

Community Homes of Intensive Care and Education Limited

Portchester Lodge

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 6 and 7 April 2017 and was unannounced. The inspection was prompted in part by notification of an incident following which a person using the service died. This incident was subject to a police investigation and as a result this inspection did not examine the circumstances of the incident. The information shared with CQC about the incident indicated potential concerns about the assessment and management of risk for people. This inspection examined those risks as well as other areas.

Portchester Lodge provides care and support for up to ten people who are living with mental health issues, a learning disability or dementia. There were seven people living at the home at the time of the inspection.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

However, the registered manager had resigned in March 2017. The provider had moved a registered manager from another of their services to manage Portchester Lodge on a permanent basis and this person had started at the end of March 2017, a week before the inspection. The report will refer to the registered manager (the one who had resigned) and the new manager (who had been in post a week at the time of the inspection).

People told us they mainly felt safe and happy living at the home especially since the new manager had started work there.

Risks to people's health conditions were not fully assessed in order to minimise risks, and staff had variable awareness and understanding of people's individual risks.

People were supported by adequate numbers of staff, most of the time.

People received their medicines safely, although the new manager identified the need to update administering staff's training.

People's consent was sought before staff provided care, however there were no mental capacity

assessments in place where there were concerns about people's capacity to consent.

There were concerns with lack of a robust recruitment process to ensure people were being cared for safely. Staff had not all received adequate induction and training and a concern was raised regarding the validity of the training information given to us that had been compiled by the previous registered manager.

People were relaxed and comfortable around staff and had their dignity and privacy respected. People were supported to be as independent as possible.

People had not always been involved in developing their care plans. People had not had regular meetings with staff regarding their recovery using the Recovery Star model, to be used alongside care planning in helping people to set goals.

People told us if they had any concerns they had been dealt with appropriately by the new manager.

People and staff had not always felt listened to by the registered manager however they felt very differently about the new manager.

We were concerned about the management of the home and lack of quality assurance/monitoring of the service, poor records in a number of areas, particularly care plans, staff training and staff recruitment. The new manager had plans in place to address the shortfalls we had identified.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not always safe from harm although staff were aware of their responsibilities they did not always have the training and support to help them mitigate any risks.

Risk assessments were not always updated and did not keep people safe.

Recruitment was not robust to ensure people were cared for safely.

Medicines were well managed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service was not always compliant with the Mental Capacity Act 2005 (MCA) as there were no assessments leading to Deprivation of Liberty Safeguards (DoLS) and a lack of mental capacity assessments in general

People were supported to make choices about their daily lives. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were not always met although staff worked with health and social care professionals to help people access relevant services.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

Good ●

People's views were actively sought and they were involved in making decisions about their daily care and support.

Staff recognised and promoted the role of family and friends in people's lives.

Is the service responsive?

The service was not always responsive to people's needs.

People received person centred care and support. People were not always involved in the planning and review of their care.

People were supported to follow their interests.

People felt able to raise concerns.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There was a new manager in place. People and staff spoke positively about the new leadership and approachable nature of the manager. People told us they were happy with the quality of service they received.

We were concerned about the management of the home and lack of monitoring of the service, and poor records generally.

Requires Improvement ●

Portchester Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 6 and 7 April 2017 as a result of receiving concerning information, including safeguarding investigation and was unannounced. The inspection was carried out by two inspectors.

This was the first inspection since the service had been registered in August 2016. Prior to the inspection we reviewed information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with four people living at the home, the new manager, deputy manager, internal psychologist, an Assistant Regional Director, a Regional Director and support staff.

We looked at the care records for four people. We also looked at a range of records relating to the management of the service such as medicine records, accidents, complaints, quality audits and policies and procedures.

Our findings

People told us that they mainly felt safe living at the home. Comments we received from people included, "They [staff] listen, makes me feel safe. The staff are calm and patient. ...I think it is safe here." Staff told us they felt people were safe at the home.

We were sent the training matrix for the staff at the home. However the records did not match the staff we were told by the new manager, were working at the home. It was not clear therefore who had received training and were still employed, as the records appeared to refer to staff who no longer worked at the home. It was clear that three new staff had not received training in any area except SCIP (safe handling and breakaway training) and two had seen a moving and handling DVD.

We looked at the records for nine staff which included the provider's seven week induction programme, this included completing safeguarding training. The induction was also stated to include fire safety, personal safety and how to summon help, and each week there were Care Certificate Standards to complete. All staff had been signed by the registered manager or their supervisor as having completed the whole induction programme not in seven weeks but within two days of starting it. We were not assured the information given to us was complete as one member of staff did not appear on the training matrix but was recorded as working on the duty rotas, and three staff on the training matrix were not on the rotas in the four months we looked at.

The new manager told us the training staff had received was under review and they would ensure the records were corrected to reflect the training staff had received and needed. They had already planned to speak with staff about training that was needed.

Staff we spoke with could explain what they would do if they had any concerns relating to abuse. Staff knew where to report outside of the service if they felt people were at risk of abuse and told us they would report any concerns to the new manager and felt confident that they would act. They did not express the same thoughts about the registered manager, telling us that they had reported concerns to them and no action had been taken.

Four people had moved into the home between August and December 2016. However, in the four care plans we looked at all risk the assessments associated with these people's needs were dated 29 and 30 March 2017. There were no risk assessments available prior to these dates and the provider had been asked to take action to address this by the local authority safeguarding team on the 22 March 2017. We saw on admission

records that risks associated with these people's needs were identified at the pre admission stage however; no written assessment to detail how these risks could be mitigated had been completed until such time as the local authority safeguarding team became involved.

Where a person was diagnosed with epilepsy, monitoring was to take place to keep them safe, and records dated 19 January 2017 said that a sensor was kept in their bedroom. This was incorrect as the new manager during this inspection told us they had only just ordered one. There was no evidence as to how the person was to be monitored or had been monitored in the intervening period; and staff told us they did not have seizures any more. Records showed that there had been contact from health professionals the week before the inspection, concerning the support the person needed and the medication for their epilepsy had recently been stopped. However the home was told the person still required monitoring as there was always a possibility they may have a seizure.

As part of the assessment regarding the risks associated with epilepsy, it was stated that staff should have CPR training in case the person experienced a seizure. The provider has told us that CPR training is included in the first aid training course that 13 out of 20 staff have attended. staff have attended. Seven staff had not received first aid training and the seven staff had not received training in epilepsy.

Risk assessments for three people related to safety whilst preparing and eating food, eating poorly as a result of prioritising alcohol consumption and self-harm were in place. The risk assessment in relation to alcohol explained that the hazard was that people may not buy or eat healthy and balanced meals due to alcohol intake. However it had not been updated as the recent care plan we saw corroborated what the person told us, that they no longer drank, and they were eating healthily.

Another example of out of date risk assessments related to medicines. Medicine records showed that one person was being supervised by staff in learning to take their medicines themselves. However, the risk assessments stated "Trained and competent staff members will only have access to [name] medicines and will dispense and administer at appropriate times." They had not been updated to reflect the changes that had taken place.

Where someone had a high risk history there were no robust risk assessments in place to help mitigate those risks, and no support to manage personal relationships. We spoke with the new manager and the provider's own psychologist about this, who undertook as a result of our feedback to review people's positive behaviour plans regarding their behaviours, personal boundaries and their understanding of what was legal and what was not. People were at risk as their support needs and any risks associated with those needs had not been fully assessed, and they were vulnerable to further risk as the service was not taking appropriate action to support them.

Accidents and incidents had been recorded, including those relating to people's behaviour. However where staff were required to document the action taken to reduce the likelihood of the accident/incidents and behaviours occurring again, they had not done this but had recorded the behaviour that had occurred. For example during one recorded incident a person threw a plate onto the table and the action to reduce occurrence was "Service user threw plate onto table and content hit [name] in face." This meant that accidents and incidents were not being monitored properly and no action was being recorded as being taken to safeguard people and staff.

A monthly accident/incident report was to be completed by the registered manager every month and sent to the assistant regional director to show what action had been taken, however no reports could be found when we asked. The assistant regional director told us they would look for them and send them to us. We

received the documents after the inspection.

There was a failure to fully assess the risks to the health and safety of people, and not all that was reasonably practicable to mitigate such risks was in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we observed adequate numbers of staff to support people promptly when they requested support. People told us there were enough staff to meet their individual needs. Rotas showed there were four staff allocated to work during the day and two staff at night. However there were times in the 12 weeks of rotas dated 8 January 2017 to 7 April 2017 we looked at where there were only three staff on duty during the day. Care records showed that two people were to have one to one support during the day. This meant that there were times when there were insufficient staff to support people where it had been assessed they needed one to one support.

Staff were not always recruited safely. We were told that a phone interview is conducted with potential staff and if successful then they are invited to a face to face interview. One member of staff said, "I completed an application form, when I had an interview and a number of checks were completed." We viewed nine staff files and saw pre-employment checks had not always been completed. This included one Disclosure and Barring Service (DBS) check not being present at all in a new recruit's file. DBS checks can help employers make safer recruitment decisions and reduce the risk of employing unsuitable staff.

None of the staff files we looked at had a current photograph of the member of staff in them. The providers recruitment policy stated that two references should be obtained: "A reference from current/last employer is mandatory while the second reference can be work or personal (character reference)". Of the nine files we looked at one had only one reference. On another a referee had not dated their reference and there was no record of when it had been received. On another staff member's file the application was not dated, the DBS was dated 5 August 2016 under a company that was not recorded on the staff member's application in their employment history. However, the new manager gave us an updated DBS for 14 March 2017 for this member of staff.

Where DBS checks identified prior concerns, there was no record of any risk assessment or conversation about the issue having taken place, to ensure that the member of staff was safe to work at the home. Following the inspection the provider sent us confirmation that this had been addressed with the member of staff.

Whilst there was a system in place to for robust recruitment this had not been used in all instances. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine was safely administered, stored in a locked facility and appropriately disposed of if no longer required. All staff who administered medicines should be trained and this training was updated annually according to the provider's policy. The new manager told us that all staff have had medicines training but they wanted them to re train and had arranged for staff to be updated. This took place on the second day of the inspection. There were 11 staff on the training.

People received their medicines in a safe and effective way with two staff signing to say the medicines had been removed from the blister packs or boxes and had been administered to the person. Staff recorded information in several places in the medicine records and the records did not track through. The new manager told us they were going to review the medicine records because of this confusion and would explain to staff what records would be kept.

The provider encouraged people to be independent. They had a policy whereby people are assessed as part of their recovery plans to self-administer their medicines. This was discussed with the person and a multi-disciplinary team which included the provider and external health professionals. According to the policy, a risk assessment should be carried out and there was a five stage process for people to agree to. This started with approaching staff for their medicines without being reminded and worked towards having the medicines in their room to take themselves. There were three people at Portchester Lodge who were on this programme however; there were no assessments or agreements in place.

We saw that there were cleaning rotas in place and there was colour coordinated cleaning equipment to use in specific areas. Cleaning items were kept locked away. Staff told us that they checked knife numbers and ensured they were kept safely as some people were at risk of self-harm. They also checked water temperatures and told us they would report it to managers if the temperature was over 42 degrees. When we looked round the building we saw that there were window latches on upper floor windows, fire extinguishers and alarms.



Our findings

Some of the safeguarding concerns we had been made aware of prior to our inspection had been around querying the staff's ability to meet people's needs and a lack of training.

Staff did not have the skills and knowledge to meet people's needs. The assistant regional director sent us the training information for the staff at the home. However there were 20 staff names on the list and only 17 on the rota showing staff who were working at the home (one of whom was the new manager). Whilst there was a key to say which staff were permanent and which were bank staff, no staff names had 'bank' next to them. One name on the rota was not listed on the training information. The conflicting information meant we were not assured of the accuracy of the information provided to us in relation to staff training.

New staff should have undertaken an induction programme over a seven week period according to the provider's policy; however of the nine staff files we looked at, we saw where there were induction records for three they had been signed off as completed two days after commencing their employment. Four staff had no record of an induction and two staff had not completed their induction although they had commenced work in October and November 2016.

Three staff had a national vocational qualification NVQ in health and social care. There is an expectation that staff new to care should be working to standards outlined in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. With concerns regarding the induction process staff undertook, we were not assured that staff were working to standards outlined in the Care Certificate.

We saw a supervision plan for 2017; records showed no supervisions for staff had taken place in January and February 2017 and six staff were listed as having a meeting in March 2017. In the nine staff files we looked at we saw that two staff had one meeting each in February 2017 and two had received supervision in February and March 2017. The provider's policy stated that "There will be a minimum of 6 sessions every year however where possible, and to promote best practice, monthly sessions are encouraged." Staff told us they had not felt supported by the registered manager. The new manager told us they were aware supervisions had not been as frequent as they should be and had plans in place to address this.

Records of staff being trained in evacuation showed a list of 17 staff and only four had participated in an evacuation. A record of staff watching a Fire training DVD and associated questionnaire listed nine staff,

none of which had signed to say they had completed this training.

Whilst the new manager explained to us their plans for supporting the staff there was a failure to ensure all staff were appropriately supported through induction, supervision and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Staff training showed that 16 staff had attended Mental Capacity and Deprivation of Liberty Safeguards training.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application 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.

We saw that there were approved Deprivation of Liberty Safeguards in place, however staff were not clear on any conditions that had been added as part of the Deprivation of Liberty Safeguards. When reading the care plans and the Deprivation of Liberty Safeguards we were not assured that the applications that had been made were appropriate, as there were no mental capacity assessments that would be expected to be conducted prior to a DoLS application.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People confirmed they enjoyed the food. Staff cooked the Sunday meal. Where appropriate they supported people to make their own meals and or cook a meal for all. People could access drinks themselves.

Staff we spoke with told us about people's individual preferences, and of their nutritional needs. They explained what additional support and monitoring people needed in order to ensure they had adequate food and drink to remain healthy.

Records showed health and social care professionals visited the service as and when staff requested their input. The provider had had issues recently regarding the support from the local surgery regarding GP and District Nurses input. They had raised this at the safeguarding meeting and action was being taken by others in support of the service. Care records held feedback from GP's, dieticians, chiropodist, specialist nurses and speech and language therapists. People told us they were supported to access GP's and hospital appointments as needed.

Our findings

The service had opened in August 2016. People were relatively new to the service and to living together. However there were good relationships observed and banter between people and staff.

People gave mixed feedback about the involvement they had in planning care with only one person saying they had been involved, others we spoke with did not know about their care plans. Involving people ensures they have a chance to state how they wish to be supported. Care plans we viewed showed that people's views and preferences had not been sought, as their views had not been recorded on the care plans. The service runs a recovery model using the Recovery Star, to be used alongside care planning in helping people to set goals, and is reviewed regularly. As part of this model people should meet with their keyworker, a named link member of the staff team, regularly. We looked at the file with the Recovery Star information and it contained information for seven people. Four people had had only one meeting with their key worker since their admission whilst one person had had five meetings since October 2016. We have addressed these shortfalls in the responsive section of the report.

Staff supported people to be independent and make their own choices. We saw positive interaction between people and staff. For example, staff suggested one person had a shower before starting a game so they did not have to stop half way through. The person said "I did not think of that okay, shower first, good idea." We heard staff remind them to get their towels and things ready. The person replied positively and staff affirmed with a positive reaction.

During our visit people made decisions about the support they needed, when it should be given and how they wished to spend their time. Staff knew people well, were familiar with their life style patterns, aware of their needs and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, "This is a nice place to live; the staff are good."

People said that the staff treated them with dignity, respect and enabled them to maintain their independence. The staff met their needs; they enjoyed living at the home and were supported to do the things they wanted to. Staff were friendly, helpful, listened and acted upon people's views and people's opinions were valued. This was demonstrated by the positive and supportive care practices we saw during our visit. Staff were skilled and patient when providing support and knew when people wished to be on their own. They also made the effort and encouraged people to enjoy their lives. Staff respected people's dignity and treated them with respect.

The patient approach by staff to providing people with care and support during the inspection meant that people were consulted about what they wanted to do, where they wanted to go and if they wished to be accompanied or not.

People were free to move around the home. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were numerous positive interactions between staff and people using the service throughout our visit.

There was access to advocacy services, and we saw where they had been involved in supporting a person's challenge to their DoLS.



Our findings

Some people told us the care and service was very flexible and fitted in around their needs and wishes. Comments from people included, "I can go to bed any time. If I want to go to sleep in the afternoon I can. No one says anything."

Part of the concerns raised at a recent safeguarding meeting related to care plans and risk assessments. We looked at four people's care plans and all related records. Three care plans were general in their description of support needs and were not person centred. There was no evidence of review dates or that the people had been involved in their care plans; although there was evidence of occasional involvement of people in the Recovery Star model. The records we looked at did not relate to the care plans. For example, where a person had been diagnosed with diabetes their risk assessment did not describe their personal needs with the condition but had lots of general information. External health professionals had also expressed their concerns about the lack of personalisation of the care records. We have further addressed in this in the well-led section of the report.

The one exception was one of the care plans that we saw had been written, in conversation with the person. This person had signed to say they had agreed what had been written and had agreed goals they wished to achieve. They told us they had been involved in planning their care so that it was personalised to meet their needs. They told us about their life histories and what interested them and we saw that this was recorded in their record.

The people living at the service were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required. However, whilst staff responded with confidence when care or communication was required, the information to guide them in the support was not always up to date. For example, we saw that where a person had been diagnosed with diabetes following a blood test for another issue, their care plan had not been updated to reflect this need. The person required "significant support" from staff in the preparation of their meals as they could not stand and were not able to appreciate the issues associated with diabetes. We have further addressed this in the well-led section of the report.

We asked people what interested them and what they enjoyed doing during the day. Some liked to go out shopping, others to do puzzles and games. People told us there were staff responsible for activities employed at the home, who worked alongside the support staff in planning activities and ensuring people's needs were met where possible.

People were encouraged to do activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out. Staff continually made sure people were involved, listened to and encouraged to do things for themselves. People were asked by a staff member if they would like to speak to us or not and given the time to decide for themselves. Some people decided they were happy to chat, whilst others declined. Staff facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit.

People told us they would speak with staff members or the new manager if they had any concerns, although they expressed confidence in some staff but not all as they did not feel all staff would tell senior staff their concerns. One person said, "I know how to complain, I go to [name] [new manager], I can talk to her." During the two day inspection people came to the office to speak with the manager and the inspectors.

Staff we spoke with were able to explain how they would raise concerns or complaints on behalf of people who lived at the home. They said they would refer any issues to the new manager and said they were confident they would be addressed appropriately. We looked at records and saw the provider had a system for receiving and handling complaints or concerns.

Our findings

Staff told us they felt the new manager would; "Do a really good job, feel I can confide in her and she will get the job done properly and look after service users." "She interacts with service users which is really lovely as you don't normally see that with managers." "It's fantastic to have someone in place who knows what they are doing."

There was a clear management structure in place and staff knew who to go to if they had any issues or concerns. People received care from a fairly consistent staff group which meant that people were familiar with them. Staff told us they now felt supported in their role and were beginning to understand their responsibilities. One member of staff commented, "We have not had clear leadership and things were not always shared with us. I feel things are changing for the better" Another staff member said, "The manager is lovely and approachable they have only been here a week and I now enjoy coming to work."

The new manager told us they had carried out one staff meeting with staff on the 4 April 2017, we saw their notes for the meeting and they verbally talked us through the areas that had been covered. They planned to hold regular meetings with staff.

At the time of our inspection there was a manager registered however, they had resigned from their position in March 2017. The service was being managed by a new manager who was registered with the Commission at another of the services belonging to the provider.

The new manager had started work at the service a week before the inspection and was aware of the many changes that needed to take place. They demonstrated an open and transparent management style. For example, they discussed with us the various issues they had found since joining the home and the steps they were taking to address immediate concerns for example, rewriting the care plans and risk assessments.

They sent us an action plan detailing the changes that will take place and have given timescales for those; they were also aware that any changes will need to be embedded with staff. We saw they had begun to implement some of these changes. For example, daily records; the new manager had written examples of the information they expected staff to keep about people's daily lives, issues and concerns. They had put several records they expected staff to keep in one place. Staff told us that documents were easier to find and that they already felt supported by the new manager.

However, up to the date of the inspection; the audits and monitoring of the service had not always been

completed and action had not always been taken to ensure the service was safe and met people's needs.

The service was reviewed monthly by the assistant regional director and they completed a Management Monitoring Report (MMR). We noted that there were actions each month needing to be completed by the registered manager. One of the particular concerns was the lack of personal detail in people's care plans that was highlighted in December 2016. For example, this MMR stated "Care plan is generally quite vague and there doesn't appear to be much guidance relating to how to support [name] with their mental health. There are a lot of hand written notes and some of the text appears to have been copied and pasted." Monthly keyworker meetings and reports (as per the provider's Keyworker Policy) were not in place and this had been highlighted in previous MMR's. The MMR for January 2017 continued to highlight a lack of supervision for staff and a lack of action by the registered manager in response to the provider's registered manager's meetings. The MMR for January 2017 recorded that monthly care plan audits had not taken place and there were gaps in employment records and induction, and there continued to be a lack of communication with staff via staff meetings. This MMR was not fully completed. The issues regarding recruitment, staff meetings, and care plan audits continued in the February 2017 MMR.

There were three first aid boxes in the home; checks showed there were items missing; however records did not show that action had been taken to replace these items. The checks had not been carried out regularly with no records prior to November 2016 and no checks in February 2017.

There was a weekly health and safety checklist however these records had not been completed weekly. Not all areas of the home had been checked weekly for example water temperatures in the three annexes had not been checked. This meant there was not an accurate picture of the safety of the home.

Weekly fire checks were not carried out consistently. Only one took place in August 2016. Two had been done in September and October 2016, and none had been completed in November 2016, January 2017 and February 2017. Three checks had taken place in March 2017.

Where records showed that fire alarms had gone off for example "staff involved in an evacuation on 20 January 2017", "evacuation due to fire alarm cause unknown on 17 November 2016" and "the fire alarm sounded at 0500 on 5 October 2016 unknown reason", no records of an investigation had taken place into these events. We were not assured that fire safety had been addressed at the home because of the incomplete records.

The new manager had introduced a 'person in charge daily checklist', the week of the inspection. This was to be completed by the member of staff running the shift in the morning and the afternoon. It had only been completed for two half days (Sunday am and Wednesday am) since it had been implemented. Not all senior staff were using the document although they were aware of it. The new manager told us they would be working with staff about their expectations as manager.

We were concerned that accidents and incidents were not appropriately responded to and in some cases not recorded. For example a record dated 31 December 2016 stated, "Assaulting staff verbal aggression, throwing objects at staff." There was no detailed record of the incident or actions implemented to mitigate the risk, or learn from it

The governance system in place had not been effective. Concerns about a lack of supervision for staff, recruitment and personalised care planning and risk assessment had been ongoing for several months. However, there had been a lack of action to address these concerns and ensure people were receiving a good, safe service.

The lack of assessment and monitoring to improve the quality and safety of the service and the lack of assessment and monitoring to mitigate the risks relating to the health and welfare of people using the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new manager was aware of the requirements about notifying CQC of events they are required to do so by law, such as safeguarding incidents. Until the concerns were raised by external professionals to safeguarding in March 2017, the Commission had not received any notifications about incidents at the home with the exception of a medicines error. Whilst carrying out the inspection we became aware of incidents that should have been notified to us, for example a person had been taken to hospital following a fall. During the inspection notifications were sent to us about incidents that had taken place the week of the inspection and during the inspection. Notifications regarding other incidents have been sent to us after the inspection as part of comments process.

The Commission was not always informed of incidents that had taken place which concerned people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The Commission was not always informed of incidents that had taken place which concerned people using the service. This was a breach of Regulation 18 Health and Social Care Act 2008 (Registration) Regulations 2009.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>When reading the care plans and the Deprivation of Liberty Safeguards we were not assured that the applications that had been made were appropriate, as there were no mental capacity assessments that would be expected to be conducted prior to a DoLS application.</p> <p>This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to review information appropriately</p>

may lead to poor or ineffective risk assessment and management. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The lack of governance of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Whilst there was as system in place to for robust recruitment this had not been maintained.

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There was a failure to ensure staff were appropriately supported through induction, supervision and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.