

Mr Barry Potton

Thornton Manor Nursing Home

Inspection report

Thornton Green Lane
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Chester
Cheshire
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Tel: 01244301762

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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 was carried out on the 5 January 2016 and was unannounced.

Thornton Manor nursing home is a private home that is set in its own grounds and located close to the rural village of Thornton –Le-Moors between Ellesmere Port and Chester. The service is based over two floors and is registered to provide nursing and personal care for up to forty seven people. At the time of our inspection there were forty four people living at the service.

At the last inspection on 10 February 2015 we found that there were a number of improvements needed in relation to: Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), security of records and the safe storage and use of equipment. We asked the registered provider to take action to make a number of improvements. After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified. They informed us they would meet all the relevant legal requirements by the 30 May 2015. However, whilst the registered provider has made some improvements, they had not fully addressed all of the actions outlined in their own action plan. We found a number of breaches and two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of the report.

The service has 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.

People told us they felt safe at the service. Relatives told us that they were reassured that when they left to go home their loved ones would be cared for and protected from harm. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Staff told us they would not hesitate to raise concerns. The registered provider has systems in place to ensure that safeguarding incidents and complaints were reported to the relevant authorities.

We saw that bedrooms and communal areas on the ground floor were clean and tidy. However we found that areas on the first floor of the service were not clean. Several areas were dirty and in need of a deep clean. The management of infection control and corresponding records required improvements to be made.

The registered manager and staff showed a basic understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered provider did have policy and procedures in place with regards to the MCA. We found that the registered manager had made some applications to the supervisory body under Deprivation of Liberty Safeguards, but supporting documentation did not reflect how complex specific decisions for people who may lack capacity had been made. This meant that decisions may not always have been made in conjunction with people whilst

considering their best interests.

Whilst we saw that people on the ground floor enjoyed mealtimes in a dignified manner this was not the case for the people on the first floor. The mealtime experience on the first floor did not promote a positive experience for people. Undignified practice such as putting plastic aprons on everyone was observed. Staff did not always ask for people's opinions or offer choices at mealtime. People were not always treated with dignity and respect.

Staff attended regular training sessions in areas such as moving and handling, first aid and safeguarding adults to update their knowledge and skills. Staff have had regular meetings and supervisions to discuss areas of improvement in their work. Staff told us that the management team were making lots of positive improvements at the service.

We saw a varied approach to people undertaken by staff. Some staff were patient in their approach and respectful of people's choices, privacy and dignity. Observations showed that other care staff were at times abrupt in their manner and task orientated when supporting someone. We noted that undignified language was used in some of the care documentation to describe people and their behaviours. We raised this with the registered manager during our visit for her awareness and review.

Care plans did not always record people's needs accurately. Records were not personalised to reflect people's individual preferences about how they would like their care and support to be provided. Supplementary charts were not always completed in detail to reflect what care and support people had received on a daily basis. Records did not always provide sufficient information to ensure that the care and treatment of each person using the service was fit for purpose.

The registered manager had introduced a new quality assurance system in September 2015 which was not effective. Issues we raised during our inspection relating to care planning, analysis of accidents and incidents and infection and prevention control had not been identified or addressed through the provider quality assurance processes.

People and relatives told us that they were aware of how to make a complaint with the registered provider. The registered manager provided information to show they had responded to two concerns raised through the annual satisfactions survey. We saw records of compliments that had been made about the service.

There were systems in place to manage medicines, including relevant assessments for people who required covert medication. Medicines were administered safely and administration records were up to date.

The provider has safe systems in place for recruitment of staff.

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

The management of infection prevention control was not effective at the service. There were a number of areas on the first floor of the home that required deep cleaning.

Risk management plans were not always in place or updated to reflect a change in care and support needs. This could leave people at risk of receiving poor care.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Recruitment procedures were in place to ensure only suitable people worked at the home

Requires Improvement ●

Is the service effective?

The service was not always effective

Records and procedures failed to demonstrate that people's rights had been fully considered when implementing the Mental Capacity Act and Deprivation of Liberty Safeguards.

Mealtimes were not always a positive experience. Some people were not offered a choice of meals or where they would like to sit and with whom.

Staff ensured people had access to healthcare professionals when they needed it.

Requires Improvement ●

Is the service caring?

The service was not always caring

Staff approach towards people varied throughout the service. People were not always treated in a dignified and respectful manner.

Records used undignified language to describe people supported and their behaviour.

Requires Improvement ●

People were supported to access local advocacy services. Contact information was held at the service and made available to people.

Visitors were always made welcome at the service. There were no restrictions as to when they could visit their relatives.

Is the service responsive?

The service was not always responsive

Care plans were personalised to reflect each person's individual preferences and wishes. However, records did not always provide up to date guidance for staff to follow when providing support.

Supplementary charts were not always completed in detail.

People and relatives were given information about how to raise concerns or make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well led

Quality assurance audits were carried by the provider but these were not always effective.

Policies and procedures at the service had been reviewed and updated to ensure that they were reflective of current law and legislation.

The service is managed by a person registered with CQC. Staff told us that the manager was supportive and approachable and had begun to make improvements to the service.

Requires Improvement ●

Thornton Manor Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on the 5 January 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection, we reviewed the information that the provider had given us following our last inspection. We looked at information provided by the local authority, safeguarding teams and infection and prevention control. We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with three of the people living in the service, two relatives, two visiting professionals, three staff, the deputy manager and the registered manager. We observed staff supporting people and reviewed documents. We looked at six care plans, medication records, four staff files, training information and policies and procedures in relation to the running of the service.

We spent time observing the support and interactions people received whilst in communal areas and throughout the lunchtime period. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Is the service safe?

Our findings

People told us "I do like it here and I feel safe with the staff looking after me" and "Staff make sure that I do not hurt myself when I try things for myself". Relatives told us "I am very happy and know that [my relative] is safe here".

When we inspected the home in February 2015, we identified concerns that the registered provider had not ensured that appropriate checks were completed on medical emergency equipment and that other equipment used was not always suitable stored or maintained. This was identified as a safety risk to people living in the environment. This was a breach of Regulation 12 of the Health and Social Care Act (RA) Regulations 2014 safe care and treatment and we issued a requirement notice.

We saw that the registered provider had made improvements and introduced appropriate checks to ensure that medical emergency equipment was maintained and suitable for use. We noted that equipment used at the service such as wheelchairs were no longer stored in bathrooms. This has reduced the risk of harm to people who were supported at the service.

During our visit we found issues in relation to the management of infection prevention control (IPC). The home was visibly unclean in a number of areas on the second floor and the décor within the service was visibly in need of repair. The handyman had begun redecoration of the second floor hallway and advised us that there was a plan of decoration works in progress at the service. The second floor living environment had access to four bathroom spaces. We saw that there was only one bathroom with a bath in use on this floor and through further investigation we found a shower room. We saw that the shower screen was damaged and the flooring was dirty and stained. The window ledge in the shower room was dusty and dirty and various items such as odd shoes, continence aids and a rusty bin were found in the room. One bathroom had a broken bath panel and on further viewing we found rubbish stored underneath the bath. The bath was stained and had debris in the plughole. We found no safety call alarm situated by the toilet to allow people to call for help in the case of an emergency. Staff informed us that this room was not used to bathe people and would only be accessed to use the toilet. The other bathrooms we saw were also unclean. We saw both urine and faeces stains on the electric bath chair and toilet seats and one bathroom had a hole in the wall behind the door. Personal equipment used by people such as wheelchairs, pressure cushions and bedroom chairs were in need of cleaning and there were items of furniture such as chest of drawers which were damaged and in need of replacing.

We checked the sluice rooms and found that one on the second floor was not locked. Within the room we found a dirty mop placed downwards in a bucket containing dirty water. We saw a used dressing on the floor of the sluice room. This meant that there was a risk of cross contamination and the service was at risk of harbouring bacteria due to the poor management of infection control.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not being protected against identifiable risks of acquiring an infection.

The ground floor of the service was well maintained. We saw that domestic staff regularly ensured that the dining area, lounge area, bathrooms and hallways were kept clean.

There were double rooms in use on the premises. The registered provider had a business continuity plan in place which identified what actions would be required should one of the people in the room have an infectious or contagious condition and require isolation.

People's needs were assessed. Assessments included risks associated with pressure care, nutrition and hydration, falls and behaviour. However where risks were identified risk management plans were not always in place. For example: it had been identified that a person presented risks to female staff but there was no risk assessment in place for guidance on how to manage or minimise the risks when male staff were not available at the service. We saw that people who had required bedrails had no comprehensive risk assessment in place to explain why they were used or when they should be used or what less restrictive alternatives had been considered. Risk assessments were not always adhered to. We saw that a person at risk of pressure sores was to sit on a pressure relieving cushion but we found that she had sat without it all day during our visit. We raised this with the manager who took immediate action to address the concern and referred it to the local safeguarding team.

This was a breach of regulation 12 and 17 of the Health and social care act 2008 (regulated Activities) regulations 2014 as the provider did not have effective systems in place to identify and assess risk to the health and safety of people using the service.

Medicines were managed appropriately. Medication administration record sheets (MARs) were properly completed and staff had used signatures and appropriate codes when completing them. A recent photograph of the person was in place which helped staff identify the person prior to administering medication. Staff had access to policies and procedures and codes of practice in relation to the management of medicines. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. We saw appropriate actions and discussions with relevant others had been undertaken where the use of covert medication administration was in place.

Staff told us they had completed safeguarding adults training and records confirmed this. Staff knew what abuse meant; they described the different types of abuse and knew how to report concerns they had about people's safety. Staff had an awareness of the registered provider's and local authority safeguarding procedures. Records showed that safeguarding concerns had been addressed in partnership with the local authority.

Staffing rotas showed that each day people were supported by a team of nurses, senior care assistants and care assistants. We viewed the recruitment records for four staff and saw that appropriate checks had been completed including the Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people. We noted that one member of staff did not have the required references in their personal file at the time of our inspection. The registered provider has sent a copy of the references since our visit. We saw that agency staff were in use at the service and appropriate information relating to safe recruitment had been issued by the providing agency. We spoke with an agency staff member during our visit who informed us that they had been required to shadow staff for a period of time before supporting people on their own. They told us "people are 100% safe here, if they weren't, I wouldn't come back here".

We saw certificates to show that there had been routine servicing and inspections carried out on items such

as hoists, the lift and electrical and gas installation.

Is the service effective?

Our findings

People were cared for by staff who received a good level of training and support from the registered provider. Relatives told us "Staff always respect [my relatives] choices. Sometimes they don't like to get up early as they are awake all night. Staff make sure [my relative] is ok, but don't make them get up".

Staff told us and records showed that they had received regular supervision and support from the registered manager and deputy manager. One staff member said, "They have introduced dementia champions here recently. We are getting specific training in this area to help us with our work" Another said, "I attend meetings with the local authority regarding tissue viability and continence to ensure we are kept up to date with any changes". The registered provider had an induction policy and procedure which identified a clear process for new staff to follow. Staff told us and service records showed that staff were provided with the opportunity to access the knowledge and skills needed to fulfil their role. General training completed by staff included moving and handling, first aid, safeguarding vulnerable adults and dementia awareness. The registered manager informed us that training was also accessed through the local authority and community teams and records relating to external training were available for review.

Previously we had concerns that the registered provider had not acted in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLS). We found that care and treatment was not always provided with the consent of the relevant person or other in accordance with the MCA and that no consideration had been given to DoLS and whether people were being unlawfully restricted. This was a breach of Regulation 11 and Regulation 13 of the Health and Social Care Act (RA) Regulations 2014 and we issued requirement notices. We found that the registered provider had made some improvements in these areas.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

DoLS requires the provider to submit an application to a supervisory body where they believe they are depriving someone, who lacks capacity, of their liberty. We found that since our previous inspection the registered manager had completed sixteen DoLS applications for people who live at the service. However we found that prior to submission they had not always completed a mental capacity assessment or best interest decision meeting in order to validate or justify these applications. During our visit we found that one person was under constant supervision twenty four hours a day but consideration under DoLS had not been undertaken. We brought this to the attention of the registered manager who has confirmed that an application under DoLS has been submitted since we inspected the service.

We found through discussion that staff had a basic understanding and awareness of the Act and stated that the registered manager takes the lead in this area and informs staff of any changes to care and support. Records we viewed showed that people's capacity to consent had been recorded within the care plan documentation at the service. We found limited evidence to support the decision making process of how the registered provider had established if a person was deemed to have or not have capacity to consent.

As part of our inspection we undertook a SOFI (Short observational framework inspection) during the mealtime experience on the first floor. We saw that the table in the kitchen/dining area did not accommodate all the people who lived on that floor. This meant that not all people had the choice to sit at a dining table to eat their meal. We did not observe people being offered a choice of where they would like to sit or what food or drink they would like for their meal. We saw that the majority of people ate from a small over the lap table situated in front of them. These were not set at the correct height level and people were not encouraged or helped to sit in an upright position in their chairs. Non slip mats were not available for use to support independence and prevent plates of food from manoeuvring around the table. Tables were not laid in preparation for the meal and people had no access to condiments. We noted that everyone wore a plastic apron to protect their clothing. We did not observe staff asking people's consent to wear a plastic apron and found no records to identify the rationale as to why people were required to wear protective clothing. We observed care staff standing over people when they were supporting them to eat, rather than sitting on a chair next to the person at their own level. This meant that people living on the first floor were not supported with a positive mealtime experience.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not ensured that people were supported with dignity and respect.

It was clear that lunchtime on the ground floor was a pleasant experience for people; they were relaxed, happy and chatting with staff. Tables were set with appropriate equipment and condiments were available for people to use. Where people needed support to eat their meal, staff provided it sensitively giving them sufficient time to enjoy their food. People were given a choice of meals or staff explained that alternatives would be made available if people did not like the options presented. Staff were respectful of where people wanted to eat their meal, we saw that some people chose to stay in their own rooms to eat their meal.

Staff were aware of the care and support people needed. Staff explained their role and responsibilities and how they would report any concerns they had about a person's health or wellbeing. Appropriate referrals for people were made to other health and social care services. Staff identified people who required specialist input from external health care services, such as GP's, Occupational therapists and District nurses. Discussions with people and the staff who supported them confirmed that routine healthcare appointments had been attended to keep them healthy. A visiting professional told us that they found that staff were always willing to help and raised concerns to the relevant people were appropriate.

We recommend that the provider improves the procedures, documentation and recording systems in place to ensure that the Mental Capacity Act 2005 is fully implemented.

Is the service caring?

Our findings

Relatives and some of the people we spoke with told us "[my relative] is well respected here. The staff always take into account their dignity when supporting them with their personal care" and "Most of the staff are respectful of my privacy and dignity, they always talk to me about what support I need each day and encourage me to do things for myself".

We saw that staff on the ground floor of the service had a good understanding of how the majority of people wanted their care to be provided. We saw that people were mostly treated with dignity and respect and time was taken to engage and interact with people during the day. We observed that staff sought people's consent where possible when care needs were attended to and were respectful of people's choice and independence. An example of this was when one person continually refused to get dressed. Staff were gently encouraging in their conversation and recognised when the person did not want to engage with them anymore. Staff withdrew for a period of time and asked another staff member to try and encourage them later on.

However on the first floor observations showed that staff were at times abrupt in their manner towards people with comments such as "sit down there" and "that is not for you" with no further explanation to the request. We found that staff showed a lack of empathy in their responses to people. One person stated "I wish I was dead" to which a carer responded quite sharply saying "Hey, don't say that".

We observed that on both floors staff knocked on people's bedroom doors before entering. People on the ground floor who were supported in their own rooms were regularly visited by staff to ensure that they had everything that they needed. Where one to one support was in place for people, staff were engaging with people whilst respectful of their privacy. On the second floor records for one person showed that they did not like to be left alone for long periods of time and required reassurance to feel safe and secure. During our visit we noted that this person's bedroom door was left open, however there were limited observations of staff entering the bedroom and no records to support how often and when staff had interacted with the person. This meant that staff were unaware of the personal needs and wishes of people which placed people at risk of feeling isolated and vulnerable at the service.

The service uses a 'description of a service user' form as part of the initial admission assessment process. We saw that the form used undignified descriptions such as stocky, thin, fat, short and bald to identify a person. Care plans we saw also used undignified labels for people such as demanding, condescending, difficult and resistive when describing distressed behaviours displayed by people. On speaking with staff on the first floor we were informed that the bath was not used as people were 'too aggressive' to use it safely. This meant that the use of undignified language was used to describe people and they were not always treated in a dignified and respectful manner.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the registered provider had not ensured that people were supported with dignity and respect.

Visitors told us they were always made welcome at the service. One visiting relative said, "I can visit my relative whenever I want, I come at various times throughout the day as I work shifts and I have never had any issues". Other visitors told us "I am welcomed all the time and I bring our dog into see [my relative]. Its lovely to know [my relative] is at home now here".

We saw that each person had their own bedroom which they had personalised with items such as family photographs, ornaments and their own furniture. One person told us "I need all my pictures and stuff around me, it makes it my place".

Records showed that people were supported to access local advocacy services when required. The service had a policy and procedure in place which identified local advocacy services and how they could be accessed.

Is the service responsive?

Our findings

People told us they knew how to make a complaint and they knew who the manager was to be able to speak to her. One relative told us "I have had no complaints about the care here, but if I wasn't happy I wouldn't hesitate to speak to the manager. [My relative] is my world and I wouldn't let anything upset them or me".

When we inspected the home in February 2015, we identified concerns that the registered provider had failed to ensure that people were protected from the risks of unsafe or inappropriate care as there was not an accurate records held in respect of each person and records were not held securely. This was a breach of Regulation 17 of the Health and Social Care Act (RA) Regulations 2014 Good governance. We found that since our visit the registered provider had ensured that records were now kept in a locked cupboard.

People's needs were assessed and care plans were clearly titled which showed the area of need. Care plans lacked detail about how to meet the person's needs. Care plans contained limited information as to how a person wished their care and support to be delivered or what their preferences were. For example likes and dislikes, when to get up, go to bed or what gender of carer they preferred to help them on a daily basis. Daily records being kept by care workers were not always meaningful and did not give an indication of what care was being delivered or how someone had been on that day. Staff wrote general comments such as "all care given" or "settled".

Care plans and supporting documentation, did not always accurately reflect the care needs of people. This meant that there was a risk that staff might not have up to date and accurate information about an individual. We saw that one person's mobility care plan had assessed them as having limited mobility, however their personal evacuation plan and risk assessment indicated that they are no longer independently mobile and required the use of a hoist. This meant people were at risk of receiving care and support that was not sufficient to meet their needs. Care plan audits showed that reviews were completed, although there was no evidence to show that changes to people's care and support needs, for example, new risks, had been appropriately recorded.

Supplementary records were kept to document specific areas of care such as diet and fluid intake as well as repositioning but these were not always completed. Two people we looked at required repositioning every two to three hours to minimise the risk of pressure ulcers developing. Through conversations with staff they were able to inform us about the care and support that was required. However, information was not consistently documented and records we viewed were unable to confirm if these actions had taken place.

The registered provider had ensured that people had an air mattress to minimise the risk of developing a pressure area where assessed as required. However, there were no instructions for staff as to how to correctly set the pressure. This meant that a person could be at risk of further skin damage from lying on a mattress that was too hard or soft. We asked the registered nurse and manager how staff knew the correct setting and they told us that they check visually or by feel. Staff could not check if the pressures were set correctly or required altering. It is essential that staff are aware of the correct pressure for both lying and

sitting and that there is a process in place to review this as a person's weight increases or decreases. We asked the registered manager to review the use of pressure mattresses as a matter of priority.

Accurate records were not kept to assist staff to monitor whether someone had adequate food or nutrition even when there was a risk. We saw records for one person assessed at risk of malnutrition and dehydration, but there were no accurate details about the amount of fluids given. Staff were not aware of the recommended daily intake and did not monitor consumption on a daily basis. These charts were not checked or monitored in order to analyse and utilise the information to make decision on care, support or medical assessment.

This was a breach of Regulation 9 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that people received personalised care and treatment that was appropriate and met their needs and accurate records were not held in respect of each person, reviewed and analysed so people receive appropriate care and support to meet their needs.

One relative explained how staff had responded to changes which affected their relative's wellbeing. They told us immediate action was taken in response to the changes and the action taken resulted in a positive outcome for their relative. Family members also told us that the service regularly kept them up to date with any changes to their relatives health or care needs.

We were shown activity books by the registered manager that were kept of each person and detailed what activities had taken place in a particular month. This included pictures and a description of the activity. We saw that day trips had taken place including a visit to the blue planet aquarium and that some people were participating in a mosaic project. Relatives we spoke with told us "there is always something going on here. visits from the hairdressers, movie showings and day trips. [my relative] has a better social life than me". Staff and the manager told us that a new activity person had been recruited and she was exploring new activities for people. On the day of the inspection the activity coordinator was not present and we did not see any activities being undertaken.

Is the service well-led?

Our findings

The service was managed by a person registered with CQC. The registered manager was very supportive and showed an open and honest approach during our visit. Staff informed us "The manager is very supportive of all the staff here". Relatives told us "There is an open door policy here, if we need to speak to her she is always accessible. She is very busy, but will always find time to speak with you".

Previously we had concerns that the registered provider had not ensured that records were not stored securely and policies and procedures had not been reviewed or updated to include changes in law and legislation. This was a breach of Regulation 17 of the Health and Social Care Act (RA) Regulations 2014 and we issued a requirement notice. We found that the registered provider had made improvements in these specific areas.

Records we viewed showed that quality assurance systems which had recently been put in place at the service were not always effective. The manager informed us that she had introduced the audit system in September 2015 in conjunction with feedback from the local authority. Areas such as medication, care plans, falls and complaints were checked. Audits identified some recommendation for improvements, but there was no supporting evidence to confirm what actions had been taken by staff to address the issues or timescales for completion recorded. The audit system did not consider the area of infection prevention and control and failed to identify areas of concern we raised during our inspection. We saw that care plan audits were being carried out and did reflect some of the issues that we found on inspection. However, there was no follow up review to ensure that remedial action had taken place.

We viewed accident and incident reports at the service. These were recorded appropriately, however not all incidents were reviewed as part of the provider's quality assurance system. This meant the provider was not always monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective. Quality assurance systems did not always ensure that people were protected from the risks of unsafe care or support.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place to assess, monitor and improve the quality and safety of care.

Prior to the inspection we reviewed notifications that the registered provider had submitted to CQC. We saw that a notifications relating to the death of service users, serious injuries had been completed, however we had not received notifications relating to five Deprivation of Liberty Safeguard (DoLS) applications that had been authorised. During discussions with the manager we were informed that she would submit notifications to CQC in relation to these applications. We have received confirmation since our visit that these have been completed.

We reviewed the service policy and procedures manual. All policies had been reviewed and updated by the manager in 2015 and reflected current law and legislation. We saw updated copies of the complaints,

safeguarding and recruitment policies during our visit.

Some people we spoke with and family members told us they had no concerns or complaints about the service. People knew how to make a complaint and were confident about approaching the registered manager or other staff with any complaints they had. The registered provider had a complaints procedure which was made available to people. The procedure clearly described the process for raising and managing complaints. We viewed the service complaints and compliments log and saw that only compliments had been recorded. We spoke with the registered manager who told us they would implement a log of complaints or concerns raised to evidence what actions had been taken.

People's views had been gathered in February 2015 through the use of a satisfaction survey. The feedback from the survey was mostly positive and showed that people were happy with the overall service. We saw email records which confirmed that the registered manager had responded to concerns raised via the annual survey and that they had been dealt with promptly, appropriately and in a timely manner.

Staff told us "I have been here seven months and I love it. The management are making lots of improvements". Staff and relative told us that there had been significant changes in the staff team since our last visit. One relative said "There is mostly a new team here now and through all the changes they still kept me up to date with [my relatives] care". Staff meetings had taken place and the issues discussed had included care practices, staff training and care plans.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Records were not personalised and did not reflect the preferences or wishes of people supported. 9(1)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	People were not always supported in a dignified and respectful manner. 10 (1)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider failed to assess risks to people supported and take appropriate action to mitigate such risks. 12(1)(2)(a)(b)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	Management of infection control was poor. Premises and equipment were not maintained or kept clean. 15(1)(a)(e)
Treatment of disease, disorder or injury	

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have robust systems and processes in place to identify areas of improvement and monitor the quality and safety of care. 17(1)(2)(a)(b)(c)(f)
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued a warning notice and told the registered provider to be compliant by 13 May 2016.