

Four Seasons 2000 Limited

Burgess Park

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 13 September 2016 and was unannounced. Burgess Park is a nursing home that provides accommodation and personal care for up to 60 people, some of whom are frail and live with dementia. At the time of the inspection there were 41 people living at the service.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager at the service and had made an application to the Care Quality Commission to become the registered manager. During the inspection we were informed that the manager of the service, who had made an application to the CQC to become a registered manager, was supporting a manager at another service three days a week. After the inspection we were informed that the manager of the service had left Burgess Park to become the manager of the other service. We were informed that the deputy manager will be supporting the service in the interim whilst a permanent manager is recruited to the service.

We last inspected this service in December 2015, and rated it as requires improvement. At that time we found two breaches in regulations which included breaches relating to safe care and treatment and good governance. We asked the registered provider to tell us what they would do to meet legal requirements. We did not receive the action plan.

On the 13th September 2016, we carried out a focussed inspection so we did not look at all of the Key Lines of Enquiry under each key question. We followed up on the breaches of regulations to see if the provider had made improvements to the service. At this inspection we found the provider was still in breach in relation to good governance. We also found new breaches in relation to staffing and person centred care.

People did not have sufficient numbers of staff caring for them. During the inspection we saw that there was not enough staff available to support people. We observed that people did not have their basic hygiene needs met and call bells were not answered in a timely manner. Staff we spoke with told us there were not enough staff on duty. The manager of the service did not follow the assessment tool used to assess the level of staff required to meet the needs of people. We are considering our regulator response to this breach of regulation and will report to resolve the problems.

People did not have activities that met their preferences or needs. We observed that one person who did not speak English did not have activities tailored to their needs. We also found that people who were unable to leave their bedroom due to frailty did not have individual social activities as identified in their care records. The service did not develop strong links with the local community to reduce the social isolation of people living in the service.

The quality assurance systems in place were not effective because it did not identify the areas of concern we found. Over the past six inspections at this service since 2013, we have found several breaches of the 2010 and 2014 regulations in all expect one inspection. We found the same or similar breeches in regulations at our inspections during this period where the provider had failed to act on these to improve the care and support people received.

People and their relatives, gave feedback to the provider. Feedback received by the provider showed people reported they were happy with the care and service provided. However this was in contrast to what people told us. Staff provided feedback to the registered provider and they analysed the findings. The regional manager then analysed these which showed staff were satisfied with their job. This was in contrast to what staff told us that there were not supported by the managers of the service.

People and staff told us the manager of the service was not open and approachable. They told us when they wanted to speak with her she was not available at the service. We were informed that the manager was supporting another service manager at another one of the registered provider's locations. People we spoke with were not aware that the manager was not regularly at the service.

During this inspection, we found that the provider had made some improvements to safe care and treatment. Risks to people's health and well-being were identified and a plan was in place to manage those risks appropriately. Staff had access to this information and they were able to reduce the recurrence of the identified risk.

Staff had received appropriate training, supervision, and appraisals to support them in their roles. Staff with the support of their line manager identified their professional needs and development and took action to achieve them.

Staff sought consent to care from people they supported. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how to support people effectively. The manager understood their role for caring with people in line with the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food and drink they had. People chose the meals they wanted from the menu provided. People had their preferences and nutritional needs met because staff understood and met them.

Healthcare services were available to people who required them. People had access to health care services when their health needs changed. Staff made referrals to health care professionals for further advice and guidance to manage their health conditions. Staff followed health professional's guidance and recommendations for people.

People contributed to the development of their care. People's assessment identified their needs and a care plan developed to meet them. Staff had guidance from people's care plans to ensure that care delivered was appropriate. Assessments were carried and care delivered was flexible to meet their changing needs. However, we found people were not supported to follow their interests and take part in social activities increasing the risk of social isolation.

People were aware of the process to follow if they wanted to raise a complaint. The majority of people we spoke with said they were happy with the service.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This is because the service is Inadequate in two key questions.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

This service has now remained in Special Measures for over 12 months. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. CQC is considering the appropriate regulatory response to resolve the problems. We will report on action we have taken in respect of this when it is complete. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

People were not safe. There were insufficient numbers of staff to provided care and support to people.

Some improvements had been made to other aspects of the service. Risk assessments and management plans were in place for people. Staff had guidance to manage the recurrence of risks. The manager had identified and acted on risks associated with fire safety at the service.

Is the service effective?

Good ●

The service was effective. Staff were supported through regular training, supervision, and appraisals to support them in their caring roles.

Staff sought consent to care and support from people. The manager and staff had an awareness of supporting in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had meals of their choosing that met their needs and preferences.

People had access to health care services when required. Staff followed professional recommendations and guidance.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. People did not have individual support with social activities increasing the risk of social isolation. People did not have activities that met their personal interest or hobbies increasing the risk of social isolation.

Staff acted on people's changing needs and their care plans were updated to reflect them.

People and their relatives were involved in the assessment or review of their care.

Systems were in place for people to make a complaint or raise concerns about the quality of care they received.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

The service was not well led. The service undertook regular quality audits however these did not identify issues found during the inspection.

The leadership of the service was not visible at all levels because the manager was not at the service for at least three days per week.

The manager did not enable and encourage open communication with people who use the service or those that matter to them and staff.

We could not improve the rating for well-led from Inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inadequate ●

Burgess Park

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 13 September 2016 and was unannounced. Two inspectors carried out the inspection.

Before the inspection, we looked at information we held about the service, including notifications sent by the provider and a report of actions for improvements to the service. During the inspection, we spoke with 10 people and three relatives. We also spoke with the regional manager, manager, two nurses, seven care workers, a visiting health care professional and the maintenance worker.

We also looked at a report from Healthwatch Southwark. They completed an 'Enter and View' visit at the service August 2016. The purpose of the visit was to look at how the service is run. Healthwatch is an independent health and social care champion for local people. A copy of the report can be found at <http://healthwatchsouthwark.co.uk/wp-content/uploads/2015/06/Burgess-Park-Care-Home.pdf>

We used general observations and 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 also observed people in the communal areas and the general environment of the service.

We reviewed 10 care records, 13 staff records, audits, health and safety records and other records for the management and maintenance of the service.

After the inspection, we contacted a commissioning and safeguarding team from the local authority.

Is the service safe?

Our findings

At our previous inspection on December 2015, we found that the service was not safe. Staff had identified risks to people's health and well-being. However, we found, risks assessments associated with fire safety did not protect people. The manager had not taken appropriate action to manage fire safety risks at the service. Regular fire assessment and audits of the service took place and the provider identified areas for improvement. However, the manager had not taken immediate actions to resolve the issues found. We found some areas of the service had an unpleasant odour of urine. We observed that staff did not wash their hands or use hand-cleansing gel when providing care and support to people with eating, assisting with drinks, or assisting people with their medicines. These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had made some improvements. However, we also found new breaches in relation to staffing levels and therefore safety at the service remained inadequate.

People were not cared for by sufficient numbers of staff to meet people's needs. Staff were not able to respond to call bells promptly. We noted on two floors that we visited that staff did not answer people's call bells promptly. We observed, for example, a person rang their call bell and waited for 30 minutes before staff attended to them. We observed that on two occasions of 10 minutes and 15 minutes people's call bells was not answered and people were waiting for care and support. One person told us "I rang my bell for hours and no one comes." Another person told us they had called for help to have a wash and told us "I know the girls [staff] are busy so I don't want to bother them." People told us that they were willing to wait for their continence pad to be changed because they understood that staff were busy to attend to them when they asked. This meant that some people did not have assistance with their toileting needs in a timely way because of the level of staff available to them.

Members of staff we spoke with told us they felt staffing levels were unsafe. Staff told us because of the staff shortage people did not get the care they needed. One member of staff said, "This is ridiculous, we need more staff to care for people." Another member of staff told us, "I feel so upset that I have to leave people, especially people who need two of us [carers] to help them. How can we help them if there is only two of us? [People's] care does suffer, they are neglected." During the inspection we observed a member of staff about to walk out of the service and not finish their shift. We spoke with them and they told us "I am so tired and the manager just doesn't care." The staff member's colleagues spoke with them and they decided to stay for the end of their shift. Staff told us that they did not often take a tea breaks and a lunch break during their shift. They told this was because they could not leave their colleague on their own especially when they were short staffed. Staff told us that they had difficulties in effectively meeting people's needs due to the insufficient number of staff members on duty.

A dependency tool was used by the provider which looked at people's needs and assessed how many staff was required to support them. The dependency recommended that there should be four members of care staff on each floor. When we arrived on the first floor there were two care staff and on the second floor three care staff on duty. On the first floor there were 17 people who required care and support from staff, some

required two carers to support them with their mobility needs. We observed one care worker tell a person they were supporting that they could not attend to their care needs before lunch. The person said they understood and accepted that staff were busy. We were very concerned because people did not get the care they needed and we immediately went to speak to the manager and the regional manager about our observations. They told us one member of staff went to hospital with a person, however replacement staff had not been arranged to cover the shortfall in the staffing level. The regional manager said, "The manager has my authorisation to get extra staff if needed." However additional staff had not been sought to cover the shift. The manager of the service did not follow the provider's dependency tool because the recommended level of staff was not on duty as recommended. We noted that people did not have their basic care needs met which impacted on their health and well-being.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We completed general observations of the service. At our July 2015 inspection we noted that some people lived in an environment, which had an unpleasant odour of urine. At this inspection we found that the communal areas were free from smell or odour of urine. However we found that some people's bedroom had an odour of urine and faeces. We found that some people did not have their personal hygiene met promptly. We found that when people called for assistance this was not responded to promptly. We spoke to one person who told us "I like to be washed and dressed by 9am but it doesn't happen. They wash me about 12pm or 1pm. Not good."

These issues were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

Risks to people's health and well-being were identified and managed safely. The manager had taken action of risks associated with the fire safety for people and of the service. We saw that there were regular health and safety checks at the service. Health and safety issues were resolved with prompt actions from the manager of the service. We spoke with the maintenance worker who told us "I carry out regular checks at the service including fire safety checks. All the concerns that you found last time you [inspector] visited have been fixed. The fire door had been repaired and is working fine now." During our observations of the service we saw fire safety equipment in place and stored in the appropriate manner on each floor. Staff we spoke with told us that they had completed the fire safety training so they were familiar with the fire safety equipment. One member of staff told us "Yes I know how to use the equipment. They further told us they knew which people required the use of a fire evacuation chair or a fire evacuation sledge in the event of a fire. Staff were familiar with what they should do in the event of an emergency at the service. Regular fire assessment and audits of the service took place. The provider identified areas for improvement, and acted to resolve fire safety concerns.

Is the service effective?

Our findings

At our previous inspection in December 2015, we found some improvements had been made and people were receiving effective care. We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We checked this during this inspection to see if the improvements made in July 2015 remained and were consistent.

At this inspection, we found that the provider continued to maintain improvements to meet the regulations.

People were cared for by staff that were supported with their training, supervision, and appraisal needs. People and their relatives told us, staff had the skills and experience to do the job. One person said, "The care staff know what they are doing and how to help me, but have no time." Another person said "I believe they do a good job." A relative said "I am happy with the care [my relative] gets. [my relative] looks clean always."

Staff had access to training, supervision and an appraisal. We saw records of staff supervision with their line managers. Staff told us and records showed that one-to-one supervision meetings were held regularly in line with the organisation's policy and procedure. Discussions about people's care and support, team issues, staff health and well-being at work, performance and learning and developmental needs took place and recorded. Actions from previous supervision meetings were followed up and feedback given to staff of their progress and development. However, staff told us they did not feel listened to because the managers at the service did not support them when they raised concerns with them.

Staff received the training they required to gain the knowledge and skills to support people. Training records confirmed that staff members had completed training such as safeguarding adults from abuse, moving and handling, dementia care, medicine management and dignity in care. Staff showed they understood their roles and responsibilities. They talked about the various aspects of care such as dignity, privacy and general well-being of people and they were confident in discussing how they would ensure people got the care that met their needs.

Appraisals took place annually and were completed as required. These identified staff professional needs and goals were set with them for them to achieve. We saw that staff developed professional goals to track their progress in preparation for their next supervision or appraisal.

Staff had the support with an induction to prepare them to care for people. Newly employed staff were supported by more experienced staff when they began working for the service. This ensured that the newly employed staff became familiar with supporting people at the service while increasing their awareness of the procedures, processes and culture of the organisation they worked in.

People gave their consent to receive care and support. Records showed that people gave verbal and written consent, which were decision specific. For example, people gave permission and consent for staff to complete risk assessments for them. One person told us "Staff ask me if I want something doing especially if

I need moving and then I ask my position before explaining to me what they are going to do." When people were unable to consent to care their relative would complete this on their behalf. People with the support of their relatives made choices on the care and support received.

People were cared for in line with legislation to reduce the risks associated with the unlawful deprivation of their liberty. The manager and staff had an understanding of how to care for people in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Referrals for and application under DoLS were made promptly to the local authority to consider an application for Deprivation of Liberty Safeguards (DoLS). When required the appropriate applications were made to the local authority for an authorisation of DoLS. Staff followed the guidelines to support the person appropriately.

People had meals, which met their needs and preferences. People we spoke with told us they enjoyed the meals provided at the service. One person said "the meals are ok. If I request another meal they [staff] often provide it." A relative told us "[my relative] has no problems with the meals, sometimes I bring in meals for them but otherwise [my relative] will eat the meals here." Staff we spoke with during lunch told us people were able to request culturally appropriate food. We saw that staff were patient with people who ate in their bedroom and encouraged them to eat. For example, we observed staff taking time with people when they were assisting them with their meal. Staff allowed people time to finish chewing before offering them more food, reducing the risk of them choking.

During we lunchtime we observed a member of staff request support from colleagues to assist people with their meals at lunch in the lounge. Staff said that they were unable to assist people because they were short staff and had people on their floor that they needed to support with their meals. We saw resident's meeting minutes for March and June 2016 that showed that people were satisfied with the meals that were provided.

People had access to healthcare support when needed. For example, a GP visited the service on a regular basis to support people with their changing healthcare needs. When people needed specialist health care support staff made a referral for advice. For example, staff made a referral for healthcare professional input when a person's mobility needs had changed and had become more challenging for them to mobilise. An assessment of the person's mobility needs took place and additional equipment ordered for them. Staff followed professional guidance for a person with a complex health condition. For example, when people required repositioning this had followed by staff and people's records were updated to reflect this. People's care records detailed what actions staff should take to support for people to manage and reduce deterioration of their health condition.

Is the service responsive?

Our findings

At our previous inspection on July 2015 and December 2015 staff had not provided appropriate social activities for people. People and members of staff told us the social activities of the service could be improved. People were at risk of social isolation due to a lack of individualised social activities for them. We recommended that the service seek advice and guidance from a reputable source, regarding how to provide social activities for all people using the service.

At this inspection, we found that our recommendations had not been acted on and improvements were required. We spoke with people about the activities in the home one person said "I have been in bed for months and I have not been able to get outside. Look at this beautiful weather and I can't go out." Another person told us "I am not well enough to go downstairs, it would be good to talk to somebody once in a while. But the girls are so busy. I have my TV for company." Their social activity plan showed the person wanted to be involved in social activities at least monthly. They told us they last participated in an activity in June 2016 and this was reflected in their care records. A third person told us, "I enjoy knitting, using the internet and reading books. These are things my family have helped me get. There are no good activities here, I do my own thing."

The service did not have meaningful activities for people to take part in at the service. For example, there were no activities for people with dementia to take part in. The two care co-ordinators left the service since the last inspection. The manager of the service arranged for a care worker to provide activities for people. We saw some people were brought into the lounge and a member of staff was completing activities for them. For example they participated in reminiscence groups. During our observations we identified people were not engaged in the activity and others fell asleep.

Healthwatch Southwark completed an 'Enter and View' visit at the service August 2016. They found that "Activities available to residents should be looked into and improved so they are appropriate for people living there." The provider supplied a response which highlighted that "Activities programme to be developed." During our observations of social activities we noted the recommendations we made in the December 2015 inspection report were not acted on.

We spoke with the manager and regional manager about the activities provided to people. They told us a member of staff would be providing activities for people. They also told us that people were not taking part in individual social activities because there was no activities co-ordinator to support them. After the inspection we were told that the activity co-ordinator was in post and were updating the activities programme in line with the preferences of the people who use the service.

People were not supported to take part in activities that met their needs. We discussed the availability of activities with the manager at our previous inspections in July 2015 and December 2015. We spoke with the manager about our concern of the lack of social activities for a person who did not speak English as their first language. They told us that they were going to contact a community organisation to make a referral for this person. We found that although the manager had made initial contact with a local community

organisation they had not taken any other actions to find culturally appropriate social activities for the person.

These issues were in breach of regulation 9 (CQC Registration) of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

People had an assessment of their needs to ensure the service could meet their needs. People told us they were involved in assessments of their care needs and they added that their relatives were also invited. People's care records included assessment of their needs and the support people required to meet those needs. Care plans were developed which provided guidance for staff with the actions they should take to support people. People's care records were personalised and detailed the personal histories and their likes and dislikes. Care plans were reviewed regularly in line with the provider's care plan policy. Care records showed people's personal histories were documented. These recorded people's histories from before they came to live at the service. One care worker told us, "I know [person] very well they have been living here for a while which had helped me to get to know them and what they like doing." A relative said "Staff really know how [my relative] likes to have things done, they also know us as a family and this helps how they care for [my relative]."

There was a system in place to manage complaints received and the manager followed the organisations processes to ensure complaints were managed appropriately. We found that any complaint made was managed appropriately and the issue reported. For example the manager reimbursed a person's when their property went missing from their room. One person told us "I don't have any complaints about the service I would tell the girls [carers] here if I did." People we spoke with had not raised formally about the levels of staffing because they told us that staff were always busy. One person said, "No I don't want to make a fuss. People here should be like me willing to wait for help, they do come."

Is the service well-led?

Our findings

At our previous inspection in December 2015, the service was not well-led. The findings from a health and safety audit did not manage and act on risks associated with fire safety. The manager had not taken action to ensure fire safety equipment for people who needed them should be available. Health and safety checks at the service did not always take place as recommended every three months. Routine monitoring and reviews of people's care records did not occur. We found that there were gaps and missing information in people's care records. People were at risk of receiving inappropriate care because staff did not review and monitor care records for their effectiveness and accuracy. These issues were in breach of regulation 17 (CQC Registration) of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

We asked the registered provider to tell us what they would do to meet legal requirements. We did not receive the action plan which the provider was required to submit. Although at this inspection, the provider had made some improvements to the service, we had some serious concerns about safety and leadership. We found new and continued breaches of regulation 17.

At this inspection people and staff told us the manager of the service was not open and approachable. They told us when they wanted to speak with her she was not available at the service. We discussed this concern with the manager and the regional manager during feedback. We were informed that the manager was supporting another service manager at another one of the registered provider's locations. The regional manager confirmed the manager was working from the other service three days a week and they were providing support to Burgess Park when the manager was not there. People we spoke with were not aware that the manager was not regularly at the service. One person told us "I wanted to speak with the manger, but every time I ask she is never here and she never comes to see me when she is."

The systems in place for people to communicate with the manager were not effective. We found that the manager did not provide opportunities for people to give feedback to them because they were not at the service regularly. There were limited ways that people could speak with them that were recorded and responded to and used to drive improvements in the quality of care. This was because the manager did not make themselves regularly available at the service and there was a lack of regular meetings with people using the service or their relatives.

The manager did not enable and encourage open communication with staff and staff told us that they did not feel confident in the manager listening to and acting on their concerns. One member of staff told us "They [managers] don't care about us or the people here. We are so overworked but [manager] doesn't care." Another said "So many good staff have left here and have gone to another service. It's because of the management here." A third said " [The manager] is never here, if it was not for my colleagues I would have left. We are not appreciated, even when we do manage when it is short staff, we do not even get a thank you." A fourth member of staff told us, "I'm even afraid of talking with you [inspector]. I will get pulled up for this if anyone sees me." Staff did not feel able to speak with the manager because they felt would not be listened to so chose not to raise concerns with them.

We found that audits in place did not identify concerns with the level of staffing or the quality of care people received in relation to their health, care and support that we found at our current inspection. The manager was aware that the levels of staffing were not sufficient. However they did not take action to resolve this. The staff meeting minutes of August 2016 noted staff often did not arrive for their planned shift and there were staff absences and sickness. We spoke with the manager and the regional manager about the level of staffing on both floors. They said they used the dependency tool to established the safety of people matched with the availability of the staff. The regional manager confirmed the manager could arrange staff from an agency and bank staff to cover staff absences at short notice. The manager had not taken this action during our inspection because the level of staff did not match the provider's recommended level to safely care for people increasing the risk to their health and well-being.

One person said "Residents were happy with the activities but do not like them all the time." There were no further details taken about what people wanted changing in regards to the activities which demonstrated that the service did not address people's concerns during the resident's meetings. We made a recommendation in our previous inspection report about the lack of quality of social activities for people. We spoke with the manager about this and she mentioned they were waiting for the activities co-ordinator to undertake the task of reviewing the activities programme. People were unhappy at previous inspection and remained so. The quality assurance system was ineffective because it did not identify the concerns people raised with us. After the inspection the regional manager told us, "I'm currently liaising with the provider to identify current needs within the home and any support that than can be provided"

Over the past six inspections of this service we have found several breaches of the 2010 and 2014 regulations since 2013. We found the same or similar breeches in regulations were the provider had failed to act on these to improve the care and support people received. We have not seen sustained improvements to the service due to the lack of reliable and effective governance systems in place

These issues were in breach of regulation 17 (CQC Registration) of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

People had an opportunity to attend residents meetings. The manager told us residents meetings took place each month. However we saw records which contradicted what the manager told us, For example, one meeting was dated March 2016 and the other in June 2016?. The meetings discussed various subjects that included the quality of food, care and the service. Most comments were positive about the service.

People lived in a service that had the quality of care reviewed and monitored, however this was not done effectively. The provider had not identified all of the concerns we have found during our inspections, and where issues had been identified there had been insufficient action to make improvements.

The regional manager told us they have had discussions with staff who have made recommendations about how the duty rota is organised. The provider said they were looking into these issues and provide a response to staff accordingly. The regional manager also informed us that the manager has left the service and the deputy manager had been appointed as interim acting manager whilst the home manager post was advertised.

There were some other quality assurance systems in place. The staff team undertook internal audits on the quality of care and support, food, activities and the home environment. These identified areas of concerns and developed an action plan from this. For example, a senior member of staff on duty undertook audits of

the service during a daily walk around the service. People were encouraged to discuss any concerns or issues they had and a record of these with the actions taken were documented.

Staff attended regular team meetings to discuss any issues related to their caring roles. We saw there were regular 'flash meetings' and 'head of department' meetings. These discussed issues related to the effectiveness of the service and how it was run. Any issues were discussed and solutions were developed to resolve the issues. For example when staff needed to ensure people's care needs were reviewed and their care plan updated to reflect any changes.

People's care records were routinely monitored and reviewed. Care records were regularly updated and accurate. When a person's health or needs changed these were reflected in the care records. People's care reviews were completed as required each month and an outcome of the review recorded. Senior staff reviewed and monitored care records for their effectiveness and accuracy.

We were kept informed of all incidents that occurred at the service. The manager ensured that CQC were made aware of any issues or concerns that took place. The provider notified us promptly of any incidents as they are required to do we could take appropriate actions.

People's records were stored securely. Systems for the management of people's personal information were secure. People's records were kept on a paper record that was stored in a locked filing cupboard. Other records were stored on a secured computer software system where only authorised members of staff could access when required. Staff understood the reason for keeping people's personal and private information safe. One member of staff told us, "I only look at the records when I need to." Another staff member told us, "I make sure when I finish writing in the file I put it away in the cupboard, otherwise it can be read by other people living here or visitors. So to be safe I keep them locked away."

Staff worked in partnership health and social care organisations. Staff had developed working relationships with local teams to develop local links. People's care needs and support benefitted from the advice and support for people could be achieved. For example, staff had developed and maintained contacts the local authority who provided support to the service to ensure safe standards and good quality care was received by people.

There were regular reviews of the safety of the service. Records showed the maintenance worker carried out regular maintenance checks and recorded the outcome. Any requests for repair were followed up promptly to resolve the concern. Care records were updated and of a good standard because these were reviewed by staff. However, the provider did not make all the required improvements to meet the regulation.