Indigo Care Services Limited

Paddock Stile Manor

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 14 May 2018 and was unannounced. This meant the provider did not know we would be visiting. A second day of inspection took place on 16 May 2018 and was announced.

Paddock Stile Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Paddock Stile Manor provides residential care and support for up to 40 people, some of whom are living with dementia. At the time of our inspection 14 people were living at the home.

The manager was registered at another service and had started their application to add Paddock Stile Manor to their registration. They were supported by an interim manager and deputy manager.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected Paddock Stile Manor on 15 and 18 September 2017 and found the provider had breached five of the regulations we inspected against. The principles of the Mental Capacity Act 2005 (MCA) had not been followed and Deprivation of Liberty Safeguards (DoLS) were not appropriately monitored. Care and treatment was not being provided in a safe way, service users were not treated with dignity and respect, systems and processes had not been established or operated to effectively ensure compliance. The provider had failed to maintain securely accurate, complete and contemporaneous records in respect of each service user. Sufficient numbers of suitably competent, skilled and experienced staff had not been deployed. There was a failure to ensure staff received the appropriate induction, support, training, supervision and appraisal to enable them to carry out their duties.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Whilst the home had made some improvements we still found areas that required further advances.

The home had introduced effective systems to monitor people's DoLS ensuring people were not being deprived of their liberty without the appropriate authorisation. We found that best interest decisions were still not decision specific. We recommended the provider consulted the Mental Capacity Act 2005 (MCA) Code of Practice.

Care plans had improved since the last inspection although the care records we viewed were not fully completed and the home did not always address identified risks.

We observed one unsafe moving and handling action. Most of our observations between staff and people were extremely positive but we did hear a lack of patience whilst staff were supporting a person in their room. Sufficient staff were deployed to ensure people's needs were met in a timely manner.

Staff had completed mandatory training. Whilst most staff had received supervisions we found gaps in the frequency. The provider did not ensure people were supported safely during mealtimes as not all staff members supporting people to eat had the appropriate training and did not have the required DBS check.

At the last inspection we had made a recommendation about the provision of meaningful activities for people living with a dementia. The home had utilised the services of a company which specialised in virtual reality (VR) technology to explore reminiscence, they had commenced recruitment of an additional activities coordinator and sourced an external organisation which organised outings designed around people's wellbeing.

Medicines records we viewed were accurate and up to date. People received their medicines in their preferred way. Personal emergency evacuation plans reflected people's current needs.

People were supported 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. People were supported to make day to day decisions.

The provider had introduced electronic systems to support staff in their role. Extensive quality assurance systems had been established including quality monitoring visits. Quality assurance systems were not completely effective as we identified a number of issues which the processes failed to recognise. For example, missing information in care records and lack of appropriate DBS checks.

Systems and processes were in place to safeguard people from abuse. People were provided with information on how to make a complaint. Staff told us the management team were approachable.

The home had developed good working relationships with external health care professionals visiting the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Risks to people's health and safety were not always identified or managed.

The provider did not always obtain appropriate DBS checks for staff.

People's medicines were managed safely.

Relatives we spoke with said people living at the service were safe and happy.

Is the service effective?

Requires Improvement

The service was not always effective.

Some staff had not received yearly appraisals or consistent supervisions to enable them to fulfil their role.

Best interest decisions were not decision specific.

People's bedrooms and the home environment supported people living with dementia.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff were not always patient when supporting people.

People were supported to make their own choices and to be as independent as possible.

People and relatives told us staff were caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were not fully completed and some contained inaccurate information.

People had a range of activities to take part in.

People were supported to maintain relationships with relatives and friends.

The provider had a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The home's quality assurance processes were not always effective.

A strong management team was in place.

The provider utilised information from its other services to drive improvement.

Paddock Stile Manor

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 14 May 2018 and was unannounced. A second day of inspection took place on 16 May 2018 and this was announced.

The inspection team was made up of two adult social care inspectors.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We contacted the local authority commissioners for the service, the local authority safeguarding team,the clinical commissioning group (CCG) and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived at Paddock Stile Manor. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who lived at Paddock Stile Manor, two relatives, the interim manager, the manager, the deputy manager, two improvement managers, one senior care member, two care staff members, the activities co-ordinator, the administrator and kitchen staff.

We undertook general observations of how staff interacted with people as they went about their work. We looked around the home and visited people's bedrooms with their permission.

We examined documents relating to staff recruitment, supervision and training records and various records about how the service was managed. We looked at care records for five people who used the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in September 2017 we found there were ongoing concerns in relation to the assessment and mitigation of risk. People we spoke with expressed concerns over staffing levels and the dependency tool was not always correct. There were ongoing concerns in relation to emergency evacuations and fire safety. Peoples' medicines were not managed safely and some people had not received their medicines as prescribed. Following that inspection, the provider drafted an action plan detailing how they would address these shortfalls.

Since the last inspection the provider had taken steps to address the issues identified and we found there had been improvements made in some areas.

Fire drills were an issue highlighted during the last inspection. The provider had introduced a three monthly fire drill matrix. At the time of this inspection only 88% of staff had received fire drill training within the last three months. The deputy manager confirmed the home was in the process of arranging refresher training for care staff whose training had either expired or was about to expire.

A fire risk assessment had been carried out on 10 April 2018 by an external contractor. This assessment identified 20 findings which were addressed as medium risk, stating work should be completed within six months. At the time of this inspection, these actions were still outstanding. The deputy manager advised that all work would be completed by the deadline.

We found risks to people were still not always being consistently assessed and identified. There was not always guidance for staff to follow to mitigate risk and keep people as safe as possible. For example, we saw in one person's care records it reported, the person was 'Unable to use call system,' and this was further compounded by the sleeping care plan which reported that the person liked their bedroom door shut at night. We asked the deputy manager how the person alerted staff for assistance. They advised staff listened for them shouting. No risk assessment was in place to reduce this risk. We considered there had been little impact on the person as no incidents had occurred however a risk was still present.

We observed plenty of staff available to support people and staff responded quickly to people's requests. The deputy manager advised that people were continually assessed to ensure the home could meet people's needs.

Full employment checks were conducted prior to applicants starting work. This included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. However, we found that the provider had not ensured staff had the appropriate level of DBS check.

Staff members who support people with care including assistance at mealtimes are required to have an enhanced DBS with an adults barred list check. This type of DBS check reports on additional information held by the DBS. We found the provider had allowed staff without the appropriate DBS clearance to support

people. This meant people were placed at the risk of harm. We discussed this with the management team who advised us that the issue would be addressed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Medicines were safely managed. The home had introduced a new electronic medicine system. A senior care worker told us, "The new system is really good. We can identify issues quickly." They told us that there were initial problems with the ordering process but the deputy manager had consulted with the pharmacy and the system was now operating smoothly. Daily and monthly audits were conducted and any shortfalls were identified and actions put in place.

Medicines were stored in a locked medicine cabinet within a treatment room. The room was clean and tidy with good lighting. Medicines records were up to date and accurate. This included records for the receipt, return and administration of medicines. Staff had completed training in the safe handling of medicines and their competency had been regularly reviewed.

PRN ('as required' medicines) protocols were in place. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines such as pain relief medicines.

The collated information from a range of sources including, serious untoward incidents, accidents and incidents, infections, falls, weight loss and safeguarding concerns. The data was analysed monthly by the manager to determine any trends or patterns for future lessons learnt. Since the last inspection the provider had introduced a 'lessons learnt' process. This allowed staff within the service to learn from other homes within the wider organisation. This information was shared via daily flash meetings, staff meetings, discussed during staff supervision and via a staff monthly newsletter.

There were cleaning rotas in place and records we viewed supported this. Staff received training in infection control. Protective Personal Equipment (PPE) was seen to be available for staff to use when supporting people with personal care. We observed staff utilising this appropriately.

Records confirmed that appropriate premises safety checks and risk assessments had been carried out. The provider had their own maintenance team who were based off site. The team carried out monthly maintenance checks along with any ad-hoc necessary repairs.

Emergency evacuation plans were in place along with personal evacuation enablement plans (PEEPs). Copies of these PEEPs were held in people's care records and a further copy was held in a central emergency evacuation file. These were accurate and regularly reviewed.

The provider had taken steps to protect people from abuse. Staff received quarterly supervision, annual appraisals and training in safeguarding. Any safeguarding incidents were analysed and details were included in the monthly staff newsletter to enable staff to have a greater knowledge safeguarding issues. We found safeguarding information was visible on notice boards in the home.

Requires Improvement

Is the service effective?

Our findings

During our last inspection we found the principles of the Mental Capacity Act 2005 had not been followed and Deprivation of Liberty Safeguards were not appropriately monitored. Staff had not received the appropriate induction, support, supervision or appraisal to enable them to fulfil their role. Following that inspection, the provider drafted an action plan detailing how they would address the shortfalls.

We found some improvements had been made during this inspection.

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.

At the last inspection the home did not have effective systems in place to ensure people were not being deprived of their liberty without the appropriate authorisation in place. The provider had introduced a matrix to monitor DoLS status. Applications to the local authority were made in a timely manner. However, we still found that best interest decisions were not decision specific. The deputy manager advised us that they had received guidance from the local authority.

We recommended the provider consulted the Mental Capacity Act 2005 (MCA) Code of Practice.

Within people's care records some relatives had signed consent when they did not have the role of Lasting Power of Attorney (LPA) for the person. We saw from a recent quality monitoring report that the provider was aware of this issue and had an action plan in place to resolve the matter. The deputy manager advised us on the second day of inspection that letters had been sent to relatives to obtain the information and to complete records, making them factually correct.

Staff we spoke with had an understanding of MCA and DoLS and why it was important to gain consent when providing care and support. Staff were clear about the need to seek consent. We observed staff seeking verbal consent from people before providing assistance.

Training records demonstrated staff had attended mandatory training in safe working practices, including moving and handling, fire safety, health and safety and infection control. The provider had checks in place

to highlight any areas of training which were either due to expire, had expired or not completed. We noted that two members of staff had not completed their fire evacuation with equipment training. The provider confirmed that this training was scheduled to take place on 31 May 2018. At the time of the inspection, fire drill with scenarios training, had expired for four members of staff. The manager advised us that actions were in place to address this issue.

Newly recruited staff followed an induction programme and were required to shadow existing staff for three days. They were also appointed an experienced member of staff as a mentor. The manager confirmed that staff were only signed off as being confident following a one to one discussion.

Any new policies or procedures which were introduced, staff were required to sign to confirm that they had read and understood the policy. Supervision records showed that most staff had had regular supervisions. However, it was noted that there were some staff who had a gap of four months between supervisions and one staff member had only received one supervision over the past eight months. Five staff had not received a yearly appraisal. This meant that some staff had not received the appropriate supervision and appraisal to enable them to carry out their role.

During the inspection we spoke to a local GP who regularly visited the service. The GP said that they had no concerns regarding the service in terms of safety or well-being of people. They told us, "They have worked so hard to settle things."

Care plans demonstrated regular reviews of people's welfare by external healthcare professionals including podiatrists, opticians, GP and community nurses. We saw records were kept of visits and guidance was incorporated into care plans.

We observed mealtimes during our inspection. Written menus were placed on tables which showed which meals were being served that day. A pictorial menu was displayed on the wall of the dining room. However, this was not easily accessible for people to view. Staff members told us if people changed their choice of meal an alternative was always available.

Over lunchtime we observed a staff member support two people to eat at the same time. The staff member knelt between the people handing one person a banana half peeled and still in its skin and supporting the other person to eat. We noted the person with the banana had a risk of choking and had received support and guidance from the speech and language therapy team (SALT). Guidance outlined the support required to ensure the person remained safe. It detailed that the person required a pre mashable diet and needed supervision. We observed that the person was left unattended for short periods of time whilst the staff member attended to other duties.

We asked the manager if the staff member had received training to support people with their meals. They advised us that they believed the staff member had attended dysphagia training. However, on reviewing the training records we found that the staff member did not have the appropriate training to support people. We also discovered they did not have the appropriate DBS clearance. This meant the provider had placed the person at risk of harm as the staff member did not have the appropriate training or recruitment clearance to support them safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Timely food and fluid intake records were kept which allowed monitoring of weight and hydration for each

person. The deputy manager demonstrated how information regarding food and fluids, along with people's weight would be recorded onto the new system. They informed us that the introduction of the new 'e-care planning' would allow for greater analysis of people's weight. However, it was identified during the inspection that information for one person had been recorded incorrectly onto the system which had resulted in incorrect data being made available. The deputy manager confirmed that the provider was in the process of transferring hard copy information onto the electronic system and records would be checked for accuracy prior to the roll-out of the new system.

The home was decorated to support people living with dementia. Corridors were decorated with pictures of cars, and a post office scene with a post box. Various items were hung on the walls, including hats and pictures of movie stars from days gone by. Memory boxes were secured to walls outside of peoples' rooms. These contained items which were very personal to the person and supported people living with dementia to identify their own room. One person's box contained a bobbin of thread, an old bus pass and a deck of playing cards.

Bedroom doors were painted a different colour to the corridor walls to aid people with orientation and their bedrooms were bright, clean, personalised and homely with photographs of themselves and their family members clearly visibly.

Requires Improvement

Is the service caring?

Our findings

During the last inspection staff did not always support people in a dignified manner. We found some improvements had been made during this inspection. However, we observed a staff member supporting two people at the same time during a mealtime and overhear an incident when staff were not patient with a person. Whilst conducting observations in a corridor we overheard one member of staff say, "Stop shouting, I've got a headache" and the person said, "I'm not shouting" and the staff member replied, "You are the only one shouting". We discussed the concern with the interim manager who advised that this was not common practice and immediately took action to investigate the matter.

We observed one person who required the use of a hoist to transfer from their wheelchair to a lounge chair. During the transfer care staff did not apply the brakes to the wheelchair this person was being transferred from. This presented a risk of a fall due to equipment being unstable. This risk was also identified during the last inspection. Whilst staff had completed additional moving and handling training following that inspection we still witnessed staff continually placing people at risk with poor moving and handling procedure.

We brought this observation to the attention of the deputy manager who confirmed that the moving and handling procedure required staff to apply the brakes on the wheelchair. They advised us that following the last inspection the provider had given all staff additional training on moving and handling and our observation was an isolated incident and not common practice.

We have not been able to speak to all of the people using the service because some of the people had complex needs, which meant they were not able to tell us their experiences. However, we observed many happy, friendly interactions between staff and people and people appeared relaxed and comfortable with staff.

On the first day of inspection people were encouraged to go out in to the sunshine. Staff members ensured people were protected from the strong sun with large brimmed hats and sunscreen. A music system was brought outside and staff and people enjoyed a singalong. People were offered ice lollies and ice creams to keep them cool. People looked happy and greeted staff members with smiles.

People and relatives we spoke with told us staff were caring. One person said, "I couldn't do without them they are lovely." A relative said, "The staff are so caring."

Staff we spoke with had good knowledge of people's support needs and their likes and dislikes. One staff member told us, "[Person] likes to sing. If they get anxious, they like us to sing a certain song. They taught me the song. I had never heard of it."

The home used different communication formats to ensure staff had current up to date information about people's needs. For example, managers used 'flash meetings' and 'huddles' to cascade information quickly to staff. Staff received a verbal briefing at a shift handover and a supporting detailed handover document

was in place which covered seven days.

We observed one person become distressed and was confused as to why they were living at Paddock Stile Manor. A staff member sat next to the person and sensitively explained to them why they had moved to the home and reminded them about things they liked to do at the home. The person became less anxious and appeared comforted by the staff member's words.

An external healthcare professional we spoke with was complementary about the care and support given by staff.

Staff encouraged people to be as independent as possible. One staff member told us, "I encourage people to do as much as they can but some days are different and they might need a little help but we always ask first." Another staff member told us, "[Person] likes to wash their top half and I support them."

We observed staff knocked on doors and sought permission before entering. We asked staff to describe how they supported people with dignity and respect. One staff member told us, "I ask if people want help and let them take the lead, I explain what is happening." We observed staff supporting a person whilst using a hoist. They explained each step and reassured the person.

All staff members including visiting management, kitchen, domestic and administration staff engaged with people living at Paddock Stile Manor. Staff were employed from the local area and some had known people prior to living at the home. This meant staff members had an extensive knowledge of people's history and families. We saw relationships were maintained on a friendly and professional manner.

Relatives told us they could visit anytime and they were always made welcome. One relative told us, "I don't live locally but staff keep me up to date with everything." Relatives told us they were involved in the care plan for their family member.

Confidential, sensitive and personal information about people was stored securely. Staff were sensitive when discussing people's needs and ensured this was done discretely and privately.

The deputy manager advised us that no one was currently supported by an independent mental capacity advocate (IMCA). Information regarding local advocacy services was displayed in the entrance of the building. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

The interim manager told us people living at Paddock Stile Manor were treated equally and no one was discriminated against. The provider had an equality and diversity policy. Staff supported people with their religious beliefs.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in September 2017 we found care plans had not always been written in relation to peoples assessed needs and did not always contain the necessary detail to support staff to provide safe care and treatment. Following that inspection, the provider drafted an action plan detailing how they would address the shortfalls.

Whilst the home had made improvements with care planning documentation this was not consistent throughout the care plans we reviewed. We reviewed four care records and found these had not been fully completed and some held inaccurate information.

Some people's life histories contained extensive information about the person, their life and family. However, one person's 'My care passport' had not been completed. The home encouraged the involvement of people and relatives to gather as much information about the person as possible to support them in creating personalised care plans.

The deputy manager told us a full assessment was conducted prior to people moving to the home. They said that the continual assessing of people's needs ensured that the service held accurate information.

Care plans covered areas such as mobility and dexterity, personal hygiene, continence, medication, sleeping and nutritional support. These were written in a personalised way and detailed people's preferences. For example, within one person's sleeping plan it stated, 'Likes to sleep with door shut and curtain shut with one pillow.' Care records were person specific and created around the person's needs. For example, one person had an angina care plan which clearly described the symptoms of an angina incident and the actions staff take.

Medication care plans detailed each person's preference describing how they wished to take their medicines. Clear individual strategies were available to support staff prior to the administering of PRN medicines for anxiety. However, people's medicines lists were not always accurate.

We noted two consent forms had been signed by relatives. Within care records reference was made to a relative acting as Lasting Power of attorney (LPA). However, when we asked to view the legal documentation we saw the relative had confirmed that they in fact did not act as LPA for the person. The improvements manager advised us that the issue had been identified in a recent quality monitoring visit and an action plan was in place to address the matter.

Guidance from external health care professionals had been adopted into people's care plans and these were regularly reviewed. Emergency health care plans (EHCP) were also present. EHCP contain information to help communication in an emergency for the individual, to ensure timely access to the right treatment and specialists.

Whilst care plan and resident of the day audits had not been fully effective in identifying the issues we found.

We noted a recent quality monitoring visit had reported on the issues and an action plan had been introduced to address the matters.

The home had a complaints procedure in place. This was clearly displayed in the entrance of the home. People and relatives we spoke with told us they did not have any concerns and expressed confidence that issues would be dealt with appropriately. Complaints were collated and monitored by the home. Investigations were conducted into concerns raised with people receiving an outcome in a timely manner.

People and relatives had opportunities to offer feedback on the home. 'Resident and Relative' meetings were held and an annual customer satisfaction survey was carried out. Feedback was positive, comments included, 'Friendly helpful staff', 'The actual caring of the residents, love, patience linked to knowledge, experience and ability.' When asked, 'How would you improve our service? One person commented, 'Nothing to improve.' However, three people expressed the need for more activities. The manager advised us that an additional activities co-ordinator was currently being recruited.

At the last inspection we recommended the provider reviewed current guidance on meaningful activities for people living with a dementia, for example NICE Quality Statements. The deputy manager told us that the home had used a company that specialised in virtual reality technology to explore reminiscence. This allowed people to explore specialist reminiscence activities in a safe supported environment.

The home offered a range of activities for people including baking, knitting, arts and crafts, chair exercises, games, pet therapy and nail painting. One person was a fan of the local football club and was supported to attend a match and kept updated with results. The staff also arranged social events with entertainers coming to the home.

A social/cultural survey was conducted in February 2018, whilst the results were positive, people had raised requests which included 'like to go out on trips.' The manager advised us that the provider was working in partnership with an external organisation that organises tailor made trips to focus on people's wellbeing. The scheme was to start in June 2018 and information about the organisation was readily available for people and relatives.

The deputy manager advised us that no one was receiving end of life care. We noted within care plans that staff had made attempts to discuss people's wishes. However, people had chosen not to put plans in place at this point. Care staff had completed end of life training. One staff member told us, "Some people have been with us for years so it can be sad, but we just make sure they get the best care. We support the family too."

The provider had invested in several technology systems to support in a number of areas including, medicines, maintenance and clinical data. The deputy told us the home was also working towards introducing electronic care planning. Staff members embraced its use. One staff member told us, "I can do things quickly and it doesn't take me away from people."

The home had introduced an electronic system for recording information. Staff members used hand held devices to record clinical information including weights, food and fluid intake and interventions with people including personal care. The device was used to scan on entering people's rooms. Icons were displayed relating to each person's care and support needs. The deputy manager told us, "If staff are called away things can't be forgotten about as it gives alerts." They advised us that the data was evaluated by a member of the clinical team at the support office. A relative's gateway was available to relatives with the appropriate legal authority. This allowed relatives to remotely view their family member's information on the electronic

system.

Requires Improvement

Is the service well-led?

Our findings

During the last inspection we found the quality assurance system had not been effective in identifying the concerns noted during the inspection. Also, there was a failure to maintain accurate, complete and contemporaneous records in respect of each person which meant care staff were not provided with sufficient detail to ensure safe care was provided.

The provider had an overall action plan in place as a result of the findings from their last inspection. This plan was discussed weekly with the organisation's Improvement Team and management of the service to ensure that actions were progressing. Updates were forwarded to the Commission on a regular basis to allow us to monitor their progression.

During this inspection we found the home had made some improvements.

However, the home had allowed a staff member without the appropriate training or recruitment clearance to support a vulnerable person placing the person at risk of harm. The provider was fully aware of the requirement of obtaining the appropriate DBS checks for non-care staff who were required to support people at mealtimes or with moving and handling as the matter had been previously identified at another of the provider's homes. No action had been taken to address the matter prior to our inspection. Following this inspection the provider had began taking steps to resolve the issue.

The provider had an extensive range of quality assurance audits in place which included care plans, dining experience, health and safety and medicines management.
These were fully completed. The home also operated a 'resident of the day' scheme when all documentation relating to that person was reviewed. The person also received a visit from a member of staff from each department including housekeeping, the kitchen and activities. The manager told us night audits were carried out by managers from other homes and findings were reported to the support office. Any actions were collated into an action plan for the home's manager to address.

Quality monitoring officers conducted quality monitoring visits using the CQC format of safe, effective, caring, responsive and well-led which covered all aspects of the service. The frequency of these visits was dependent on the needs of the service. Action points were then collated on to the home's overarching action plan with clear timelines.

Whilst the home's quality assurance audits had not identified the issues we detected during this inspection we found the provider's quality monitoring process had recognised them and an action plan was set in place to rectify the issues including the effectiveness of the home's audits. For example, care record audits had failed to identify the issues regarding LPA and responding to recognised risks.

The provider had well established systems to capture information from a range of sources including medicines, injuries, health and safety, deaths and staff conduct. This information was used to drive continuous improvement. These were collated across all the provider's homes, analysed for lessons learnt

and conclusions were cascaded to all homes. Clinical data from the home was also collected including people's weight and falls information. This information was review by the clinical team who had nursing knowledge. The deputy manager told us, "They could be looking at the information, next minute we would get a phone call enquiring about the person as their weight had dropped."

The home had a strong management team in place which consisted of the manager, an interim manager and a deputy manager. The manager had recently joined the management team at the home. They were registered at another home within the provider's organisation and had started the process of becoming the registered manager at Paddock Stile Manor. The provider's improvement team had also supported the home to make improvements.

Staff we spoke with were complimentary about the management team. One staff member said, "[Interim manager] has done an amazing job. He has put so much in place and lets us know how things are going." Another staff member told us, "[Deputy manager] has worked so hard."

The manager had notified us of all significant events which had occurred in line with their legal responsibilities. The home had worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. When people's needs had changed the staff were quick to involve all appropriate healthcare professionals.

The home had effective systems in place to cascade information to all staff. Flash meetings were held to ensure staff had current accurate information. The interim manager had introduced a 'Challenges Ahead and Lessons Learned' (CALL) monthly newsletter specially designed for staff. It reflected on lessons learnt from the provider's quality assurance systems, quality monitoring visits and clinical data. It was written in a motivational manner outlining successes with gentle reminders for staff to continue to provide safe care.

People's personal information was held securely in a locked office and electronic devices were password protected and were only accessible by staff members who required the information to perform their role.

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 The home failed to ensure staff had the appropriate training, skills and competency to support people safely. 12(2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The home failed to obtain appropriate DBS checks for all staff who were asked to support people. 19(2)