Select Health Care Limited

Victoria Lodge

Inspection report

Bent Street ,Brierley Hill, DY5 1RB, 01384 572567
Tel: 01384 572567
Website: www.selecthealthcaregroup.com

Date of inspection visit: 10 March 2015
Date of publication: 18/05/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This unannounced inspection took place on 10 March 2015.

Victoria Lodge is registered to provide accommodation, nursing or personal care for up to 61 people. People using the service have conditions related to old age or dementia. At the time of our inspection 59 people were using the service.

Our inspection of September 2014 found that the provider was not meeting six of the regulations associated with the Health and Social Care Act 2008 which related to; respecting and involving people, meeting nutritional needs, safeguarding, supporting workers, staffing and assessing and monitoring the service. Following the inspection we asked the provider to take action to make improvements. The provider sent us an action plan outlining the action they had taken to make the improvements. During this inspection we looked to see if these improvements had been made and found that they had been.

The registered manager had left the service in October 2014. 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 provider had appointed a new

Summary of findings

manager in September 2014 who told us that they were in the process of applying for registration with us, following successful completion of their probationary period with the provider.

People told us they felt confident that the service provided to them was safe and protected them from harm. We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were not robust. Audits undertaken by the provider had identified that documentation in use was confusing and not fit for purpose so training for staff and implementing new documentation was planned. However, the omissions we found during our inspection had not been identified through the managers own internal auditing system.

Staff had been provided with training and were knowledgeable about how to protect people from harm. We saw that medicines management within the service was on the whole effective.

We found that staff had received the training they needed to understand and support people with their specific health needs. The provider was supportive of staff receiving additional training to develop their skills and knowledge in relation to their role.

The provider supported the rights of people subject to a Deprivation of Liberties Safeguard (DoLS). Staff were able to give an account of what this meant when supporting the person and how they complied with the terms of the authorisation.

People were supported to take an adequate amount to eat and drink. The main dining area was not conducive to people experiencing a relaxed meal time experience. Records in relation to people's nutritional needs were not consistently updated.

The staff worked closely with a range of health and social care professionals to ensure people's health needs were met, for example district nurses and GPs.

We observed staff interacting with people in a positive manner. People and their relatives spoke highly about the caring nature of the staff.

People told us they were encouraged to remain as independent as possible by staff. We observed staff maintain people's privacy and dignity whilst supporting them.

People's cultural and spiritual needs had been considered and we saw that people were supported to fulfil these.

People were involved in a range of activities of their choosing, both within the service and in the community. Planned activities were centred on people's individual abilities and interests. During our visit we saw that people were in good spirits and meaningfully occupied.

Information about how to make a complaint was on display. The manager had responded in a timely manner to complaints received since our last inspection and in line with the provider's policy.

People, their relatives and staff spoke about the positive impact the new manager had made since joining the service. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow. Staff were able to give a good account of what they would do if they learnt of or witnessed bad practice.

The manager failed to meet our requests for information which the commission uses to support the planning and gathering of evidence in relation to inspections.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Recruitment practices within the service were on the whole effective.

Staff were knowledgeable and had received training about how to protect people from harm. People and relatives told us they felt the service was safe

Systems for updating and reviewing potential risks related to peoples support needs were not robust.

Medicines were handled and stored safely. We saw that systems for auditing medicines were robust.

Requires Improvement

Is the service effective?
The service was not always effective.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

The manager and staff were fully aware of their responsibilities regarding the Mental Capacity Act 2005. Records completed in regard to issues of consent were not fully completed.

Records we reviewed showed inconsistencies in the recording of people's weight and/or review of any associated nutritional risks.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

Requires Improvement

Is the service caring?
The service was caring.

People and their relatives were complimentary about the staff and the care they received. We observed staff interacted with people in a kind and compassionate manner.

Information about the service was routinely made available to people.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good

Is the service responsive?
The service was responsive.

The provider responded to complaints in a timely and effective manner.

People were actively involved in planning their own care. We saw that care was delivered in line with the person's expressed preferences and needs.

Good

Summary of findings

Activities offered within the service were planned in consultation with people using the service.

Visiting times were open and flexible enabling people to maintain links with family and friends.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

People, their relatives and staff spoke about the leadership skills of the manager in a positive way.

Structures for supervision and regular meetings with staff were in place supporting them to understand their roles and responsibilities.

The managers internal quality assurance systems had failed to identify gaps and omissions in people's care records.

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow.

Victoria Lodge

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 of Victoria Lodge took place on 10 March 2015 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience of older people's care services. An Expert of Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at and reviewed the Provider's Information Return (PIR). This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

Prior to our inspection we liaised with the local authority and Clinical Commissioning Group (CCG) for any information they held about the service. The CCG and local authority are responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with seven people who used the service, four friends/relatives, one member of kitchen staff, six care staff, the deputy manager, manager and area manager. We observed care and support provided in communal areas and with their permission spoke with people in their bedrooms.

We also used the Short Observational Framework for Inspection (SOFI) during the afternoon. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the home was managed. This included looking closely at the care provided to four people by reviewing their care records, we reviewed three staff recruitment records, all the staff training records, five medication records, a variety of quality assurance audits and minutes of meetings held. We looked at policies and procedures which related to safety aspects of the service.

Requires Improvement

Is the service safe?

Our findings

Our previous inspection of September 2014 identified that there were breaches with the law concerning further training that was required for staff in regard to how to safeguard people displaying complex behaviours that would support staff to better meet people's individual needs. We saw that action had been taken; staff had received training, for example in dementia care and behaviour that challenged based on our findings. In addition a number of people who used the service had been reassessed due to the complexity of their needs and were no longer using the service. The manager was in the process of requesting further reassessments of the needs of some people using the service due to the increasing complexity of their needs. They advised us this process is now embedded and will be revisited when people's dependency levels increase beyond the level of staff being able to meet their needs.

We saw that there were sufficient numbers of staff on duty to meet people's needs. People who were able to told us they felt there were sufficient staff to meet their needs. We observed people being responded to in a timely manner, including those using call bells for assistance. One person said, "The staff work hard and they do the best they can do". A second person told us, "They help me when I ask for help". The manager told us that staffing levels were determined in line with peoples changing needs using a staffing tool and that they adjusted these accordingly when people levels of dependency changed. During our last inspections in November 2013 and September 2014 we identified that staffing levels were of concern and that on occasions people waited for assistance with personal care, which put them in some discomfort or potentially at risk. The manager demonstrated that this had been improved through staff recruitment that had taken place, with sickness or absence being covered through bank or additional hours completed by their own staff. We looked at rotas and these evidenced that staffing had improved.

People who used the service and relatives we spoke with told us that they felt the service was safe. One person told us, "Overall I feel safe". Another said, "It's never crossed my mind, I am safe here". A relative said, "I am quite happy that they are here and kept safe".

Staff had received adequate training in how to protect people from abuse or harm. One staff member said, "We have been trained to keep people safe". Staff were clear about their responsibilities for reporting any concerns and described the procedures to follow if they witnessed or received any allegations of abuse. They were knowledgeable about the types of abuse, discrimination and avoidable harm that people may be exposed to. We observed staff taking positive action to protect people when situations of possible conflict arose, for example one person was attempting to remove an object of interest from another which was beginning to cause them some distress, staff intervened by distracting this person towards another activity.

Records we reviewed referred to the individual's level of ability and provided guidance about how to reduce potential risk of harm or injury. However, we found that the reviewing and updating of these records was inconsistent. One person who had two falls a week previously had not been reassessed in regard to their risk of falls or had their care plan updated. Staff we spoke with told us they were updated about people's current or changing needs through daily handovers, which were also documented for reference. This meant that although staff were aware of peoples changing needs, any new or potential risks had not always been assessed and documented in a timely manner.

We saw that learning from incidents was shared to reduce risks to people and enable improvements in the future, for example putting alarm mats in place when people had experienced a fall in order to alert staff if someone who needed assistance to mobilise attempted to do so unassisted. One staff member said, "I reported an accident and I received feedback about what the outcome had been". The manager said that any people who had accidents were reviewed within 24 to 48 hours later as injuries sustained, for example bruising were not always initially apparent. Staff told us that learning or changes to practice following incidents were cascaded to them at shift handovers or staff meetings.

We found that recruitment systems were in place. Staff confirmed that checks had been completed before they were allowed to start work. We checked three staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff member had a criminal record or had been barred

Requires Improvement

Is the service safe?

from working with adults due to abuse or other concern. In two of the records we reviewed although a reference had been sought and received the person providing the reference was not in a suitable position to provide all the verifying information requested. The manager said they would act upon immediately upon our findings.

Records of medicines administered confirmed that people had received their medicines as prescribed by their doctor to promote and maintain their good health. We observed that medicines were provided to people in a timely manner. People who were able told us they were happy with how they received their medicines. One relative told us, “They are pretty good; he gets his medication when he needs it”. We found that records were completed fully without any unexplained gaps. Medicine storage cupboards were secure and organised. We found effective arrangements in place to check medicine stock levels. Weekly audits were undertaken by a senior member of staff. Spot audits were also completed by managers from another of the provider’s services, to promote shared best practice. Medicines were stored in accordance with the manufacturer’s guidelines. We saw that supporting information for the safe administration of medicines that were prescribed for use ‘as required’ was available for staff to refer to.

Requires Improvement

Is the service effective?

Our findings

On our previous inspection in September 2014 we identified that there were insufficient staff to assist people in respect of their nutritional needs and this had caused delays in people receiving their meals in a timely manner with the support they required. We saw that this issue had been addressed and improvements made. Each day a member of staff was allocated as the 'meal coordinator', their role was to ensure all meals were served in a timely manner and that people were given the support they needed to eat and drink adequately. We observed that there were enough staff available to ensure that people received the support with food and drink that was necessary.

We observed lunch being provided to people with two main courses and desserts to choose from. One person told us, "We have a choice of food at lunchtime". A relative told us, "Food looks and smells appetising; they do offer alternatives too". We found that the main dining area also housed the serving hatch where meals were handed out to staff for distribution. People were seated closely to the hatch and at one point we saw eight members of staff were standing waiting for food to be plated up in this small area, amongst people seated at the dining tables having their meal. This made the area cramped and unsuitable for people to experience a relaxed mealtime experience. Music being played in this dining area was fast paced and loud adding further to the noise in this busy dining area. We spoke to the manager about our observations and they agreed to reassess the seating and music choices. However we observed that people appeared to be enjoying the food on offer to them.

We observed staff taking the time to approach people individually to discuss their likes and dislikes, showing them the food choices on offer plated, to support them to make choices. Meals were nutritionally balanced and we saw that drinks were on offer to people throughout the day. Kitchen staff told us that any specific dietary needs or changes to people's nutritional needs were communicated to them by staff as necessary. Staff we spoke with knew which people were nutritionally at risk. We looked at records in regard to people nutritionals needs and any associated risks of malnutrition or dehydration. We found that three out of the four care records we looked in showed an inconsistency in the recording of people's weight and/or review of any associated risks. This meant that a full picture of how people's nutritional needs should be supported was lacking.

We spoke with staff about how they were able to deliver effective care to people. They told us the provider offered a range of training in a variety of subject areas that were appropriate to the people using the service. In addition to the standard training on offer, a number of staff had or were in the process of completing training linked to the Qualification and Credit Framework (QCF) which is a vocational qualification in health and social care to further their knowledge and skills. A staff member said, "We have loads of training". Staff told us that management were supportive in respect of them wanting to undertake extra training to improve their knowledge about people's health conditions. The activities coordinators received the same level of training as care staff in order to provide cover for care staff, as they may be called upon to assist people in time of staff shortages, for example due to staff sickness.

People and their relatives were complimentary about the abilities and skill of staff within the service. People said they felt confident that staff were competent and trained to care for all their needs. A person said, "I am quite happy with the staff". A relative told us, "My relative has improved health wise with support from staff; they are good at what they do".

Staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Records showed that people's mental capacity had been considered as part of their initial and on-going assessment. We observed that people's consent was sought by staff before assisting or supporting them. Staff demonstrated an understanding of lawful and unlawful restraint. We saw that the relevant DoLS applications and authorisations had been made and processed appropriately. We saw that staff were aware of this and were complying with the conditions applied to the authorisation. However, we found that two of the care records we reviewed contained incomplete consent forms

Requires Improvement

Is the service effective?

which related to issues such as provision of personal care, so it was unclear who or when these had been completed. We spoke with the manager who agreed to review these records and establish the validity of these consent forms.

Discussions with people, their relatives and records confirmed that people's health needs were identified and met appropriately. One person told us, "Staff get the doctor for me when I want them to". A visitor told us, "My friend had an infection a couple of weeks ago, the GP was called and they were treated for it". Records showed people were supported to access a range of visits from healthcare professionals including chiropodists and opticians as necessary. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind towards them. One person told us, “Staff are lovely and never grumpy when they attend to me”. Another said, “Generally speaking staff are very friendly and caring”. A relative said, “Staff seem good and appear to be caring”.

Staff knew people’s needs well and supported them in line with their preferences. One person told us, “The carers know me well and take care of me how I like; it is a good place to be”. Another said, “My room is always clean, which I like. I have tranquillity and peace here; staff know I like to listen to my radio”. We observed that staff displayed a relaxed and friendly approach towards people and provided supportive action to relieve people’s distress. For example, we saw one person became agitated and so a member of staff reassured them calmly by sitting and chatting to them whilst holding their hand, which they responded positively to.

People and their relatives told us they not been provided with information about the service when they began using the service, but said they had been provided verbally with the information they needed about their care and treatment by staff. One person told us, “During my admission we were not shown around or given written information about the place”. Another said, “We were shown around the place and saw the room I would be having”. Relatives we spoke to were positive about the level of communication they received from the staff. The manager showed us they were in the process of updating and reissuing a ‘service user guide’ that had previously been provided to people when they initially came to the service.

Staff we spoke with knew how to access advocacy services for people. An advocate is independent and ensures that people, particularly those who are most vulnerable have their rights and views considered when decisions are being made. Information was displayed in the foyer of the building about the availability of local advocacy services and their contact details. At the time of our inspection no one was accessing an advocate.

People and their relatives told us staff respected people’s dignity and their right to privacy. One person told us, “Staff always maintain my dignity”. Another said, “My dignity is maintained when staff help me to wash and dress; I choose my own clothes”. We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way. We observed people being supported to make a variety of decisions about a number of aspects of daily living, for example what they wanted for lunch or where they would like to be seated.

People were encouraged by staff to remain as independent as possible. We observed staff asking people what level of support they needed and what they were able to do for themselves. A person said, “I can do what I choose and staff encourage me to do what I can for myself, but will help me if I ask them”. We observed staff supporting people when walking; they were patient and allowed people to move at their own pace which allowed them to highlight and maintain peoples abilities, whilst helping reduce peoples future level of dependency.

We saw that people’s cultural and spiritual needs had been considered as part of their initial assessment. People who wished to were able to access Holy Communion. People attended local establishments to fulfil their religious observances, with support if they so wished. Records showed aspects of peoples lifestyle choices had been explored with them or their relatives, for example, we saw that certain types of films or music were accessible to those who had identified these as an interest.

Good

Is the service responsive?

Our findings

Our previous inspection of September 2014 identified that there were breaches with the law concerning respecting and involving people in their care, particularly in regard to meaningful activity. We saw that improvements had been made. People and their relatives told us that activities were available to them. One person said, "There are activities on offer if you want to do them". One relative told us, "I have seen crafts, painting, and exercise taking place; there is singing and the hairdresser attends as well to my mother". The service had three dedicated activities coordinators. They told us and records confirmed that activities were personalised to people's interests or hobbies. Planned activities and events were organised, such as meals out at the local pub and visits to the local market. They told us that most activities were decided upon with the individual or alternatively with small groups of people. We saw people singing and dancing at various points throughout our inspection; we observed people were animated, chatting and clearly enjoying this. A staff member told us, "We have a really good relationship with people and their families too".

People and their relatives told us they were consulted about how they would like their care to be delivered, involved in its planning and in making decisions about their care and treatment. Staff knew the importance of providing care to people and in the way they wanted. A person told us, "My care plan was done with me, explained with clarity to me and then I signed to agree it". One visitor said, "We requested that my friends room was cleaned in the morning and that this is when they would like their shower also; this was added to their care plan and staff do it".

People told us that when they were in their room staff checked on them on a regular basis. However, feedback was varied from people on the top floor unit about the response from staff at night. One person said, "At night sometimes I have to wait up to half an hour for staff to come to me". Another said, "It takes over 20 minutes for them to come when I buzz at night". We spoke with the manager regarding the comments we had received; they had not had any concerns raised with them regarding this issue. They agreed to investigate the comments we received by speaking to the unit manager and people who used the call bell system on that floor. During our inspection [which took place during the day time] we saw that call bells were answered within an appropriate amount of time.

Visiting times were open and flexible and visitors we spoke with said they were able to visit the home without undue restrictions. We found people were not restricted in the freedom they were allowed and we saw that they were protected from harm in a supportive respectful way.

Records showed assessments were completed to identify people's support needs. Care plans contained personalised information, detailing how people's needs should be met. Information about people's individual health needs, interests and life history were included. We saw that people's rooms had been personalised with items of sentimental value or of interest to them. The activities coordinators kept records that also detailed people's life history, interests and hobbies, which were used to plan individual activities with them. Records showed that people had been provided with activities that were in line with their individual interests.

People and their relatives told us that staff were approachable and listened to and acted on any concerns they had. One person said, "If I am concerned about anything I can talk to the staff". People told us they were encouraged to raise any concerns or any worries they had.

We saw that meetings were organised each week for people and their relatives to attend in the form of an 'afternoon tea' event; this was used as an arena to share opinions and to raise any issue or concerns they may have. We saw on the day of our visit this informal meeting was well attended. The manager told us that attendance had improved since a less formal and more sociable approach to meeting with people and their relatives had been adopted. Records showed that these meetings were used as an opportunity for the registered manager to relay information about forthcoming changes, planned events or developments within the service.

The service had a complaints procedure in place. Information about how to make a complaint about the service was displayed in an accessible area and included the details of external contacts where complaints could also be directed to. People who were able to and relatives we spoke with knew how to complain. One person told us, "If I had any complaints I would tell the staff". No one we

Good

Is the service responsive?

spoke with during our inspection had had cause to make a complaint. We saw that complaints were dealt with in line with the provider's complaints procedure. Complainants were given clear timescales for an investigation to be completed and a response to be provided to them.

Requires Improvement

Is the service well-led?

Our findings

Our previous inspection of September 2014 identified that there were breaches with the law in respect of the monitoring the quality of the service. Staff told us that they that they didn't feel listened too and did not feel able to raise their concerns with management and we saw that systems for addressing people and their relatives concerns were not addressed in a timely manner. We saw that improvements had been made. Staff spoke positively about the impact that the new manager had made on staff morale and the positive impact of this for people using the service. They described the manager as promoting an 'open' culture in reporting any concerns or incidents. One staff member said, "Morale was quite low here before, but it has been much better since the new manager and deputy have been here; they really do care about staff". Another told us, "Its better now than before, managers are more evident and hands on". A third said, "The manager is always saying if we make a mistake, come and see me; they tell us to be honest and upfront". We saw that the provider sought feedback from people, relatives and stakeholders through a variety of methods including an annual satisfaction survey and a variety of meetings. One relative said, "There is a comments box by the door for us to use". We saw that the provider analysed feedback and made improvements based on the findings; the manager told us that responses were generally few from surveys and that informal weekly meetings were more effective in gaining both positive and negative feedback.

Our previous inspection of September 2014 identified that there were breaches with the law in respect of supporting their staff. We saw that improvements had been made. Staff we spoke with told us and records confirmed the provider supplied a proper induction and on-going supervision for all staff. We saw that these processes gave staff an opportunity to assess their performance, review their knowledge and discuss elements of good practice. The manager was in the process of incorporating an annual appraisal to further support and develop staff. We saw the minutes of staff meetings which were well attended; they were used to gather feedback, and further embed best practice and learning. The manager showed us how she had begun the process of revisiting the induction standards for all staff in order to ensure that the provider policies and procedures and staffs responsibilities were clearly understood and adhered to. Staff we spoke with confirmed this was underway.

People and their relatives spoke positively about the leadership of the service. One person told us, "I know who the manager is". A staff member said, "The manager is very approachable and supportive". Another said, "I can speak in confidence to the manager". The manager demonstrated a good level of knowledge about the people who used the service. One staff member said, "The manager is always around and helps out on the floor, as does the deputy manager".

The manager told us that since taking up post in September 2014, they had been well supported by senior management to bring about positive change and make the necessary improvements and developments required for the service. This had included the necessary recruitment of new staff, employing a deputy manager and the further training of the staff team. The senior roles within the service had been re-evaluated with staff being supported to understand the level of responsibility and accountability attached to their role. Staff we spoke with understood the leadership structure and lines of accountability within the service; they were clear about the arrangements for whom to contact out of hours or in an emergency.

The manager demonstrated a clear understanding of their responsibilities for notifying us and other external agencies of incidents that may occur or affect people who used the service. We reviewed the notifications received from the service prior to our inspection and we found incidents had been appropriately reported in a timely manner.

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow. Staff were able to give a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff received a copy of on induction and a copy was also available in the staff office. The manager was in the process of ensuring all staff revisited these policies, as they would have during their induction; they told us this was to reiterate staff responsibilities for reporting concerns.

We saw that systems for internal auditing and quality checks were in place. The manager and deputy manager conducted regular 'walk abouts' around the units to assess

Requires Improvement

Is the service well-led?

the quality and safety of the service being delivered. We saw that checks on the safety of equipment and fire alarms were regularly undertaken. Where omissions or areas for improvement had been identified we saw that an action plan had been developed and completed.

The area manager visited the service regularly and undertook a quality monitoring audit. We saw that when actions were required or omissions identified, the manager was notified and had acted upon these. However, the monthly audit undertaken by the manager in regard to care records which included ensuring reviews of care plans and risk assessments had failed to identify the issues we found in a selection of records during our inspection. The area manager agreed to review the current internal care records auditing system in terms of effectiveness.

We requested a professional's contact list from the provider prior to our inspection in order to make contact with professionals who had knowledge of the service. However, the list we received was incomplete. Three requests were made to the manager for this to be rectified and resubmitted but they failed to provide this information.

The provider had appointed a new manager in September 2014, but they had not yet registered as manager with the Commission. The manager told us that they were in the process of applying for registration with us, following successful completion of their probationary period with the provider.