on duty overnight. The

provider confirmed the service used the same agency staff who were familiar with the home and the residents. The provider also confirmed that they had recruited to most posts and were currently awaiting DBS checks before staff could commence their employment.

We reviewed the use of medicines in the home, and identified concerns around the management of medicines. This was particularly in relation to the lack of process to ensure there was an adequate supply of medicines for people. We found there were multiple items of medicine, which were 'out of stock' which meant people were not receiving their medicines in line with the prescriber's instructions. These included medicines which lowered cholesterol, anti-depressants, iron supplements, and medicines used to reduce the risk of heart attacks and strokes and reduce muscle spasms.

We found in one case a person had been without items of their prescribed medicines for several days, and when we asked staff why we received different explanations as to whether the medicines had been re-ordered or not. However, at the time of the inspection they were not in the home to be administered. We found medicines which had been prescribed to be administered four times per day had been incorrectly written on medication administration records as 'as and when required' (PRN) medication, which meant people were not receiving regular doses as prescribed. We also found where special instructions applied to the administration of medicines, for example to be given 30 minutes before food, there was no evidence these instructions were being followed, which meant the medicine may not work as intended.
During our inspection on the 1 June 2017, we found a person who required warfarin therapy had not had their routine blood test following their admission. We questioned this and were told this 'had been overlooked'. Warfarin doses are calculated dependant on the results of routine blood tests; this meant the person may not have been receiving the correct dosage for the period since their blood test had been missed which was nine days prior.

We reviewed the use of controlled drugs. We checked procedures for the safe handling of controlled drugs. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found that whilst the records for the drugs matched the stocks which were in place, there had been an issue where a person who required pain relieving patches had run out of one of the strengths of patch. This had not been identified or re-ordered in a timely manner which meant the patch was not available when it was due to be administered. As the person was on two different strength patches the home had been able to apply three of the smaller patches, however we noted new stock of the missing patch was not received until six days after it had run out.

We reviewed the storage of medicines. It is important that medicines are stored at the correct temperature to ensure they remain effective. We found temperature checks were not consistently carried out, and whilst the storage areas seemed to be ok on the second day of the inspection, we could not evidence this was always the case. We reviewed the medicines which were kept in the medicines fridge and found there were some eye drops which were open and had been dispensed in March 2017. Staff had not recorded the date on which the bottle was opened, this is important as eye drops need to be disposed of 28 days after they are opened. We also found there was a second bottle of the same eye drops for the same person which was being stored incorrectly on the medicines trolley, despite there being clear instruction that the eye drops needed to be stored in a fridge. This meant the eye drops were not correctly stored and may not be effective.

We identified a case where a person was responsible for some of their own medicines. There was an assessment of their ability to manage these medicines, however it had been completed in July 2015, and there was no evidence this had been reviewed since this date. We were concerned the medicines were kept out in the person's room and were not locked away. There was no risk assessment in regard to the risks this could pose to the person or other people in the home. The care plan in relation to self-administration of

these medicines stated 'the nurse is responsible for auditing the use of the medicines to ensure they are being used correctly', there was no evidence this had taken place.

We noted there were three people on the ground floor unit of the home who required their fluids to be thickened using a prescribed thickening agent. It was observed and confirmed with staff who were dispensing drinks that there was one pot of the prescribed thickener being used 'communally'. Medicines which are prescribed are to be administered to the person to whom they are prescribed only, therefore it is required that there is a pot of the thickener in use for each
person which has the dispensing label attached to show to whom it belongs. The dispensing label had been removed from the pot which was in use; it was therefore not possible to say which person it belonged to.

The above demonstrates a continued breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us, "I am happy here." "I have no problems staff are very good." "Staff help me to be safe, they help me use a Zimmer frame," and "Staff are helpful."

We reviewed the cleanliness of the home as we had found significant areas of concern at our last inspection. We observed at this inspection that the home was clean in most areas.

We reviewed the safety certificates for the building which showed the building had been adequately maintained and equipment had been serviced in line with our expectations. There were risk assessments in place for the building for key areas including fire safety and gas and electrical installations.

We reviewed the recruitment records for three staff and found the organisation's policy had been followed and all necessary pre-employment checks had been carried out including a Disclosure and Barring service (DBS) check, and references from previous employers to ensure people were of good character and suitable to work with vulnerable adults. One staff member we spoke with told us they had been involved in a group interview with about 12 other people. They said this had included a group activity and they were asked a bit about themselves. Staff confirmed the home contacted the references they had given on their application form and before starting work a DBS check was carried out.

Requires Improvement

Is the service effective?

Our findings

Most people who were able to talk to us about the food appeared generally happy with the food they had. People told us there was a choice of meals and if they did not like the meal on offer they could have "A salad or something". We saw one person having an alcoholic beverage with their meal which they said they enjoyed.

The cook told us they had a list of people's likes and dislikes with the names of people who required any kind of specialised diet, which was kept in the kitchen. There was a menu displayed on each table for people to review and there was a board displaying the choices for the three meals each day. We asked the cook about people who required a fortified diet (added calories) due to weight loss.

The cook said they added milk powder and additional calories to most of the meals and they had just started to receive information about people who had lost weight to enable them to tailor the meals to peoples' requirements. The cook told us if they heard a person who required a fortified diet had not eaten their meal, they went to visit them and chatted with them to identify any foods they thought they could use to tempt them to eat. The cook said they had started to visit people routinely to identify their food preferences in preparation.

Nutrition risk screening had been completed and reviewed monthly, however, some of the corresponding care plans contained standardised information and very generalised statements, which did not provide detail of the support needs of the individual. For example, "Consider any additional factors which may affect nutritional intake e.g. swallowing difficulties, dentures." There was no specific information as to the factors affecting the particular person. Other statements included, "Provide assistance when necessary" and "Consider completing a food record chart." We reviewed people's records of fluid intake and output and found in some instances that records did not accurately reflect care and support provided. This is reported on further in the Well Led domain of this report.

We reviewed the induction and training which staff had received. Staff confirmed they had undertaken an induction and had the opportunity to shadow more experienced staff for a period. We found new staff were recruited under a probationary period, as part of this process some people who lived at the home were asked for their feedback on staff and completed a short questionnaire. People who had taken part in this process told us some of the new staff had "Not been very good and had been let go."

We reviewed the training matrix which was in place at the home. The training records showed that whilst staff had undertaken some of their mandatory training there were gaps in some areas. For example moving and handling people there were five staff who had not completed this training according to the matrix which was supplied, and for tissue viability training we found the training matrix provided indicated that 19 staff had not undertaken the training. We noted that training was delivered in a face to face environment rather than e-learning which staff told us had previously been the case, staff told us they felt the training was much improved. One staff member told us they had completed several training courses which included first aid, tissue viability, moving and handling, Mental Capacity Act; they said they still had some training to

complete. The staff member told us, "The training has prepared me for my job, but I am learning day to day."

We noted there were a large range of additional subjects listed on the matrix including duty of care, working in a person centred way and understanding your role, however there were only four staff who had undertaken this additional training at the time of this inspection.

A staff member told us they had 'spot checks' on how learning is put into practice and whether they were meeting care needs, we asked the HR Director about this who confirmed this was the case, we asked for evidence of these checks but were not provided with any. The only competency checks we saw evidence of were the medicines administration competency checks for staff who administered medicines. A member of staff told us, "There are no real competency checks, but the manager does a daily walk round."

The HR Director told us they had just completed staff appraisals where staff were asked to describe people's likes, dislikes and basic care needs, what training they have received, what had been learnt and what staff found difficult. Staff also had to give themselves a score. We reviewed the records for supervision and appraisal meetings and found all staff who had been in post for any length of time had received an appraisal with the HR Director. These had recently been completed; therefore it was not possible to evidence whether actions had been followed up and whether these were linked into regular supervision sessions. The HR Director told us they were implementing a new schedule of supervision which would take place every eight weeks for all staff, and that all staff who had not required an appraisal would receive a supervision session, however a member of staff told us "I have not yet had a supervision, I was really hoping I would have."

We were supplied with minutes of a staff meeting which had taken place 24 May 2017, at which areas of concern were discussed with 12 members of staff. The importance of each point was explained to staff, including the need for pressure area care to be 'second to none', thickening medicines only being used for the person to whom the package was prescribed, the importance of reporting skin integrity concerns immediately, the importance of completing food and fluid records accurately and in a timely manner and a discussion about the need to record personalised records of the care given to people who lived at Earls Lodge.

We spoke with staff about their understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs), staff comments included, "People are asked if they want to get up.", "DoLS are recorded on 'caredocs' and there is a file in the office which shows DNAR and DoLS." And DoLS and MCA are in the care plans and on the care file. DoLS is for people's best interests and safety."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that whilst the home had made applications to lawfully deprive people of their liberty, there were not always decision specific mental capacity assessments in place to demonstrate why this was necessary.

The information relating to people's mental capacity and ability to give consent to their care was unclear and contradictory. In one person's care records it was recorded that they were unable to understand or

retain information given, yet in the consent section of their care records it recorded that this person was aware of the meaning of verbal and implied consent, they were to be offered the opportunity to ask questions, and their right to withdraw consent to care at any time. In another person's file we found contradictory information in relation to the person's mental capacity to consent to care and treatment decisions. It was recorded that the person had had their rights explained in relation to capacity, and had given their consent to sharing information. However the next sentence stated that the person's advocate had given consent for photographs to be taken and used for various purposes. There was no information in the care records to show who the advocate was or what legal authority they had to act on the person's behalf. This meant that consent to care had not been sought in accordance with the requirements of the Mental Capacity Act 2005 and associated Codes of Practice.

This was a breach of regulation 11 need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service caring?

Our findings

People and their relatives were positive in their feedback of the care and support given by the care staff at Earls Lodge Care Home, and commented how helpful staff were. People told us, "Staff can't do enough for me and for all of us. They work hard.", "I feel they know what I need help with and they ask me and always check with me." Relatives told us, "We know what care [relative] is getting and we are satisfied with the arrangements".

Staff were equally positive about the people they supported and the environment in which they worked. One member of staff told us, I had visited the home before I worked here and thought it was really friendly and staff worked together, it feels like home."

We observed the interactions between people and the staff who were supporting them, and noted staff were kind, caring and polite. Some of the staff clearly knew people who lived at the home well and the conversations they had with people demonstrated that. We observed care staff chatting with people and relatives who was visiting them.

We noted care staff were knocking on people's doors and waiting for a response before entering, and there were signs in place which were placed on bedroom doors to inform people when staff were carrying out personal care, to reduce the risk of people entering the room. We found there were daily dignity checks in place, which involved a senior member of staff walking around the home and making observations. However we found the observations were more in line with an environmental walk around, and focused on rooms which needed cleaning rather than the dignity of people on the home.

We found there were resident and relatives' meetings taking place, and there were minutes of these meetings. We asked people and their relatives whether they had been involved in the planning of their care. Five people said they had been involved People said they and their relatives had spoken with staff and discussed how their needs could be met at the home. One resident said that if they wanted changes they could talk to staff that would amend the plan. We found there was no evidence contained in any of the care plans we reviewed to show people or their relatives had been involved in the planning or review of their care.

We reviewed the care plans which were in place for people when they reached the end of their lives. We found there were people who were approaching the end of their lives whose care plans did not detail what their wishes or preferences were. We also found in some cases there was conflicting information for example in one care plan it stated the person was not sure if they wished for intervention if they experienced a life threatening condition, yet we found there was a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place. This lack of detail and conflicting information meant that there was a risk people's wishes would not be observed at the end of their life.

Requires Improvement

Is the service responsive?

Our findings

Staff we spoke with told us, "I have had a lot of support and now I am confident about people's needs.", "Handover is now more detailed and it is an all staff handover." And another member of staff told us, "I have not read the care plans but get information from handover.

We reviewed the care plans for a number of people, across the residential and nursing units in the home. We found that whilst some care plans contained good levels of detail others did not, this is reported on further in the Well led domain of this report. During staff handovers a detailed up date was provided on people's current care needs to staff.

We reviewed the level of activity which was available in the home to keep people occupied. We found there was an activities coordinator in post who was responsible for ensuring there was a range of activities.

We noted the activities coordinator was not on duty on the second day of the inspection. The only organised activity we saw taking place on this day was an entertainer who came in for a period to sing and brought a dog with them.

There was a file with photos of times when people had been involved in a range of activities. There was also a folder which evidenced some people receiving one to one attention, as well as group activities. We saw there was a weekly activity chart displayed which indicated that on the second day of the inspection the residents would have access to exercise morning, art and crafts, mobile library and games. However, the registered provider informed us the activities coordinator was on leave that day, which was why the external entertainer had been arranged. This activity took place on the ground floor of the home.

Staff we spoke with about the activities in the home told us, "There is a singer in today and when it was nice [activity co-ordinator] took people into the garden." The staff member said they were not sure how people who stayed in bed joined in with activities. Other staff told us, "Activities are great. Every morning [activity co-ordinator] says hello to each person. They do group and one to one activities." and "Activities are really good and they are a lot better now. Everyone is asked if they want to join in. [Activity co-ordinator] does one to one's."

We reviewed how complaints and concerns were recorded and dealt with. We found there was evidence that where complaints had been recorded there was an investigation the findings of which were relayed to the person who had made the complaint; this was in line with the organisations policy.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager at the time of the inspection, and the service had not had a registered manager since September 2016. 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. There had been a number of manager's in post since this time, however they had not registered with the Care Quality Commission. There was a newly appointed manager in post who had been promoted from the position of deputy manager between the first and second days of the inspection. The newly appointed manager had been employed by the provider for 12 months. There was also a Head of Clinical Governance, an operations manager, an HR Director and the Managing Director who were offering support to the new manager.

Relatives we spoke with told us about 'The big change' and staff being suspended and dismissed. The provider confirmed that staff changes had been made due to staff performance matters. Relatives told us they hoped that the period of change had been completed and the staff and residents could settle. Two relatives told us there had been a meeting with the relatives and residents approximately four weeks ago where changes to the management and staff were shared.

Staff we spoke with told us, "It is like a family home and I am happy here, I love it.", "I have seen improvements in the paperwork and in the pharmacy systems.", "There has been lots of changes for the better, including staff, the way things are delegated, food menus and shifts. Changes needed to happen. We have really improved." And "We are getting better. The management team are approachable and we have regular staff meetings."

Staff told us they felt the culture in the home had improved, and that changes had been made which they felt were positive.

During the inspection we observed care staff supporting people but saw no evidence that staff recorded information at the time they delivered care and support. For example staff were not keeping any records of what fluids people had consumed, staff were then accessing the electronic system later in the day and inputting records 'from memory'. The result of this was that we found accurate records were not always being kept as reported in the Safe, Effective, Caring and Responsive domains of this report.

We noted there were daily manager walk rounds taking place. We asked the HR Director about what the daily walk around checks were designed to look at, they told us the manager walk rounds were not prescriptive and looked at the general environment and equipment. The operations manager told us the walk rounds also covered observation of care practice but we did not see any evidence of this recorded on the walk rounds notes we reviewed.

The registered provider had systems in place to monitor the safety and quality of the service, however these were not robust enough and had not identified the issues found during our inspection on the 1 June 2017.

The above examples demonstrate a continued breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Information relating to people's mental capacity and ability to give consent was unclear and contradictory. 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. 12 (1) (2) (g) Specialist equipment prescribed to people was not always being used by the person as required. 12 (1) and (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Some people's care records lacked accurate and sufficient detail to confirm their care and support needs had been met. 17 (1) and (2) (c) Although the system of audit and monitoring implemented since the last inspection had

ensured some improvements had been made, the systems in place were not robust enough to identify and address the issues with medicines, records and the need for consent we found at this inspection.

17 (1) and (2) (a) (b) (f)