

Column Care (North West) Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 2 and 4 February 2015 and was unannounced.

The service was last inspected in September 2014. They did not meet the requirements of the regulations during that inspection. They breached regulation 9, care and welfare of service users, Regulation 23, supporting workers, and Regulation 10 assessing and monitoring the

quality of service provision. The service provider provided an action plan to the Care Quality Commission which showed they would be compliant with these regulations by end of December 2014. However the February 2015 inspection identified there were continued breaches of

Summary of findings

Regulation 9, care and welfare and Regulation 23, supporting workers. You can see what action we told the provider to take at the back of the full version of the report.

Column Care (North West) Ltd is a detached building located in Bispham, Blackpool. The home is registered to accommodate up to 10 people with mental health needs who require assistance with personal care. At the time of our visit there were seven people who lived at the home. Accommodation was arranged around the ground and first floor. There was a small garden area to the front of the home and a parking area.

There was not a registered manager in place and had not been one for over twelve months. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider. A condition of Column Care (North West) Ltd's registration was they had a manager registered with the Care Quality Commission (CQC) in place. You can see what action we told the provider to take at the back of the full version of the report.

People we spoke with told us they felt safe and well cared for. However this did not reflect our findings. Risks were not always assessed and when they were, appropriate action was not always taken to keep people safe. In addition, when we looked at staff files these showed that staff had not all received adult safeguarding training. This meant they did not all have the knowledge to protect people from the risk of poor care. You can see what action we told the provider to take at the back of the full version of the report.

Staff recruitment was unsafe. The way recruitment was carried out increased the risks of unsuitable staff working in the home. You can see what action we told the provider to take at the back of the full version of the report.

The environment was fresh smelling throughout the home. We saw that the cleanliness of the home was adequate in most areas. However people did not have the means to wash and dry their hands appropriately after using the toilet. Liquid soap for hand washing was not in use as it was assessed as a risk. Staff had provided

some hard bars of soap but these were ingrained with dirt. There were no disposable hand towels or any other means of drying hands. This increased the risk of poor hygiene and cross infection.

We found people and where appropriate their relatives, were involved in decisions about their care. People had care plans. Some were informative and person centred, others were less so and did not have information about the person's life history, likes, dislikes and aspirations or information about specific health needs.

At the last inspection the risk assessments carried out did not show what action to take to reduce any risks highlighted. There were no management strategies in place to guide staff in supporting people in vulnerable or high risk situations or with behaviour that challenged. This was still the case at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

When we last inspected staff had not received training in some specific areas of care. We told the provider to arrange for staff to receive training in these areas. At this inspection this training had not been completed. You can see what action we told the provider to take at the back of the full version of the report.

Some procedures had recently been introduced to monitor the quality of the service. The manager had carried out one audit just before the inspection but had not yet acted on the findings. The directors of the Company operating the service did not carry out any quality assurance visits or audits.

People were complimentary about the meals and told us they enjoyed them. The food was well cooked and people were offered a choice of nutritious meals. However no-one was involved in cooking their own meals.

All the people we spoke with confirmed that staff were kind and compassionate. We saw that people's views were sought on a regular basis. They found the staff team supportive and approachable. One person told us, "They usually listen to us if we aren't happy with something or want to do something different."

The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of

Summary of findings

Liberty Safeguards (DoLS). We spoke with the management team to check their understanding of MCA and DoLS. Relevant staff had been trained to understand when an application should be made.

Staffing levels were satisfactory. There were enough staff to provide people with support as needed. However the care practices were not pro-active in involving people and developing new skills and activities.

We looked at how medicines were prepared and administered. We saw medicines were usually given as prescribed. Where they were not and the medicines record had not been signed or errors had been made, the manager had taken appropriate action.

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 safe.

People were not protected from risks of harm. Risks were not always assessed in a timely manner or appropriate action taken to keep people safe.

People were not protected from unsuitable people working in the home because the home's recruitment procedure was not followed correctly and recruitment was not safe.

There were sufficient staff available to support people as they needed. However the care practices were not pro-active in involving people and developing new skills and activities.

Inadequate



Is the service effective?

The service was not effective.

At the last inspection staff were working without training in specific areas of care. This training had not been completed by this inspection.

Staff had received occasional formal supervision but this had not been consistent. New staff had received none or only occasional supervision.

The management team understood MCA and DoLS and how this was relevant to the people they supported. Staff demonstrated an awareness of the code of practice.

Inadequate



Is the service caring?

The service was caring.

People told us they had good relationships with staff and they were treated with kindness, respect and dignity. In speaking with staff and in observing their interactions with people, we saw the members of staff were compassionate and patient.

Staff knew, understood and responded to each person's needs in a caring and compassionate way. We saw that staff made sure that they respected people's privacy and dignity.

We saw posters advertising advocacy support on notice boards so that people could access services if they needed. People told us they knew how to access these services, if they wanted to.

Good



Is the service responsive?

The service was not always responsive.

Although risks were assessed and highlighted in the care records, there were not usually strategies for supporting people in a safe, consistent way.

Requires Improvement



Summary of findings

Staff responded in good time to health needs and sought advice. However where specific monitoring was important this was not always carried out or accurately recorded.

The new statement of Purpose referred to 'a shorter stay which would offer a rehabilitation service'. However the service provided was not of an aspirational nature. It did not support people to engage in active rehabilitation.

People said they did not need to complain but would do so if they felt it was needed. They were aware of how to raise any concerns.

Is the service well-led?

The service was not well led.

There was not a registered manager in place and had not been for over a year. The manager had been in post since April 2014 but had not applied to become the registered manager. A condition of registration of the home is that a registered manager is in post.

Procedures to monitor the quality of the service had started shortly before the inspection by the manager. As the manager was leaving there were concerns that these would not be continued.

The organisation was not meeting their conditions of registration and continued to breach the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Inadequate



Column Care (North West) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 2 and 4 February 2015 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor who had experience of providing services for older people with mental Health difficulties 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. The expert by experience for the inspection at Column Care (North West) Ltd had experience of services that supported people with mental health difficulties.

Before the inspection the nominated Individual of the organisation completed a Provider Information Return (PIR). 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.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered manager, members of staff on duty, seven people who lived at the home, and health care professionals. We also spoke to the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

We looked at the care records of four people, the medicine records of seven people, the previous four weeks of staff rota's, recruitment records for four staff, the training matrix for all staff, and records relating to the management of the home.

Is the service safe?

Our findings

People we spoke with said they felt safe at Column Care. They said that staff were kind and caring. One person said, "I am happy here. The staff are great." Another person told us, "It feels great to live here." One person said they were satisfied with most staff. They told us, "Apart from a few staff who talk behind my back most of them are alright".

People we spoke with told us they felt safe. One person said "They care for me and keep me safe." However this did not reflect our findings, as we found that people were not protected from risks of harm. Risks were not always assessed in a timely manner or appropriate action taken to keep people safe. We had found that the management team had made management decisions which did not prioritise the safety of people in the home over other considerations. These decisions put people at risk from unsuitable people working with them.

We asked the nominated Individual to discuss the risks we had highlighted during the inspection with the directors of the organisation and take appropriate action to ensure the safety of people using the service. We asked that they inform us on the same day of their decisions and to then follow this up in writing as soon as possible. Although they informed us of some elements of risk reduction verbally, they did not take appropriate action to keep people safe. Neither did they inform us in writing of the action taken. We therefore raised a safeguarding alert in relation to the risk management with the local authority about this matter. This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had safeguarding adults procedures in place which protected people from abuse and unsafe care when followed. Staff we spoke with said they would have no hesitation in reporting abuse. They were able to describe the action they would take if they became aware of abuse. However when we looked at the staff training matrix these showed that five staff including recently appointed staff had not received safeguarding training. This meant people were not always protected from the risk of poor care.

The environment was fresh smelling throughout the home. We saw that the cleanliness of the home was adequate in most areas. However we saw staff working at the service did not ensure infection control was routinely practiced. We saw bathrooms and toilets were without liquid soap. This

was due to difficulties with one person ingesting this. However, in their place were bars of soap which were ingrained with dirt. There were no paper towels for people to dry their hands. This meant people did not have the means to wash and dry their hands appropriately after using the toilet. This increased the risk of poor hygiene and cross infection.

We looked at the recruitment and selection of four members of staff. People were not protected from unsuitable people working in the home because the home's recruitment procedure was not followed correctly and recruitment was not safe. One person did not have an application form and their CV did not have all the information required. The application forms were not always checked for accuracy. Where there were discrepancies in information, this had not been followed up. People did not always have the two references required in accordance with the home's recruitment policy. On occasions the management team had made recruitment decisions that did not keep people safe. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Restrictions in the home were minimised so that people had the most freedom to enter and leave the home as they wished. People told us that they could come and go and were supported to safely do things they wished.

Where people displayed behaviour which challenged the service, risk assessments were in place, highlighting any issues but guidance to staff and risk management plans were not in place. This meant that staff did not have the guidance to provide support in a safe way nor to ensure a consistent approach to the management of these behaviours.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. People we spoke with were satisfied with staffing levels. They said there were enough staff to talk with as they needed and to provide any support and guidance they wanted. There were enough staff in the home when we inspected. We also checked recent rotas and these showed sufficient staff had been available. We saw there were enough staff to provide people with support as needed. However the care practices were not always pro-active in involving people and

Is the service safe?

developing new skills and activities. Only one person was attending a college course for educational or vocational skill development. No one was involved in voluntary work or developing cooking or home making skills.

There had been a high turnover of staff within the home in the past year. New staff had been appointed to develop and get involved in the rehabilitation part of the service but this had not yet been implemented.

We looked at how medicines were stored, given and disposed of. We spoke with people about the management of their medicines. They told us they felt staff supported them well with medicines. All care staff were involved in giving people medicines. Medicines were ordered appropriately, checked on receipt into the home, given as

prescribed and stored correctly. One person partially self-medicated with support. Staff said they planned to gradually support the person to administer their medication unassisted.

Where errors had been made the manager had acted on these to reduce any risks. Medication audits were in place to monitor medication procedures, check compliance with procedures and learn lessons if any errors were made. Although staff had not signed the medicines records on several occasions, the manager had noted this on medication audits and taken appropriate action to address this matter.

Any accidents or incidents were reported to the manager. These were monitored to see if any similarities, patterns or triggers emerged. This enabled staff to make any changes needed to reduce the likelihood of these reoccurring and assisted with keeping people safe.

Is the service effective?

Our findings

We spoke with people about their care records. One person said, “We talked about the things I want to do and then wrote them down.” Another person said, “Yeh we talk about plans and the future.” From this we could see that people were involved with planning their care.

We spoke with the staff and checked the training record for staff employed by the home. Although there was a training matrix for staff, the training, was not dated, so it was not clear when this had been completed. This made it difficult to see when further training was required. The manager’s training was not on the training matrix, so there was no record of them completing any training.

The records showed there were several areas that staff had not received training in. Of the twelve members of staff only three members of staff had basic first aid training, seven staff had fire safety training and five had safeguarding training. No members of staff had received training on mental health awareness or activities of rehabilitation. Additionally, Six staff had not completed moving and handling training and staff had not received training on the specific health conditions of two people.

The training record showed that five staff had received training in behaviour that challenged. However the manager told us that staff had not received training in this area. This was a requirement from the last inspection which had failed to be addressed. The manager told us that she had just received a training DVD on behaviour that challenged although neither she nor the staff team had yet looked at it. She said she had been unable to access appropriate training for epilepsy, This meant that staff were working without the necessary knowledge and skills to support people effectively.

We were told that two of the three recent staff had started the skills for care common induction standards and were working through this. However we could see new staff had not received training in adult safeguarding, health and safety or mental health training as part of their induction. This meant they were missing important information on how to support people effectively. This was a continued breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Most members of staff had been on Equality and Diversity Training and had some understanding of how to put it into practice. They had also attended medication training, which assisted with managing medicines safely.

Staff had received occasional formal supervision but this had not been consistent. New staff had received none or only occasional supervision. This meant they were not provided with the skills and knowledge they needed to fulfil their role. Supervision is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed.

Specialist dietary, mobility and equipment needs had been identified in care plans, where people had specific needs. We spoke with people who told us they enjoyed their meals. They told us they always received as much as they wanted to eat. People said that the meals were very good and they were given lots of choice. One person said, “The food is lovely here. I can have what I want.” Another person said, “[The Chef] is pretty good with meals. I like them all.”

We spoke with the cook and care staff. We were shown the menu’s and record of meals. Staff were aware of people’s preferences and dietary requirements including special diets. They told us how they assisted people to eat more healthily.

We observed lunch being served. People ate in the dining room interacting throughout with staff who ate with them. Mealtimes were flexible with people choosing when to eat. We saw people being offered drinks on a regular basis. The cook showed us the food stocks in the kitchen and stores. There was a variety of fresh foods available and these were replenished several times each week.

The home had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in

Is the service effective?

people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The manager told us relevant staff had been trained to understand when an application should be made. Staff demonstrated an awareness of the code of practice and confirmed they had received training in these areas. Staff determined people's capacity to make particular decisions about their care and support.

We had responses from external agencies including the social services contracts and commissioning team. They told us there had been some improvements since the last inspection had taken place. This information and views gained from speaking with people at the home, their family members and the staff team helped us to gain a balanced overview of what people experienced living at Column Care Ltd.

Is the service caring?

Our findings

As part of the inspection process, we spoke with people who lived at the home. They were pleased with the care and support they received and said they were well looked after by the care staff. People told us they had good relationships with staff and they were treated with kindness, respect and dignity. One person told us, "I love it here. I feel part of the family." Another person said, "This is the best place I have ever lived".

In speaking with staff and in observing their interactions with people, we saw the members of staff were compassionate and caring. People said they trusted the staff who kept any information confidential and they had good relationships, with them.

In conversations, we saw the staff team treated each person as a unique individual with distinct needs, wishes and perspectives. Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. We saw that staff made sure that they respected people's privacy and dignity. They did not walk into people's bedrooms without knocking and waiting for permission to enter. They spoke with people in a polite and respectful manner. They explained any actions they wanted people to take and the reasons for this. They gave people time to think and to answer them when they asked any questions.

It was evident that staff made a concerted effort to make people comfortable and to make their experiences positive. We saw that staff were warm and compassionate and caring towards people. They spent significant periods of time interacting with people, chatting and discussing any issues. There were quiet and private areas within the home which people could discuss any sensitive issues.

We saw posters advertising advocacy support on notice boards so that people could access services if they needed. People told us they knew how to access these services, if they wanted to. One person said, "There's info on the wall if you need to see it." The manager said they had previously used the advocacy services for one individual to assist in making a decision.

Although some care records were limited, staff spoken with had awareness of people's needs and preferences. We saw evidence people who lived at the home, and/or their family members had been involved in their care.

We asked about privacy and security of possessions. People told us they could access their bedrooms freely. This allowed them privacy as they wanted. There were three communal areas These were comfortable and there were enough of them so that people could entertain their visitors privately if they wish. Families and friends could visit any time and were made welcome.

Is the service responsive?

Our findings

People told us that they could choose what they wanted to do and staff would support them as they wanted. They said they had a choice of who provided care and went on activities with them. One person said, “I always choose [member of staff] we have fun.” Another person said, “I can always ask the staff to talk and they will. I pick who I want to talk about things with.”

We found people and where appropriate their relatives, were involved in decisions about their care. One person told us, “We always talk about what I am doing and what I need to do.” Staff supported people to engage in their beliefs including dietary, spiritual and religious beliefs. One person said how staff supported them to go to church.

People had care plans. Some were informative and person centred, others were less so and did not have life histories or likes, dislikes and aspirations recorded. Assessed risks, although highlighted as risks, did not have strategies for supporting people in a safe, consistent way. Where people harmed themselves this was noted as a risk but there was no information on how to reduce the likelihood of this or the interventions needed if this occurred. Where people had behaviour that challenged service, the risks were noted but staff were not given guidance on how to defuse behaviours and incidents.

We spoke with the manager about how they developed care plans. We looked at four care records. Some were informative and person centred, others were less so. Two of the four records, did not have all parts of the care plan completed. This included life histories, and likes and dislikes and action taken as a result of assessed risks. This meant that staff did not have information recorded that was focussed upon the person’s whole life, including their goals, skills, abilities and how they prefer to manage their health.

We saw that staff responded in good time to health needs. They made referrals to other health and social care professionals as needed. Appointments with professionals were sought with people being supported to attend. However where regular weight monitoring was important was this was not regularly followed up or accurately recorded. One person’s records showed significant weight loss or gain when weighed. This had not been reported or

acted upon. When we spoke with the manager, they felt that this was “probably inaccurate weighing rather than significant changes in weight.” But these weight changes had not been rechecked or action taken.

At the last inspection we made a compliance action regarding the lack of information for staff on how to reduce the risks where people had been in vulnerable situations, engaging in high risk activities, or had behaviour that challenged and self-harming behaviour. We were concerned that staff had to rely on their own ideas about how to manage difficult situations, and there was not consistent care and management of these situations.

On this inspection these areas were still an issue and guidance and strategies for supporting people were still not in place. Guidance for staff and strategies for supporting people in a consistent way were not in place. There was little guidance for staff on how to support people when they were in vulnerable situations or involved in high risk activities. The success of any interactions depended on individual staff abilities rather than appropriate strategies and guidance.

There was also little information for staff on how to de-escalate and defuse situations. There had been an incident shortly before the inspection which demonstrated shortfalls in risk management. Although the management of this situation may have been appropriate in the circumstances, it highlighted the lack of guidance and staff skills. This meant that staff did not have the skills to have the option of de-escalating or defusing the situation. The member of staff locked themselves safely away from the situation and called the police for emergency assistance. The manager told us that this was the most appropriate response as staff were not to be put at risk. However there was not sufficient guidance of how to respond and a lack of identified risk management strategies to keep themselves and the people they support safe. This put people at risk of inappropriate care. These practices were a continued breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Records showed that changes to care were made if needed. In speaking with staff and in observing their interactions with the people, it was clearly evident that members of staff made sure that the views of people were taken into account. One member of staff said, “we always ask people and their families what they want”.

Is the service responsive?

At the last inspection we were concerned that although the service was saying they provided rehabilitation, there was no evidence of this. Almost all people had been there for several years and planned to remain there. Since then the service provider had accepted that it was predominantly providing a long term residential service. In its new “Statement of Purpose”, this service referred to ‘a shorter stay which would offer a rehabilitation service’. However there was very little ongoing activity with a focus on active rehabilitation.

The manager told us that one person was on a rehabilitation programme. When we looked at the person’s care plan there was little evidence of rehabilitation. When we spoke with people who lived at the home and staff, none were aware of any specific rehabilitation care plans. There was no evidence of links with external agencies that could support and encourage the active rehabilitation of residents such as alcohol and drug services, intermediate care rehabilitation services, occupational health and physiotherapy services.

The service was caring but the care provided did not inspire people to engage in active rehabilitation in terms of improving their skills of independent living. There was lethargy about inspiring people to develop and extend their skills. When observing people we saw that three people spent much of the day watching TV, sat at a table, or going to the external smoking area. While this was their choice there was not much interaction from staff to encourage them to develop skills and hobbies. Staff were pleasant and chatty but we saw few signs of encouraging people to engage in activities.

The manager had appointed a new member of staff to assist with developing activities and rehabilitation. This

member of staff was keen to involve people in activities but was new to care and had received only limited guidance. We saw them painting a mural on a wall without anyone being involved in this with them. This seemed a wasted opportunity. We were told that people were involved in maths and budgeting sessions but there was little information on this.

There was a selection of indoor games, books and jigsaws available for people and the new rehabilitation and activities coordinator intended to make use of these and other equipment. As this was a new post the member of staff had not developed the role but had started offering some fitness groups as she got to know people. All staff were willing to go on activities with people and they helped them follow any choices and interests. However where people did not have any hobbies or interests there was limited success in developing these. The manager said the new post aimed to increase this.

The home had a complaints procedure which was made available to people they supported. People were aware of how to raise any concerns regarding marginalisation or discrimination. There were also information leaflets displayed on a resident’s notice board encouraging people to raise any issues. We saw there hadn’t been any recent complaints. The manager told us the staff team worked well with people and any comments and minor issues were dealt with before they became a concern or complaint.

People said they did not need to complain but would do so if they felt it was needed. They felt that any ideas or concerns were taken seriously and staff dealt with these satisfactorily. They said any requests were acted upon quickly. One person said, “The staff listen and will help you to deal with things.”

Is the service well-led?

Our findings

People told us staff were approachable and willing to listen to people. They told us that they always made time to check people were feeling well and did not have any worries. One person said, “They are always good to me, the staff always checking how I feel and that I don’t feel bad.” Staff also told us they found the manager supportive and approachable.

There was not a registered manager in place and had not been for over a year. The manager had been in post since April 2014 but had not applied to become the registered manager. A condition of registration of the home is that a registered manager is in post. Where a registered manager cancels their registration the provider is expected to find a replacement manager registered with CQC without delay. This home had been without a registered manager since December 2013. This was a breach of Section 33 of the Health and Social Care Act 2008.

At the last inspection in September 2014, the manager told us that they had started the process to apply to become the registered manager of the home. On this inspection they told us that they had not continued with this process. This meant that the home continued to be without a registered manager.

When we arrived on our inspection the manager told us that they were resigning their position from the home that day. The manager said they would be leaving at a date agreed with the registered provider once another manager was appointed.

Procedures to monitor the quality of the service had started shortly before the inspection by the manager. This meant that they had not had time to ‘bed in’ and there was no evidence that these would be a consistent feature of the service. The audit included monitoring the homes environment, care plan records, infection control, financial records, medication procedures and maintenance of the building.

The manager was the nominated individual for the service provider. A nominated individual is the contact person for the CQC. The nominated Individual for a provider has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided. However as the directors of the company did not monitor the service, it was not clear if the audits

would continue once the manager left the home. Neither was it clear if the manager would remain as the nominated individual. The manager said that they had contact with the registered provider frequently to discuss progress or issues in the home but there was no record kept of these contacts.

The manager had made a number of positive changes since she started working in the home in April 2014. She had been taking some steps to become compliant in the areas of regulation they had breached at the last inspection. However progress had been slow and the home continued to breach the regulations in staff support and training and care and welfare of people. In addition breaches had been found in safeguarding people and recruitment of staff.

There was an incident affecting the running of the home which involved the police shortly before the inspection. However although we became aware of this during the inspection, the providers did not send a notification to CQC as they were required to do.

People were given information about the home and the organisation in the form of leaflets and booklets. The management team had compiled a new statement of purpose they had also completed a new service user guide for prospective and current residents.

People told us that staff were approachable and their views were respected. One person told us, “They usually listen to us if we aren’t happy with something or want to do something different.” There was documentary evidence that people were encouraged to complete monthly surveys about the care provided. There were monthly residents meetings but the most recent ones had not been attended by any residents. The management team said they were looking at alternative ways of seeking people’s views.

Staff meetings were held to involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. There was also documentary evidence of staff surveys requesting the views of staff.

Staff told us that morale was high and they were developing a good team. They felt despite the staff changes in the previous year they were working well together. However as the manager planned to leave the home, the team were going to be going through further changes before the staff team were stable and settled.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People were not protected from unsuitable people working in the home because the home's recruitment procedure was not followed correctly and recruitment was not safe.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The registered person had not taken proper steps to ensure that care was planned and provided in a way that ensured the welfare and safety of the service user.>

The enforcement action we took:

Warning notice

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

Risks were not always assessed in a timely manner or appropriate action taken to keep people safe.

The enforcement action we took:

Warning notice

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Staff were not supported to receive appropriate training to assist them to support people effectively.

The enforcement action we took:

Warning notice

Regulated activity

Regulation

Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to registered managers

The provider had failed without reasonable excuse to have a registered manager in post, which was a condition of registration.

The enforcement action we took: