

# Hillcrest & Lyndale Care & Support Services Limited

## Lyndale

### Inspection report

60 Green Lane  
Featherstone  
Pontefract  
West Yorkshire  
WF7 6JX

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11 April 2017  
18 April 2017

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out on 11 and 18 April 2017 and was unannounced. Lyndale provides accommodation and support for up to 18 people with learning disabilities. There were 17 people living in the home at the time of the inspection, with some people using the service for occasional respite care. The home was over two floors with communal areas where people could spend recreation time. The previous inspection of the service was in March 2016 and was rated 'requires improvement'. The inspection found the provider had taken some measures to address the issues of the previous inspection, although not all actions had been thoroughly addressed.

A registered manager was in place. 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 of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff understood how to safeguard people from abuse and they knew the procedure to report any concerns.

The premises were in need of refurbishment and there was a planned programme in place. The provider responded promptly to safety issues in the premises highlighted on the first day of the inspection

Individual risks to people were not always robustly identified, assessed or mitigated to ensure people's safety.

People received their medicines when they needed them, although there were weaknesses in the management of medicines and how these were recorded.

Staffing levels were supportive of people's needs and training opportunities for staff had improved since the last inspection. There were clear processes for the induction and support of new staff.

People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had taken steps to ensure applications were made to ensure Deprivation of Liberty Safeguards (DoLS) were in place for people where necessary. However, staff were not all confident about DoLS or the Mental Capacity Act (2005) (MCA) and how it may impact on the day to day aspects of people's care.

Mealtimes and the provision of food and drink was very supportive of people's individual needs, preferences and rights and there were referrals made to dieticians or other professionals as necessary to support people's health.

People had good relationships with staff who respected their privacy and dignity, and knew each person very well.

Care plans were person-centred, although some information lacked detail and information was not always in place.

People were involved in a range of activities at the home and on outings organised by the provider and they chose whether they wished to participate.

People were confident to approach staff to discuss any aspect of their care. We saw there were no complaints recorded since 2003, although there was evidence not all matters of concern raised were recorded as complaints.

The home was well established and people knew who was in charge. People, relatives and staff felt the home was managed well. Quality assurance systems were in place although these were not robust and there was no clear accountability for key responsibilities.

## 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

Risks were not always sufficiently assessed or mitigated.

People said they received their medicines on time, although we found some weaknesses in the management of medicines.

The premises were in need of refurbishment and there was a programme of work in place but yet to be completed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The provider had taken action to ensure people's mental capacity was assessed and people's rights were protected, although staff were not all confident about the legislation regarding the Mental Capacity Act and the Deprivation of Liberty Safeguards.

Staff induction was detailed and comprehensive with clear training plans in place developed around staff's individual needs.

People enjoyed meals at the home and their dietary needs were supported well, with good referral to other professionals to support their health.

### Is the service caring?

**Good** ●

The service was caring

People and staff had caring relationships which were supportive of people's individual needs.

People's rights, privacy and dignity were respected.

People's independence was promoted well and they were involved and informed about matters relating to their care and support.

### Is the service responsive?

The service was not always responsive.

Care and support plans were person centred, although some lacked detail and accuracy.

People enjoyed the activities they participated in and the provider ensured these were varied and interesting.

Complaints were not always recorded

**Requires Improvement** 

### Is the service well-led?

The service was not always well led.

There were plans in place for improving audits, but these had not yet been implemented and there were weaknesses in the quality assurance systems in the home.

The provider had responded to some of the issues raised at the previous inspection although not all actions had been thoroughly addressed.

Staff, people and relatives knew who was in charge and felt the home was managed well.

**Requires Improvement** 

# Lyndale

## **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 11 and 18 April 2017 and was unannounced.

There were two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed information we held about the service, such as notifications, information from the local authority and the contracting team. The registered provider had not been asked to complete a Provider Information Return (PIR) since the last inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We displayed a poster to inform people and visitors that we were inspecting the service and inviting them to share their views.

We looked around the home, in people's rooms with their permission and in communal areas. We spoke with eight people, four care staff, the registered manager, the general manager, the development manager and the registered manager from the provider's other home who supported the inspection. We contacted two relatives by telephone following the inspection.

We looked at care documentation for three people, three recruitment files and records relating to quality assurance monitoring and the safety of the premises and equipment.

# Is the service safe?

## Our findings

People told us they felt safe living at Lyndale. One person said: "Yes I never worry about not being safe". Another person said: "Oh yes I'm safe, we have fire alarms (if they go off) I go through the door there and wait in the car park". Relatives we spoke with said they had no concerns about their family members' safety. One relative said: "I feel my [family member] is safe". Another relative said: "I feel it is safe here". People expressed that they felt safe in the residents' surveys which the provider carried out.

Staff we spoke with said they understood how to report any concerns if they felt a person might be at risk of abuse or if they suspected abuse in the home. Staff understood the whistleblowing policy and felt confident they would report poor practice should they be aware of any.

We saw there were very few accidents and incidents recorded and one of the records we looked at showed there had been an altercation between two people in the home. We discussed this with the provider who said they had not referred this to the local safeguarding authority as nobody had been harmed and they were not aware of their duty to do so. They told us they would review their procedures at both of their homes.

Individual risks to people were not always clearly documented, although it was evident through discussion with staff they knew people very well. Risk assessments were in place for areas such as personal emergency evacuation plans (PEEPs), nutrition, moving and handling. However, not all risks had been assessed. For example, one support plan we looked at highlighted the person had no awareness of daily risks. We found no risk assessments about what the specific risks were and how to mitigate these. In one person's care and support plan there was information the person needed 'assistance whilst out in the community due to little road sense or environmental awareness' but there was no risk assessment regarding this.

We observed staff attempted to assist one person to move from their seat, without understanding the way in which the person needed to be supported and another member of staff intervened. We brought this to the attention of the provider who said they would review this.

Policies and procedures were in place in relation to health and safety. These included a policy about people's use of a private swimming pool. We asked to see the provider's risk assessment for the swimming pool to show all potential hazards to people had been considered. We also asked to see people's individual assessment of risk with regard to this activity. The provider told us all documentation relating to the use of the pool and individual risk assessments were kept off site at the pool itself for staff to refer to.

Staff we spoke with about the swimming activity told us they were aware of people's individual risks and their swimming abilities had been assessed, with suitable provision made for supporting them in the water, such as high staffing levels and flotation devices. We saw photographs in one person's support plan of them involved in this activity and this involved them using the hoist to assist their transfer into the pool. The provider was unable to provide documentation during the inspection to show the hoisting equipment had been safely serviced and maintained, although later gave confirmation it had been.

When we looked round the premises on the first day of the inspection we noticed some safety concerns which we discussed with the provider. These were in relation to the upstairs windows as we found these could be opened very wide and there was nothing in place to assess or mitigate the risk a person might fall. The other concern was around the height of a banister rail on the first floor landing as this was not high enough to prevent a fall should a person lean over it. There were no risk assessments in place to show the provider had considered people's safety with regard to potential falls from height.

By the second day of the inspection we saw the provider had responded to our concerns about the safety of the windows and they confirmed restrictors had now been fitted to all upstairs windows. We randomly selected two bedrooms and the bathroom and saw they had been fitted to prevent these from opening wide and there was a clear risk assessment in place.

Records we looked at showed room checks were completed every six months looking at areas such as sink, taps, mirrors, flooring, carpets, duvet, pillows, waterproofing, furniture, wardrobe, drawers, chair. However, we noticed from our tour of the building and people's bedrooms that despite the room checks, chairs looked worn, bed bases were old and worn, there was a gap in the external door of the bungalow and a broken cooker in the bungalow. We saw a shower fitting which was broken and the provider said this had happened on the day of the inspection; they confirmed it was fixed the same day. One chair we sat on was extremely unstable and we told the provider about this; they promptly took the chair out of use and repaired it.

These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us there was an ongoing programme of refurbishment throughout the home and we saw evidence of newly fitted shower rooms and external decorating carried out. The provider also showed us plans to install a passenger lift to make access to the first floor easier for people. Immediately following the inspection the provider sent us their forward plan for improvements and decoration in the home.

We noticed there were smoke detectors in place and the provider explained how the fire system worked; they said it was newly installed and we saw evidence of old smoke detection fittings in place, but not in use. The provider had carried out a building fire safety risk assessment on 1 March 2017. We asked the provider whether the fire safety officer had made a visit and we were told this had taken place within the last year, although they were unable to confirm when, or show any documentation to support this. We made contact with the fire officer following the inspection and they confirmed their last visit was in 2012. The fire officer made a visit to audit the arrangements for fire safety and reported to us they had no serious concerns.

We saw people were assisted onto the service minibus on the first day of the inspection. Staff spoke with people about wearing their seatbelts and they reminded them about their safety getting on the bus. We noticed the minibus was in need of a clean as there was a build-up of dirt and debris inside. We checked MOT and insurance documentation to make sure the vehicles used to transport people were maintained safely and saw this was in place.

Staff recruitment processes were in place. We noted on one staff file, a reference was from a family member and we queried whether this was acceptable to the provider. They told us sometimes staff did not have sufficient experience to be able to offer independent references and so they had considered this to be suitable, although acknowledged it was not ideal.

Staff we spoke with explained they had followed a recruitment process and undergone the necessary checks



before commencing employment. They said there was a structured induction process which lasted a number of weeks. Staff told us they had shadowed other staff as part of their induction and had been supported in supervisions.

People and relatives told us there were enough staff. One person said: "I know which of the staff are which, I talk to them, they're always here". Staffing levels were seen to be appropriate for people's needs and the staff rotas reflected this. We discussed with the provider which people needed additional support. They told us this was arranged flexibly around people's needs, depending upon a range of different individual factors, and told us staff knew each person very well to be able to be aware of subtle changes. We saw staff gave people more support when needed, such as when they felt anxious.

People we spoke with said they received their medicines on time and they had an understanding of what they took medicine for, such as epilepsy and diabetes. People were encouraged to take responsibility for their own good health, such as through healthy eating conversations. We saw one person tested their own blood sugar before lunch and reported the findings to a member of staff who was watching from a discreet distance. There was information in care and support plans regarding people being able to consent to medicines and understand what the medicines were for.

We looked at the ordering, storage and administration of medicines and discussed the process with a senior member of staff. They told us there was no named member of staff responsible, but it was usually senior staff or a manager who all knew the process. They explained prior to ordering medicines, a stock check was completed to prevent over ordering. The delivery of medicines was checked against what was ordered.

Supplies of medicines were stored securely, although the medicine cupboards were very high with some items difficult to reach. At the last inspection we found dates of opening were not recorded on medicine labels and there was no safe storage for controlled drugs, although these were not in use. At this inspection we saw dates of opening were written on medicine labels and we checked a sample of people's medicines which showed these were all in date. The provider confirmed they had obtained a controlled drugs cabinet but had not installed this due to no controlled drugs in use. The medicines refrigerator was kept locked and staff were aware of how to store medicines at the correct temperature; records of room and refrigerator temperatures were checked and recorded daily.

We found there were some weaknesses in some of the processes supporting the management of medicines. For example, there were no consistent protocols in place to guide staff in the event a person may need PRN (as required) medicine. One person's prescribed paracetamol stated 'one or two' tablets to be taken for pain, although it was not clear how staff should know when to give one or when two were needed. Another person had pain relief gel for their knee, but it was not clear which knee and there was no recording on a body map to show where this was applied. There were no photographs on the medicines administration records (MARs) and the provider told us all staff knew each person so they did not need a photograph.

These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's annual medication audit April 2017 stated 'audits and outcomes in line with NOCE [sic - this should be NICE, the National Institute for Health and Care Excellence] guidelines and completed once a month.' We asked to look at the medication monthly audits since the last inspection and we found they were missing for July 2016 to January 2017 inclusive.

The home was visibly clean with no malodours and the staff made appropriate use of personal protective

equipment when required. We saw the provider's infection control audit dated April 2017, a self-assessment audit with no issues highlighted. It stated 'mattress checks carried out monthly will also include any individuals who use pressure relieving cushions.' We asked for the mattress audit checks for the last three months. The provider could not provide evidence to confirm when these audits had been completed, although told us mattresses were regularly cleaned and maintained.

## Is the service effective?

### Our findings

People told us staff were good at their jobs. One person said "[member of staff's name] is my key worker and my favourite". Another person said: "The staff are really good at helping me". One relative told us: "The staff seem trained ok to me" and they felt staff knew their family member's likes and dislikes well.

We found there were very clear induction procedures in place to ensure new staff were fully prepared for their role. We saw an induction folder, clearly setting out to staff what was expected over their period of induction along with a knowledge check quiz to test staff understanding in areas such as epilepsy and dementia.

Staff told us they felt very supported by their managers to carry out their work and there were regular opportunities for supervision and staff training. Staff confirmed they had received training in areas such as; moving and handling, fire safety, first aid and safeguarding. Staff told us the people had also been fully involved in training alongside staff in areas such as first aid and breast cancer awareness.

The development manager showed us a training matrix and gave a detailed explanation of how staff training was implemented and reviewed. The provider told us they made sure training opportunities were tailored to staff's individual learning styles so training was meaningful and valuable. Training methods were varied and there was evidence of training certificates in the staff files we looked at.

Although staff told us supervision opportunities were regular, the documentation we looked at did not clearly show which staff had been engaged in supervision meetings and when.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS applications were in progress and the provider had addressed this since the last inspection. We saw a DoLS application had been made for one person but this had been rejected because the person had capacity. Staff we spoke with were not all confident about the MCA or DoLS and how it may impact on the day to day aspects of people's care. One member of staff we spoke with had not yet received this training but it had been scheduled as part of their induction. Staff were clear they respected people's choices with regards to what activities they wished to do. People were not restricted in their movement around the home;

doors were not locked and people could come and go as they pleased.

We looked at people's care plans and saw best interest meetings were recorded, but it was not always clear from their mental capacity assessments which specific decision they were supported to make. For example one person's care record said 'lacks capacity' but did not state in relation to what. The provider said they had given consideration to the legislation and was working with the authorising body to ensure people had appropriate safeguards in place. We saw on one of the days of the inspection there was a best interests discussion meeting with one person who was involved in the decision making process. The provider was aware to enlist the support of advocates to enable people to make their needs known and support them to make decisions about their care.

People we spoke with were happy with the food at Lyndale. Comments included: "I like the food, it's different every day", "You get to choose whether you have mash or sweet potatoes", "They give you brussels sprouts, broccoli and cabbage and then put gravy on it so I can eat it. I tell them off if there isn't any gravy. They even do me gravy when it's sausage casserole" and "I have to watch what I eat and they help me". One person told us they asked staff not to put too much food on their plate as this made them feel full up, but said staff sometimes forgot.

We saw meal times during the inspection and people were supported with their choice of food and drinks. People told us they enjoyed the food and we saw they had a substantial meal of cereal and cooked breakfast on one of the days we observed. Where people needed staff to support them this was done sensitively and with regard for people's abilities. Staff encouraged people to do as much as possible for themselves. Where people wanted a hot drink, staff encouraged them to go to the kitchen to make one for themselves.

We saw where one person needed help to decide which food would be best for their blood sugar levels, staff gave guidance and explanations to help them choose. Staff were aware which people had particular diets and which snacks individual people preferred. Where people needed a halal or vegetarian diet provision was made for this.

Where people needed referral to other professionals, such as their GP or the dietician to support them with their eating and drinking, this was clearly done and recorded in care records. We saw people had visited dentists, chiropodists and opticians as part of their ongoing health care needs.

## Is the service caring?

### Our findings

People told us they felt well cared for and they had good relationships with staff. One person said: "I really like [staff member's name] they are my friend". Another person said: "We like all the people who live here, we are all kind". Relatives confirmed they felt staff were caring towards their family members. One relative said: "They [the staff] are honest and they feed back to you, even if things go wrong you are kept in the picture".

There was evidence of supportive relationships between staff and people living at Lyndale. Staff related with kindness and respect when they interacted with people and it was clear from the way staff spoke with people they knew them well. One member of staff described the service as being 'a bit like one big family' and said they supported one another through happy and sad times as any family would.

The provider told us they encouraged people to make friendships in the home and they enabled people to spend time together privately if they wished to do so. They told us people were friends with other people from the provider's other local home and they had opportunities to meet up frequently to maintain their friendships.

Staff respected people's privacy and dignity. We saw staff knocked on people's doors and asked people's permission for inspectors to look in their rooms. Staff told us they were mindful this was people's home and said they treated this with respect. People were suitably dressed and staff supported them to care for themselves and their personal appearance. One person asked staff to help them with their hairstyle and staff suggested they went to a quiet area to do this more privately than in the communal room.

We saw some people's own rooms were personalised with their own possessions, reflecting their interests and preferences, although some people's rooms were not as homely as others; some rooms had carpets and others had washable flooring. The provider said this was due to continence issues, although we found this was not always so. The main lounge was carpeted and had comfortable seating, creating a homely feel. The provider told us the refurbishment of people's rooms was ongoing as part of the whole home improvement plan.

People's independence was promoted well and they were encouraged and supported to do as much for themselves as possible. Staff spoke respectfully to people and involved them in conversations with the inspectors. We heard people were involved and informed about their care and shared in conversations with the provider and staff about how the home was run.

We saw care records had end of life plans in place although not completed. The provider told us this was new documentation which would be completed as part of a sensitive individual conversation in which people could express their wishes. Care records also made reference to people's individual cultural, social and religious needs. Staff told us they treated people as individuals and supported their well-being in ways that were personal to each person.

## Is the service responsive?

### Our findings

Some people told us staff involved them in planning their care and support. One person said: "Staff talk to me about what I like". We found some people were unable to fully articulate how much involvement they had in planning and reviewing their care, although everyone told us they had some choice about their care. We asked relatives if they were involved in any planning for their family member. One relative said: "No, never been involved. I like it like that, I'm too old and can't get to any of the meetings". They also said "[my family member] is happy and when [they are] due to go back [they are] ready and waiting with their coat on".

We looked at care and support plans for three people. The files were clearly set out with information that was easy to follow and navigate around. Key workers for each person were specified and people were able to tell us who their key worker was.

People's personal details and photograph were in place within the files and there were protocols to follow should a person be missing from home.

The plans were person centred and specified each person's preferences, such as for hygiene products. The plan focused on what the person was able to do for themselves. The plan provided information about activities each person enjoyed, such as swimming.

There was some conflicting information within one support plan we looked at. For example, the 'my general health sheet' stated the person did not have ongoing problem with their ears or hearing. However, it was clear from the support plan that due to a build-up of ear wax the person could struggle to hear.

Some individual risk assessments were in place, although these were not always detailed enough for staff to be certain of the risks for each person. For example, the mental health assessment tool did not show the level of risk and what level the risk was. There was evidence people's individual support plans were mostly reviewed on a monthly basis and the person signed their support plan, where appropriate. We saw people also had a separate medical file. We saw people had individual 'hospital passport' with key information should a person need to go to hospital. One person's hospital passport was dated 07/05/2015 and did not contain a date for review so it was not clear whether this had been kept updated. There was evidence to suggest it had not been updated. For example, in the section regarding hearing it stated the person had good hearing but would sometimes choose to ignore. However, the person's support plan made clear the person struggled to hear due to a build-up of ear wax.

We noticed people did not have call bells in their rooms to be able to summon staff and the provider told us this was because people were able to summon staff independently, although there were four people who had sound monitors in their rooms overnight. The provider said this had been discussed and agreed with each person and these were used for their safety; for example, one person sometimes had seizures in the night and this monitor would alert staff if this happened. We noted this was documented in their care and support plan.

People told us about the activities they took part in. Comments included: "I like making woolly pompoms", "I do cooking and make food", "I go and do work with my wheelbarrow in the garden", "I vacuum the floor and tidy up" and "I do the dishes and help". We saw people actively involved in daily living tasks, such as cleaning, cooking and laundry. Staff told us people were encouraged to participate in the running of the home and share responsibility for things that needed to be done.

People were involved in a range of activities organised and offered by the provider. For example, there was a day centre on site so people could use this facility and the provider offered a private swimming pool and caravan for people's use. Staff told us it was always people's choice whether to participate in the activities on offer, although we found the activities were planned by the staff and people were invited to join in, rather than instigated by individuals. On the first day of the inspection some people went out on the bus, although they did not all know where they were going. Staff we spoke with told us they would 'probably' go to a café or some shops.

People told us they enjoyed going on holidays and we saw some photographs of when people had been to the provider's holiday caravan. One person told us they preferred Blackpool to the caravan and the provider facilitated this. We saw some photographs although these were not recent, of activities people had been involved in. People told us where they had recently been and what they had done and we saw recent photographs in a quarterly magazine.

The provider told us about a forthcoming prom event people were planning for and we heard discussions with people about what they might like to wear. People told us they were looking forward to the prom very much.

We looked at the residents' meetings record book and saw this did not have much information, although people we spoke with told us they had meetings to discuss matters of importance.

We looked at the complaints record and saw there were none recorded since 2003. We discussed this with the provider to make sure they were recording all relevant matters and showing a response had been made. The provider told us there had been no complaints received, although we saw a comment in one person's support plan which indicated their relative had had cause to raise a matter of concern with staff. The provider told us they would not have regarded this as a complaint but agreed to consider how they dealt with matters raised verbally.

People and their relatives we spoke with said they knew how to complain by speaking with the staff and told us they had no need to use the complaints system. Many people said they would speak with the assistant manager as they 'were really good at sorting any problems out'. We saw people were confident to speak freely with staff about any aspect of their care and support.

## Is the service well-led?

### Our findings

People and their relatives told us they felt the home was well managed. People knew who the registered manager was and one person told us: "[Registered manager's name] is the boss, if owt needs doing, we tell [them]. They look after us and this place and even cut the grass". One relative said: "They keep you informed all the time. I've known them over 30 years, they do a good job".

There was a registered manager in post who was also the provider and had been running the home for more than 30 years. They were visible in the service during the inspection and knew people well. They told us they divided their time between this home and their other home locally.

There was also a further layer of management and senior staff in post to support care staff in meeting people's needs. Staff we spoke with said they felt supported to do their work and could approach any of the senior staff or managers at any time for support and guidance.

At the last inspection we reported there was no structure to the audits in the home. At this inspection we found there were some gaps in the quality and the consistency of audits. We looked at the systems in place to assess and monitor the quality of the provision. The provider told us the management team worked together to make decisions and assess the quality of the service collectively. As a result, areas of responsibility for governance were not designated to any one member of staff and there were no named staff in charge of particular audits.

We found there were gaps in the provider's systems and processes for managing and monitoring the quality of the provision. Some of the audits we looked at were not robust enough to provide assurance of thorough quality checks having been made. For example, some aspects of the premises in need of attention were responded to when highlighted by the inspection, but not proactively planned for. The provider was unable to locate a mattress audit we requested so we were unable to see how frequently these had been checked or cleaned.

The annual medication audit April 2017 stated 'audits and outcomes in line with NOCE [sic] guidelines and completed once a month.' We asked to look at the medication monthly audits since the last inspection and we found they were missing for July 2016 to Jan 2017 inclusive.

A handwritten calendar was used to schedule the annual audits. For example, January, care plans and risk assessments, March, PEEPS, April, policies and procedures, April, medicines, July appraisals. The annual audits looked at both of the provider's care homes which was confusing as it was not always clear which location was being referred to. Some audit information was a copy from the previous year and a new date added.

We saw although there was a support plan review schedule to review support plans every three months, there was out of date information in the support plans that had not been picked up at the reviews. Some support plans had important dates missing. This meant the value of the audits completed was in question.



Policies and procedures to illustrate how the home was run did not always contain the date created or review date which meant it was not apparent whether it was the most up to date policy. This meant there was a risk that an outdated policy could be referred to or followed.

These findings demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the development manager had audited staff training on 16/01/17 and identified areas for improvement. They told us they were in the process of introducing competency tests and assessments. We saw there had been improvement made since the last inspection and there was now clear structure on the provision of training and updates. The provider told us there was a database being set up by the development manager to improve the quality of the audits and this would be similar to the training audits that were on the database. The provider told us this would improve the quality and efficiency of all audits done within the home.

The provider told us they were aware of when they needed to send statutory notifications to the care quality commission. We said there had been very few received. We looked at the accident and incident records and saw there were very few recorded and the provider said they would revisit their processes to make sure they were complying with the regulations in relation to statutory notifications.

Staff surveys had been completed for 2016. Positive feedback was provided. However, the feedback was not anonymous as staff names, dates and signatures were required on the forms so this may not have encouraged honest and open feedback. Resident surveys were completed August 2016. Positive feedback was provided. People expressed that they felt safe.

Family surveys were completed in March 2017. The feedback from people's families was mainly positive. Positive feedback was received about outings and access to health and care appointments/treatment. One relative raised a health issue and there was evidence within this person's support plan this had been addressed and they were referred to the relevant medical consultant.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks were not sufficiently assessed or managed to ensure people's safety. There were weaknesses in the management of medicines. |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>There were weaknesses in the systems and processes for assessing and monitoring the quality of the service.                              |