

Spindrift Care Home Limited

# Spindrift Care Home Limited

## Inspection report

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05 December 2016

14 December 2016

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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

The inspection visit at Spindrift Care Home took place on 02, 05, 07 December 2016 & 12 January 2017 and was unannounced on the dates in December 2016.

Spindrift Care Home is registered as a care home service with the Care Quality Commission. It is located close to Lytham town centre, providing access to a range of community facilities and services. The home is registered to provide personal care for up to 34 people. Spindrift Care Home cares for the needs of people with dementia, older people, people with a physical disability and people with learning disabilities or with autistic spectrum disorder. The communal areas of the home include three separate lounges, a dining room and a conservatory that leads out to a rear, paved patio.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager has been in post since March 2016. They have commenced the process to apply to become registered manager.

At the last inspection, we found the provider was meeting the requirements of the regulations. We rated the service as 'Good'.

During this inspection, we found concerns in several areas as set out in this report. The provider was no longer meeting the requirements of the regulations.

We looked at the recruitment of six staff members. We found appropriate checks had not always been undertaken before they had commenced their employment to confirm they were safe to work with vulnerable people. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found not all staff had received appropriate training to ensure they had the knowledge and skills to meet people's needs. Staff had not received a regular appraisal. The provider had not ensured a sufficient number of suitably qualified, skilled and experienced staff were deployed at all times. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found risk assessments and measures to reduce risks to people who lived at the home were not always up to date and reflective of people's current needs. We found the provider had implemented a business continuity plan, however this was not up to date and required review. Personal Emergency Evacuation Plans were not in place for everyone who lived at the home. We found handwashing facilities were not sufficient in each area of the home. The provider had not undertaken any analysis of accident and incidents to reduce the risk of recurrence. The matters were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was not working within the principles of the Mental Capacity Act 2005. The provider had not undertaken any assessment of people's capacity to make decisions. Decisions had been made on people's behalf without ensuring they were in the best interests of the person. People were restricted regardless of their capacity. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care needs were not thoroughly assessed. Plans of care had not been designed with the person to meet people's needs and achieve their preferences. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was not effectively operating systems designed to assess, monitor and improve the quality of the service provided. The provider had not maintained an accurate, complete and up to date record of the care people received. The provider had not sought, gathered and taken into account the views and experiences of people, their relatives and staff about how the service was delivered. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at all areas of the home, including bedrooms, communal areas, toilets, bathrooms and the kitchen. We found these areas were generally clean, tidy, and maintained. However, there were areas of the home which required maintenance. We have made a recommendation about this.

We have made a recommendation about the home not being suitably adapted to meet the needs of people living with dementia.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

The provider supported people to access external healthcare services, as required.

People we spoke with told us they were pleased to be living at the home and staff were pleasant, helpful and caring. We observed staff treated people with kindness and compassion.

The manager had undertaken a significant amount of work to gather and record people's preferences with regard to activities and meaningful stimulation. People spoke positively about the range of activities available to them.

The provider had a suitable complaints procedure. No formal complaints had been received by the service in the last 12 months

People were protected from the risk of abuse because staff understood how to identify and report it.

People we spoke with told us they were happy with the management of the home. However, visiting relatives and staff all gave us mixed feedback about the management team. The manager had been in post for around nine months when we carried out this inspection. During that time, the service had experienced a significant change in culture.

During our inspection, the manager and provider were receptive to our concerns and the feedback we gave them. They took action promptly to address immediate safety concerns and immediately began to improve the quality of the service provided.

We have found a number of breaches of the Health and Social Care Act 2008. You can see what action we have told the provider to take at the back of the full version of the 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 always safe.

The provider had not ensured a sufficient number of suitably qualified, skilled and experienced staff were deployed at all times.

Risks to people were not always assessed and managed appropriately.

People were protected from the risk of abuse because staff understood how to identify and report it.

People were protected against the risk of unsafe management of medicines.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had not received training in key areas such as the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The provider had not undertaken assessments of people's capacity to make decisions.

People were supported to maintain their health and well-being.

People were complimentary about the food and drinks provided.

The provider may wish to look into how the environment can be made more suitable for people who are living with dementia.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People told us they were treated with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships with people who lived at the home and knew them well.

People were not involved in making decisions about their care and the support they received.

### Is the service responsive?

The service was not always responsive.

People did not receive personalised care that was responsive to their needs, likes and dislikes.

The provider offered activities to stimulate and maintain people's social health.

People and their relatives told us they knew how to make a complaint. The provider had a suitable complaints policy.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Systems established to assess, monitor and improve the service were not operated effectively.

The provider had not maintained accurate records related to each person who used the service.

The atmosphere throughout the home was calm and relaxed during the inspection.

Meetings had begun to take place for people to share their views and experiences of the care they received.

**Requires Improvement** ●

# Spindrift Care Home Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two adult social care inspectors and an inspection manager.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority, to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

Not everyone shared their experiences of life at the home. 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. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about Spindrift Care Home. They included seven people who lived at the home and three relatives. We spoke with the manager, deputy manager, the owner and nine staff.

We looked around the home to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We checked nine care documents in relation to people who lived at the home. We looked at six staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, policies and procedures.



# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe with the staff and manager at the home. One person told us, "I feel safe. The staff are lovely." Another person said, "It's safe here. I'm warm and I'm well fed." A third person commented, "I feel safe with the staff." Relatives we spoke with also told us they felt their relatives were safe living at the home.

We looked at care records for nine people who lived at the home. We did this to check how the provider identified and reduced risks. We found risk assessments and measures to reduce risks to people were not always up to date and reflective of people's current needs. The provider had not ensured measures were in place to reduce identified risks such as people's mental health, depression and pressure area care. We discussed this with the manager and provider who agreed to review risk assessments and risk management plans for one person per day until complete. The lack of up to date and accurate risk assessments posed a risk to people's safety.

During the first day of our inspection, we found the provider had carried out some environmental risk assessments. However, we found control measures were not always followed to reduce risks to people who used the service, staff and visitors. We discussed this with the manager and provider who took action to ensure these risk assessments were up to date and staff were aware of measures to reduce environmental risks. By the last day of our inspection, we found these risk assessments had been reviewed and staff were following the updated guidelines.

We looked at how the provider had assessed risks and planned to deal with foreseeable emergencies, such as a fire. We found the provider had implemented a business continuity plan, however this was not up to date and required review. Personal Emergency Evacuation Plans (PEEPs) had been developed. These help to ensure people receive support to keep them safe during the event of an emergency evacuation of the home. However, not everyone had a PEEP and the information contained in them was not always sufficient to guide staff or emergency services in terms of how to support the person. By the final day of our inspection, the provider had commissioned an external fire safety consultant to carry out a risk assessment. They provided guidance in terms of fire safety and PEEPs had been implemented for everyone who lived at the home. This showed the provider took swift action to respond to our concerns.

We found handwashing facilities were not sufficient in each area of the home. For example, we found soap dispensers were empty in some bedrooms. Additionally, there was no facility for drying hands in several bedrooms. We noted toilets and toilet seats had not all been properly cleaned. We saw not all staff used Personal Protective Equipment (PPE), such as disposable gloves and aprons. We raised this with the manager and provider who took action to address our concerns. By the final day of our inspection, we saw PPE was available for staff at a central point in the home and soap dispensers and paper towel dispensers had been refilled. In addition, the manager had appointed two staff as infection control 'champions'. The staff took responsibility for attending infection control events in the region, in order to bring back skills and knowledge to share with the rest of the staff team.

We checked how accidents and incidents had been recorded and responded to. Any accidents or incidents were recorded as soon as possible after the incident. We saw the recording form had the description of the incident and any action taken by staff. On the first day of our inspection, the manager told us they had not analysed accidents and incidents. This should be undertaken to identify any trends or themes, in order to take action to reduce the risk of it happening again. We saw there had been a number of unwitnessed falls during the nights, leading up to our inspection. Analysis of accidents and incidents would have identified this trend. By the final day of our inspection, the manager had implemented a monthly review of accidents and incidents to that ensured action could be taken to reduce risks to people.

The above points show the provider had not ensured people were provided with care in a safe way. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked about staffing levels during our inspection and received mixed feedback. Some people told us they thought there were enough staff whilst others commented, "Staff come, but not quickly" and, "Sometimes I have to wait... I think everyone should have a quick way of getting help". Another person told us, "Staff are too busy, I feel for them, They're always rushing." Staff we spoke with told us they felt there were not always enough staff on duty to ensure people's needs were met safely. We looked at staffing rotas for six weeks leading up to the date of our inspection, which showed four care staff were on duty during the day and two care staff were on duty overnight. Due to the layout of the home which had three floors with four communal areas and ten people required assistance from two care staff to mobilise or for personal care, we judged staffing levels to be insufficient, especially overnight. The manager and provider confirmed they did not base staffing levels on the needs of people who lived at the home, but on the number of people who lived at the home. During our observations, we saw staff hurried to complete tasks and we observed many times where there was no staff support available in communal areas of the home.

We found this posed a risk to people's safety, especially, for example, if there had been an emergency during the night. The provider responded to our concerns and agreed to increase staffing levels overnight by one. This was done immediately. The provider also confirmed they would review staffing levels and base them on the needs of people who lived at the home.

The above points showed the provider had not ensured a sufficient number of staff were deployed at all times to ensure people's needs were met safely. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at nine personnel files for members of staff. We found the provider had not always undertaken the necessary checks to ensure candidates were suitable before they began employment at the home. These checks included receipt of references from previous employers and checks with the Disclosure and Barring Service. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because, the provider had not ensured they always followed safe recruitment practices.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Record (MAR) forms for four people. We also observed the administration of medicines by trained staff to three people. We observed consent was gained from each person before having their medicine administered. The MAR was then signed immediately. We did this to see if documentation was correctly completed and best practice procedures were followed.

Medicines were stored clearly and safely within the trolley. When not in use we observed the medicine trolley

was locked and tethered to prevent its removal from the home. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had information to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff we spoke with explained how they would deal with safeguarding concerns and told us they had confidence in the provider to deal appropriately with any issues.

## Is the service effective?

### Our findings

People we spoke with and visiting relatives gave us positive feedback about how effective care was at Spindrift Care Home. They felt staff were skilled to meet the needs of people and provide effective care. One person told us, "The staff are good. I'm happy with the help I get." A relative told us, "I think the staff are great. They look after [Relative] very well."

We looked at how the provider ensured staff had the skills and knowledge to carry out their role. When new staff were employed, they received an induction which included shadowing staff that were more experienced before they carried out tasks unsupervised. This helped them to get used to the layout of the home and the people they were caring for, as well as processes and procedures.

The manager told us when they started in their role in March 2016 they quickly identified staff training was an area they needed to improve upon. They explained, and staff we spoke with confirmed, they had arranged training for staff in key subjects, such as moving and handling, infection control and safeguarding. However, some staff we spoke with confirmed they had not received training in other key subjects, such as first aid, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We discussed this with the manager, who told us they had started to ensure staff received training to equip them with the skills and knowledge they needed to provide effective care. This was underway but had not yet been completed.

We looked at how the manager supported staff. Staff told us they received supervision from the manager. Supervision was a one-to-one support meeting between individual staff and the manager or senior staff, to review their role and responsibilities. The process consisted of a two-way discussion around people who lived at the home, personal development and training needs, as well as any other topic staff wished to discuss. This helped to support staff to carry out their duties effectively. Staff we spoke with told us they felt they could speak with the manager or provider at anytime should they want additional support or guidance. However, we found staff had not received a regular appraisal of their performance.

The lack of appraisal for staff and training not provided in key areas was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We looked at care records and found the provider had not carried out assessments of people's capacity to make decisions. We saw in people's care documentation staff had taken decisions on their behalf where they were deemed to lack capacity. This included decisions such as the use of bed rails. We found the provider had not followed best interests decision making processes, in line with the MCA code of practice.

Additionally, we saw the provider had made applications under DoLS for everyone who lived at the home without having carried out any assessment of their capacity. By the final day of our inspection, the provider had begun to assess people's capacity to make decisions and to review the applications they had made under DoLS.

During our observations, we saw staff offered people choices around daily living. However, we also observed examples where staff did not offer people choice. For example, where they could sit and eat their meal and staff directing people to sit in a particular communal area.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who used the service were being deprived of their liberty for the purpose of receiving care without lawful authority.

We looked at each area of the home, including bedrooms, the laundry room, bathrooms, toilets, the kitchen and communal areas. We found these areas were generally clean, tidy, and maintained. However, there were areas of the home which require maintenance. For example, fire doors did not close properly, fire doors without door automatic closers and window locks needed to be replaced. We raised these issues with the provider who, by the final day of our inspection, had implemented a schedule of works to address them.

We recommend the Provider reviews their systems for identifying and responding to maintenance issues to ensure they are addressed promptly.

The home is comprised of four large terraced houses in a residential area. The premises comprised three floors with several corridors and staircases throughout. The provider had not made adaptations to the design of the building to make it more suitable for people who were living with dementia. Reasonable adjustments to signage around the home had not been made to better support the independence of people who may have visual impairment or those living with dementia.

We recommend the provider reviews guidance from a reputable source, with a view to making the environment more suitable for people who are living with dementia.

We observed mealtimes throughout our inspection and asked people about their experiences of the food and drinks offered. People who required assistance with their meal were offered encouragement and supported effectively. Staff did not rush people allowing them sufficient time to eat and enjoy their meal. We saw snacks and drinks were offered between meals. About the food one person told us, "The food's quite good and it's varied." Another person told us, "The food's very good and I can choose what I want to eat." Another person commented, "There's a choice of meals, I can always have something I like."

We spoke with the person responsible for preparing food who had knowledge of people's likes and preferences. They knew who required special diets and who required food to be served at a prescribed consistency. We visited the kitchen and found it clean and hygienic. The home had achieved a food safety rating of four. Services are given their rating when a food safety officer inspects the premises. The rating of four meant the home was found to have good food safety standards.

People's healthcare needs were monitored and used as part of the care planning process. Care records seen confirmed visits from GPs and other healthcare professionals such as district nurses, speech and language therapists and psychologists. People we spoke with and their relatives told us the provider ensured people received treatment from healthcare professionals, which met their needs. This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs.

## Is the service caring?

### Our findings

People we observed appeared happy and relaxed. People we spoke with told us they were pleased to be living at the home and staff were pleasant, helpful and caring. We observed staff treated people with kindness and compassion. The atmosphere within the home was calm throughout our inspection. One person told us, "The staff are very pleasant." Another person commented, "I like it here. It's a nice place to live." And a third person said, "I think this is a nice place, all the staff know me very well." A visiting relative commented, "The staff are very caring, they look after [relative] very well."

The provider had gathered important information about people, which included their life history, preferences about their care and support, likes and dislikes. However, when we looked at records, we found this information was not consistently gathered and not always used to inform care planning. Using this information in people's written plans of care would make the care and support people received more person centred.

When we looked at care plans, we did not see any evidence of people's involvement in care planning or reviews of the care they received. People we spoke with and their relatives confirmed they were sometimes asked to sign care plans, but were not involved in reviewing them.

We spoke with the manager about access to advocacy services should people require their guidance and support. The manager confirmed advocates had not been involved in supporting people, when required. Ensuring people could access appropriate services outside of the home, to act on their behalf if needed, would help to ensure decisions around their care were taken in their best interests.

The points above showed the provider had not taken a collaborative approach in producing plans of care and support that met people's needs and preferences. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to this, by the final day of our inspection, the manager had begun to review the information they held about each person who lived at the home. This was with a view to identifying where they could gather more information about people who lived at the home to inform care planning. They also gave us assurances they would begin to involve people and, where appropriate, their relatives or advocates in reviewing care plans.

Relationships between people who lived at the home and staff appeared open and friendly. Staff were knowledgeable on people and their likes and dislikes. There was a rapport people appeared to enjoy and which showed familiarity. We witnessed many positive and caring interactions between staff and people who lived at the home. We observed staff treated people with respect and helped to maintain their dignity.

Relatives we spoke with said they were made to feel welcome. They told us they could visit any time, without restriction. We saw people coming and going with family members during our inspection.

## Is the service responsive?

### Our findings

We looked at how the provider ensured people received care that was responsive to their needs. We found staff had a good understanding of people's individual needs, likes and wishes. However, we found people's needs were not thoroughly assessed. Plans of care were often inaccurate and did not reflect people's needs. For example, we found cases where people had been assessed as requiring support around their skin integrity, mental health and behaviour which may challenge. In these cases, we found the provider had not ensured a written plan of care had been produced to meet these needs. This meant people may not have received care that was responsive to their needs because staff did not have a plan of care to guide them.

We found people had not been involved in reviewing their care plans. Important information about people's life histories, likes, dislikes and preferences had not been incorporated into care plans consistently. We found reviews of care plans were often repetitive and in some cases copied from earlier reviews, which contained information which was no longer appropriate.

The above points demonstrated a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because plans of care had not been designed to meet people's needs and achieve their preferences.

In response to this, by the last day of our inspection, the manager had begun to review the provider's assessment and care planning systems.

We asked about activities that took place at Spindrift Care Home. The manager had undertaken a significant amount of work to gather and record people's preferences with regard to activities and meaningful stimulation. Meetings had been held with people collectively and individually to explore what activities they wanted to see provided. People we spoke with told us they felt activities were centred around what they preferred. For example, people told us they enjoyed times when singers came into the home and some people enjoyed regular visits to local pubs and played pool. Various other activities were available, such as crafts and board games. During our inspection, we saw people involved in a singalong session, which they all appeared to enjoy.

People's spiritual needs were met by way of clergy from local churches who visited the home each week. The manager had explored people's preferences with regard to whether they would also like to have a Christian service within the home. This had been arranged with a local church to take place on a regular basis.

In discussion with people who lived at the home, the manager had found several people felt 'cut off' from meeting younger people. They had explored various ideas and collectively decided upon approaching a school in Jamaica. They had agreed to 'twin' the home with the school so people could communicate with younger people and explore differences in culture.

We found there was a complaints procedure, which described the investigation process, and the responses



people could expect if they made a complaint. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the manager or provider. We saw no formal complaints had been received by the service in the last 12 months. We talked through the management of complaints with the manager who had a good understanding of the process. People we spoke with, visiting relatives and staff all told us they would not hesitate to raise concerns and felt they would be listened to, but no one had any cause for complaint.

## Is the service well-led?

### Our findings

People we spoke with told us they were happy with the management of the home. However, visiting relatives and staff gave us mixed feedback about the management team. One person said, "Yes, I know the manager. She's very nice." A visiting relative told us, "I'm sure [manager] would sort it out if we had a problem." Whilst another relative said, "The best staff are disappearing since [manager] came. I would like more information about changes that are going on here." One member of staff we spoke with told us, "[Manager] is nice with staff. She always says thank you and makes sure we get our breaks." Whilst another said about the leadership at the home, "It's poor. Everything we do is robotic. There's no forward plan or guidance." These mixed themes continued to emerge whilst speaking with staff during our inspection.

We looked at systems the provider had to assess, monitor and improve the quality of the service. We found a comprehensive suite of quality assurance systems were available at the home, including policies, procedures and various audits. However, the provider and manager were unable to evidence any audits that had been carried out. Health and safety risk assessments that were available for review had not been carried out for over 12 months. Similarly, policies and procedures had not undergone a formal review and update for over 12 months. This showed systems or processes designed to assess, monitor and improve the quality of the service were not operated effectively.

We found no formal meetings had taken place with people who used the service, relatives or staff in order to gain their views and experiences of how the service performed. People told us, and the manager confirmed, satisfaction surveys had not been conducted for over 12 months. This showed the provider had not sought, gathered and taken into account the views and experiences of people, their relatives and staff about how the service was delivered.

We looked at written records of the care people received each day. We found these records were often very brief and did not record a sufficient level of detail with regard to the care and support delivered to each person on any given day. Providers should maintain an accurate, complete and contemporaneous record in respect of each person who uses the service.

The above points are breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to the concerns raised above, by the final day of our inspection, the manager had undertaken a review of policies and procedures to ensure they were up to date. They were also working to implement a number of monthly audits and had already done so to monitor the environment and cleanliness of the home.

Similarly, by the final day of our inspection, the manager had held meetings to gain views and experiences of people who used the service, relatives and staff. Meeting dates had been arranged for the next 12 months. During the residents and relatives' meeting, people who used the service had elected a committee from people who lived at the home. This showed the manager was taking steps to ensure people were actively

involved in developing the service.

People, relatives and staff told us the management team were visible within the home. People we spoke with told us they could speak to the manager or another member of staff whenever they needed to.

We found the manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We saw from our records that we had received notifications, as required. We noted the provider had complied with the legal requirement to provide up to date liability insurance.

The manager had been in post for around nine months when we carried out this inspection. During that time, the service had experienced a significant change in culture, with the focus moving toward a more person-centred focus than the service being task-led. The manager explained and people we spoke with confirmed improvements had been made with regard to people's daily lives and the activities available to them. However, they acknowledged the other areas in this report where improvements needed to be made.

During our inspection, the manager and provider were receptive to our concerns and the feedback we gave them. They took action promptly to address immediate safety concerns, for example, increasing staffing overnight. This showed the manager and provider were willing to work with other agencies to improve the service delivered to people who lived at the home.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care needs were not thoroughly assessed. Plans of care had not been designed with the person to meet people's needs and achieve their preferences.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments and measures to reduce risks to people who lived at the home were not always up to date and reflective of people's current needs. The provider's business continuity plan was not up to date and required review. Personal Emergency Evacuation Plans were not in place for everyone who lived at the home. We found handwashing facilities were not sufficient in each area of the home. The provider had not undertaken any analysis of accident and incidents to reduce the risk of recurrence.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider was not working within the principles of the Mental Capacity Act 2005. The provider had not undertaken any assessment of people's capacity to make decisions. Decisions had been made on people's behalf without ensuring they were in the best interests of the</p>

person. People were restricted regardless of their capacity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not effectively operating systems designed to assess, monitor and improve the quality of the service provided. The provider had not maintained an accurate, complete and up to date record of the care people received. The provider had not sought, gathered and taken into account the views and experiences of people, their relatives and staff about how the service was delivered.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured appropriate checks were undertaken before staff commenced their employment, to confirm they were safe to work with vulnerable people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Not all staff had received appropriate training to ensure they had the knowledge and skills to meet people's needs. Staff had not received a regular appraisal. The provider had not ensured a sufficient number of suitably qualified, skilled and experienced staff were deployed at all times.</p>