Tamaris Healthcare (England) Limited

Abigail Lodge Care Home - Consett

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We found overall Abigail Lodge required improvements. Following our inspection in August 2014 the registered manager had terminated their employment which meant the service was without manager for a number of weeks. A newly appointed manager was in post from October 2014.

People who use the service and their relatives spoke positively about the new manager and made comments such as “Barry talks to you, and is very approachable, a big change from the previous manager” and “I like the new manager and I think he is going to be a benefit to the home”.

We found improvements were required in relation to the quality of care people received. The home had a number of systems in place such as staff training and a data system for recording and analysing incidents. However the systems in place were not being used to ensure staff learnt from incidents. Themes and trends were not analysed and used to plan people’s care effectively.

Summary of findings

Risk assessments and care plans were not updated when there had been a change in people's needs or on a regular basis to ensure people's needs were adequately assessed and met.

Records in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS) were not adequately to ensure people had their needs appropriately met and their rights were not breached.

Staff working in the service although had received training in relation to dementia care however we found it was not effective. We observed staff struggle to engage with people who had dementia and complex needs. Staff often only responded to people when they displayed behaviours such as shouting or wandering. Staff managed such incidents by asking people to "sit down and have a cup of tea". This is not an effective way to care for people with complex needs.

The service did not follow best practice by implementing a cognitive stimulation programme to ensure people were able to participate in a range of activities which were stimulating and meaningful.

Relatives spoke positively about the care people received. One person told us "If you want fancy décor don't come here, if you want love and care come here". Although we found staff spoke to people in a kind and caring manner we did find care was not person centred, holistic or personalised. The service was task orientated which meant people were cared for to meet the needs of the service rather than the needs of individuals.

The management of the service did require improvements. The service did not have a registered manager which is a legal requirement. We found the culture in the home required improvement, staff working in the home told us about the division across the units and how staff did not interact well to ensure quality of care was consistent across the home.

The manager acknowledged our concerns and told us improvements would be made. We did find that although some improvements had been made following our previous inspection on 2 August 2014 they were not sufficient to ensure people received high quality care.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risk assessments in place to ensure people's needs were adequately met were not up to date to reflect people's changes in needs.

The service did not have a system in place to learn from incidents and make changes to people's care when things had gone wrong.

Requires Improvement

Is the service effective?
The service was not effective.

The service did not meet its legal obligation in complying with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

Staff working in the service did not receive sufficient training and supervision to meet the needs of people who used the service.

Requires Improvement

Is the service caring?
The service needed to make improvements on how people were cared for.

People's care was not holistic, well planned or personalised.

The organisation policy on Equalities and Diversity had not been updated since June 2006 which meant staff working in the service were not aware of the policy or the expectation of working inclusively without discrimination.

Requires Improvement

Is the service responsive?
The Service was not responsive.

People's health, care and support needs were not adequately assessed. Individual choices and preferences were not discussed with people who used the service and/or a relative. We saw people's care plans were not reviewed on a monthly basis or when there had been a change in people's needs.

People were not engaged in a range of meaningful activities. People told us they were bored. Staff told us that people had rarely anything to do and the service had not employed anyone with appropriate skills to involve people with cognitive impairments in a range of stimulating activities.

Requires Improvement

Is the service well-led?
The service was not well led.

People who use the service and their relatives we spoke very positively about the new manager. However staff told us they did not always have the skills to work with people who had complex behaviours and needs. They told us they lacked appropriate training and supervision to ensure people's needs were appropriately met.

Requires Improvement

Summary of findings

Staff explained they often did not feel listened to particularly when they raised issues regarding staffing levels.

Audits were carried out in relation to infection prevention and control, the environment and the medication systems. This helped the manager make sure the systems in place to keep people safe were working as they should be. However we found people did not always experience safe and effective care and improvements were not always sustained.

Abigail Lodge Care Home - Consett

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, and to provide a rating for the service under the Care Act 2014.

We inspected Abigail Lodge on 20 and 24 November 2014 and the inspection was unannounced. Our last inspection took place on 2 August 2014 and we found the service was not meeting all essential standards. Following our inspection we requested the provider send us a plan detailing how improvements would be made. As part of this inspection we looked to ensure the service had made necessary improvements.

Abigail Lodge is registered to provide accommodation and nursing care for up to 60 older people some of whom may be living with dementia. The accommodation for people who lived in the home is arranged over two floors linked by a passenger lift. On the day of inspection 58 people were living in the home.

The home did not have a Registered Manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

However the service did have a manager appointed to ensure the safety and well-being of people on a day basis. The manager had not submitted an application to register with the CQC at the time of our inspection.

The inspection team consisted of one inspector a specialist advisor 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.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR includes information from the provider about areas of good practice and areas for future improvement under each of the five questions.

On the day of our inspection we spoke with 10 people who lived at Abigail Lodge, 6 relatives who were visiting the home, 10 members of staff, including agency staff who worked at the home, the manager.

We spent time observing care in the dining room, and two lounges. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could express their views to us.

We looked around some areas of the building including people's bedrooms, bathrooms and communal areas. We also spent time looking at records, which included 10 people's care records, four staff recruitment records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

We spoke with 10 people and six people's relatives. People we spoke with told us they felt safe at Abigail Lodge. One person told us "feel cared for and safe here, but there is nothing to do, it's just boring". One person's relative told us "we are very pleased with my relatives progress since moving here, they haven't had any falls and they are actually walking much better, they seem very happy here".

We used our SOFI to observe how people were cared for. Although we found many positive interactions between staff and residents we also found areas for improvement. For example in the lounge on the ground we observed staff attended the room on occasions to bring people into the room, or offer tea and biscuits. During this time the alarm systems where being tested and the fire doors were closing automatically leaving people isolated. Other than carrying out tasks staff did not enter the room to interact with people.

We also found where people had restricted mobility they had no access to emergency call buttons should they require support or assistance. We informed the manager of our concerns emphasising that people not being able to access buzzers and staff not adequately supervising the room could lead to possible risk of harm. Our concerns were acknowledged and we were told people would be appropriately supervised.

Staff we spoke with told us they had received training in safeguarding vulnerable adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

We looked at the system in place for monitoring and reporting incidents. The service used a system called "Datix". Where incidents in the home occurred details were recorded on the system and information was sent off to the organisations monitoring team to collate data regarding the service. The service was able to produce data regarding the number and types of incidents which had occurred in order to have forward planning in relation to reducing the number and types of incidents.

We spoke with the manager and asked how the information was being used and found during the time of our inspection improvements to the analysing of information was required. Although the system was able to generate reports which could be used for future planning of care for people it had not. Where the information could be used for reflective practice and learning and development it had not. The manager acknowledged our concerns and told us they were in the process of developing an action plan to develop how the use of data could be used to improve quality of care and safety of people using the service.

This is a breach of Regulation 10 Regulated Activities Regulations 2010.

We looked at the risk assessments and care plans of 10 people across the home and found improvements were required. We found care plans were not well ordered, for example they contained large amounts of outdated information and were not in any particular order which made information difficult to find.

Needs assessments on care files which had been reviewed were not updated with changes in assessed needs for people. For example one person had significant deterioration in mental health, a new formulation plan had been written up along with new medication prescribed but needs assessment from June 2013 still on file was unchanged.

The person's monthly evaluation of dependencies showed no reflection in change of needs despite increased violence, distress and a new mental health assessment and management plan.

We saw a Choking risk assessment had not been updated since September 2014 despite being identified as an area of concern at our last inspection. Last three assessments on this risk were recorded as 9.45pm, 1.40am and 11.30pm, which raised concerns that assessments had been completed without any observation of the person's swallowing abilities. Not updating and completing risk assessments adequately places people at potential risk of harm.

We looked at the care records of another person where there had been a significant change the person's moving and handling and swallowing difficulties. The person had multiple care plans that no longer reflected there assessed needs. For example the person's mobility had changed

Requires Improvement

Is the service safe?

from independent to requiring hoisting, care plans around feeding/diet did not reflect recent assessment which showed the person had went from eating independently to requiring being fed a soft diet due to choke hazards. Not updating and ensuring people have had comprehensive assessments of their care needs places people at risk of harm.

We observed lunch being served and found many people being fed in their bedrooms, many of whom had special diets or assessed feeding needs. This raised issues of risk, in relation to people receiving adequate nutrition and how this was managed in practice. Staff did not articulate if being fed is isolation was through choice or due to logistics of moving multiple people with mobility needs at a similar time. We were concerned that meal times were more about task than individual care and attention. We spoke with the manager who acknowledged our concerns and told us they would make improvements.

This is a breach of regulation 9 of the Regulated activities regulations 2010.

The service had a medication policy dated November 2014 which contained guidance regarding the safe administration and disposal of medication.

We looked at the systems for the management of medicines at the service. The service used a monitored dosage system from a pharmacy. There were records to demonstrate these were checked when the service received the medicines, and any discrepancies were promptly addressed. We looked at how medicines were being stored at the service and found they were secure and were stored according to manufacturer's recommendations. We looked at the care records of 10 people and found where they had allergies to certain medicines this was recorded clearly on the person's records. We also found where people were prescribed "as and when required" medicines there was a clear protocol in place to ensure nursing staff were aware of the circumstances in which the medicines should be administered.

We looked at the arrangements in place to ensure medication stored in the fridge was safe to use. We saw medication was dated when it had been opened and there were daily checks of fridge temperatures to ensure medication was stored at correct temperatures.

We looked at how medicines were administered and found this was carried out safely and by trained staff. We checked the medicines stock for 10 people and looked at their Medication Administration Records (MAR) and found that medicines were signed to reflect the prescriber's instructions. This meant people received their medicines appropriately.

The service carried out regular monthly audits to ensure that medicines had been administered properly. A recent audit completed in November 2014 identified no concerns regarding medication administration.

We looked at the recruitment records for six staff members. We found that recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We spoke with a three members of staff who confirmed a Disclosure and Barring Service (this is a check carried out to determine people's criminal record status and also ensure people were not on a list which prevented them from working with vulnerable children and adults) check and references had been completed before they started work in the home. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable adults.

We asked the manager how they decided on staffing levels. We were told staffing was based on the dependency levels of people who lived in the home and was under constant review. As people's needs changed or when people moved into the home staffing would be adjusted. The service also used a tool to identify safe staffing levels. The manager explained how they had made a request to senior managers for an increase in permanent staffing levels on one unit due to the needs and challenges of the unit.

We looked at a random selection of staff rotas for two months prior to the inspection and saw staffing levels were consistent. The home was using agency staff to cover some shifts and we saw from the rota the same agency staff were being used to provide consistency for people who lived at the home. There was an agency nurse working in the home during our inspection. They told us they had received sufficient information from regular staff to ensure people were appropriately and safely cared for.

Staff we spoke with expressed concerns to us they felt there was insufficient staffing levels. For example A member of

Is the service safe?

the cleaning staff; who had been employed at the home for many years. told us they were often unable to complete tasks because they had to help care staff with assisting people with feeding during meal times.

We observed during our inspection cleaning staff being used to support people with feeding. We found overall this was due to the service being task orientated in that there were set meal times where everyone was expected to eat at the same time. Staff had not given consideration to people's individual needs and have an appropriate plan in place to manage the day ensuring people's care was personalised.

We observed staffing on all units and found similar themes such as where people told us staffing was insufficient we found it was often because units were disorganised and lacked structure. We informed the manager of our concerns who acknowledged that there was a significant amount of work required to ensure staff changed working practices from task orientated care to personalised care and treatment.

We also toured the building looking at areas such as bathrooms and communal living areas and checked for the arrangements in place for cleanliness and infection control.

We found the service had daily and monthly cleaning schedules and these were monitored through regular monthly auditing to ensure standards in the home were maintained and people were not placed at risk of infection due to poor hygiene practices.

Overall the home was clean to the eye, and we observed staff using hand gels to minimise the risk of infection, and there was a supply of soaps in bathrooms for people to wash their hands. The service had a dedicated infection control lead domestic staff to ensure the home was cleaned to a good standard on a daily basis.

The service had completed audits in relation to infection control and cleanliness. An audit carried out in November 2014 identified some areas which required improvements such as floor areas which had strong odours and bins which required replacing. The service had developed an action plan following the audit to ensure that all identified areas for improvement were actioned.

We also looked at how the building and equipment were maintained. We found the service kept clear records of maintenance required and where equipment such as hoists required servicing these were done in accordance with the manufactures instructions. The service kept records of all maintenance areas and employed a maintenance person who was responsible for ensuring the safety and suitability of equipment. A recent audit in November 2014 identified floor tiles requiring replacement in bathrooms. The service did have a plan in place to ensure a long term maintenance was in place.

Requires Improvement

Is the service effective?

Our findings

We checked to ensure the service was compliant with the requirements of the Mental capacity Act 2005 and the Deprivation of Liberty Safeguards (DOLS). We found the service had completed applications under DOLS for four people using the service. The applications during our inspection were currently still being processed by the relevant authority.

We found Capacity documentation did not support the Principles or Code of Practice of the Mental Capacity Act 2005 because assessments were generic and not decision specific. We expressed our concerns to the manager regarding the way people's mental capacity was being assessed. The manager acknowledged our concerns and assured us all generic assessments would be removed from people's files and appropriate assessments implemented when required.

This is a breach of Regulation 18 of the Regulated Activities Regulations 2010.

We looked at staff training and induction. Staff told us they had received training in areas relevant to their role for example, moving and handling, infection control, dementia awareness and health and safety. A training matrix we were shown confirmed staff had received training.

Staff we spoke with told us the training they had received did not support them entirely with managing people with complex behaviours and needs. They told us this often impacted on their ability to give high standard care as they often struggled with engaging people in meaningful activities or struggle to understand the complex behaviours of people.

Our observations of people's care demonstrated that although staff were caring they did find it difficult to engage people. We observed staff on the dementia units focus on only interacting with people when something negative was happening such as a person shouting for attention or wandering. Staff did not proactively seek out engagement with people. We observed a person who had become distressed for over an hour because they were unable to locate a specific item, the staff team working with the person repeatedly asked the person to "come and have a cup of tea", rather than discuss the item the person was displaying distress about.

We spoke with the manager who acknowledged our concerns and told us they had identified staff required further support in training and supervision. A plan had been developed to address the shortfalls. The service had accessed its own specialist dementia team who had made contact with the home during our inspection and outlined a programme of detailed training for staff. The training consisted of completing observational studies of people and using the information to develop care plans. The plan also consisted of teaching staff to develop coping strategies for people.

Staff confirmed they received supervision where they could discuss any issues on a one to one basis with their manager. The manager told us staff appraisals had been planned to ensure staff received a minimum of four supervisions a year but recognised this did not always occur.

The service acknowledged that supervision meetings with staff was an area they needed to improve upon. The manager told us they were in the process of developing a new template for supervision to ensure it was meaningful to staff and they were given the opportunity to ensure learning and development needs were met.

Not ensuring people receive adequate training and supervision which protects people from the risk of receiving care which is not effective places people at risk of harm.

This is a breach of Regulation 22 of the Regulated Activities Regulations 2010

We looked at 10 care plans and saw people's preferences in relation to food and drink had been recorded, together with any special dietary requirements. When we spoke with the cook they confirmed staff kept them up to date about people's dietary needs and preferences and these were documented and kept in the kitchen. They also explained staff could order any food they needed and could change the menu to accommodate people's preferences. On the day of our inspection we saw people being able to choose an alternative meal if they did not want what was on offer.

We observed lunch meal times on all the units and found some improvements were required. People on the dementia units were not always told what the menu for the day was or offered any alternative meal. We also observed people were offered mainly cups of tea or coffee throughout the day. Jugs of juice or water were not on the

Requires Improvement

Is the service effective?

tables or in private bedrooms or lounge for people. Not ensuring people receive sufficient fluids can lead to health related illnesses which means people are not receiving safe and effective care.

We looked at how the service engaged with other services. In the 10 care plans we looked at we saw people had been seen by a range of health care professionals, including, GPs, specialist nurses, community matrons and podiatrists. Care staff we spoke with told us the nursing staff were quick to respond if people's needs changed.

We looked at how admission and discharge to hospital was managed and found where a person had significant health needs the service had completed a further assessment prior to the person returning to the home to ensure they were able to manage the person's care effectively and safely.

Requires Improvement

Is the service caring?

Our findings

One person told us "I come every day and feed her and spend the afternoon here, I can't fault the care my relative is having, and I am very happy with the staff". The person also told us "They keep me informed of anything, and they contact me at home if there are any changes".

All relatives we spoke to told us they were unrestricted in visiting times and could visit whenever they liked, and they were able to spend as much time with their relative as they wished.

We looked at the care plans for 10 people who lived at the home. They all contained some information about people's personal preferences and likes and dislikes but not all of them contained a life history despite the care plans having documentation titled "My Choice/My preferences" in each person's records. The manager acknowledged our concerns and told us this was an area which they had identified which required improvement following there appointment.

The manager told us staff had started developing memory boxes for people so those with cognitive impairments had visual objects to support them in their daily living. We asked to look at one person's box where we were told they had one. Staff working on the unit were unaware the person had a box and therefore we were unable to see its contents.

Care plans were not easy to follow due to the disorganisation of them. However staff we spoke with were able to tell us about people's care needs and the support they provided to people. They demonstrated an in-depth knowledge and understanding of people's preferences and routines despite a lack of information in people's care records.

During conversation with a relative we were told "If you want fancy décor don't come here, if you want love and care come here". This relative told us they visited every day and spent many hours in the home.

We found the quality of care across the units was inconsistent. For example on the residential unit

We saw staff were patient, they approached people with respect and worked in a way that maintained people's dignity. We saw another examples where staff were assisting people they explained what they were doing and why. Where one person was confused and distressed we observed the care worker approach the person with compassion and sensitivity. They did not leave the person until they were assured the person's anxieties had been managed.

On other units such as the dementia nursing and dementia residential units we saw people were sometimes not listened too. Staff struggled to manage when people were distressed and repeatedly addressed the distress by offering "cups of tea" and a "sit down" as opposed to other coping strategies. However we did find staff were well intended and recognised their own shortfalls. They had requested additional training to ensure people were better supported and cared for.

We looked at the arrangements in place to support people make difficult decisions where they may not have had anybody to represent them. Abigail Lodge engaged Durham County Council Advocacy services to support people where they need additional help in making decisions. No person at the time of our inspection was actively using advocacy services.

We looked at the care planning process in the home and some people had "end of life" arrangements which had been put in place detailing their requests should they become to unwell to make decisions for themselves. This part of people's care plan was reviewed on a monthly basis where a plan was in place.

We spoke with the manager and area manager about the arrangements in place to meet the needs of certain groups such as ethnic minority or lesbian, gay and bisexual people. The service had an equalities and diversity policy which was dated June 2006 and had not been updated since then. Staff we spoke with was unclear about equality, diversity and inclusion. Not having an up-to-date policy means staff are unclear on the current expectations of organisations to ensure people receive care which is inclusive and non-discriminatory.

We asked people who use the service what activities they participated in to ensure they remained active members of their community. People told us they were frequently bored and there were limited activities available in the home. During our inspection we did not observe any

Requires Improvement

Is the service caring?

activities taking place. The manager identified this as an area for concern and told us an activities co-ordinator had been recruited to work in the home and was due to start work soon which would increase stimulation for people.

Not involving people sufficiently in their care and failing to have an updated policy in relation to equality and diversity means that people's needs may not always be met.

This is a breach of Regulation 17 of Regulated Activities Regulations 2010.

Requires Improvement

Is the service responsive?

Our findings

The manager told us an assessment was completed before people moved into the home to make sure staff could meet the person's care needs. We saw assessment information in the 10 care files we looked at. We were told by nursing staff and care staff care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was being delivered.

However the care records we looked at showed they were not always up to date. Information relating to moving and handling, diet and nutrition and complex behaviours was not up-to-date. We spoke with the manager and expressed our concerns regarding the poor quality of the documentation who acknowledged our concerns. The manager had designated a trained nurse who was familiar with people using the service with the task of reviewing and updating people's care plans due because it was identified through a service review care plans required improvements.

Where people displayed challenging and complex behaviours there were no detailed plans in place informing staff of the strategies and interventions to use when managing their behaviour. We talked with the manager about the use of cognitive stimulation programmes to support people as well as specific training for staff in managing complex needs. We were told that training had been identified and was due to commence. The manager was able to show us confirmation that training had been booked.

We looked at how complaints in the service was managed. We saw the complaints procedure was on display in the entrance hall.

One person told us there had been times when they needed to complain. They explained, when their relative had first arrived at the home, the room offered was unpleasant and dirty. There was a strong smell from the bathroom, which transpired to be emanating from the raised base of the toilet which was wood and had not been covered in a waterproof material and therefore rotting away. They were later offered another room which had been newly refurbished with laminated flooring throughout. They are now very happy with this room.

Another person told us there are occasions when they must complain, in particular about the laundry which does not return in an adequately ironed state. The person told us they did get their complaints resolved each time.

We looked at the complaints and concerns log and saw what action staff had taken to resolve any issues that had arisen. This meant staff were recognising complaints and taking action to resolve them to the complainant's satisfaction.

The manager told us the home carried out regular meetings with people who use the service and their relatives. We saw the minutes of the previous meetings held and found they contained information about changes to the service such as the new management arrangements, staffing vacancies and implementation of a new activities co-ordinator.

Requires Improvement

Is the service well-led?

Our findings

The Home did not have a registered manager. There was a manager in post during our inspection and they had made an application to apply for registration with the Care Quality Commission.

One member of staff told us the new manager was "much more confidential" and they felt comfortable talking with them about any issues.

We spoke with several relatives who told us they were very pleased with the change of management. One relative said "Barry talks to you, and is very approachable, a big change from the previous manager".

One person told us "I like the new manager and I think he is going to be a benefit to the home".

Staff meetings were held and gave staff the opportunity to feedback on the quality of the service. We saw minutes from the meeting held in September and November 2014 and saw staff had been provided feedback following our previous inspection which identified some immediate concerns which required attention. It was also identified the culture in the home required improvement. For example staff worked in a task orientated way which meant care was not personalised or person centred.

Staff received supervision which ensured they could express any views about the service in a private and formal manner but it was identified supervision and appraisal was an area for development. Staff were also aware of the whistle blowing procedures should they wish to raise any concerns about the manager or organisation and told us they had no hesitation in using the policy.

The area manager told us they had a strong presence in the home because they were conscious of the fact the manager was new and required additional support. The area manager, manager and staff told us about the culture in the home and an emphasised a need for change. They told us staff worked in isolation across the units and did not interact well to ensure people received consistent levels of care throughout the home.

There was a system of audits that included; the kitchen, environment, medication, infection control and equipment. We saw care plans and risk assessments were not always reviewed and amended to reflect people's changing care needs and this had been identified at our previous inspection in August 2014.

The Manager told us since they had been appointed they had completed an overview of the service and identified care planning, culture, activities, training and supervision as areas which required improvement. The manager had implemented an action plan to address the shortfalls identified within the service review. We were sent a copy of the action plan following our inspection we included time lines for staff training and development.

We saw there were systems in place to maintain, for example, the gas safety certificate, electrical wiring, hot water temperatures, legionella checks and testing of electrical appliances.

Accidents and incident reports were recorded, securely stored in the office but were not always audited by the manager. This meant any trends or patterns would not always be identified and appropriate action taken to reduce risks to people who lived in the home.

The service did report incidents to the relevant authorities including CQC which meant they were aware of the legal responsibilities of the types of incidents that needed reporting.

Quality assurance systems were in place however during this inspection again we found the quality assurance system used had failed to identify and rectify poor practices relating to care planning and risk assessment. This had meant people were placed at risk of receiving care which was not safe or effective.

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 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and Welfare** **People's needs were not always assessed and care and treatment was not always planned and delivered to meet the needs of people who use the service. Reg (9) (1) (a) (b).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The service did not have an effective system to ensure people received safe and effective care. There was not a process to lean from incidents and ensure information was analysed to inform care planning and practices.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Involvement.** **People were not adequately involved in the planning of their care. Care plans were not person centred, holistic or personalised.** **The service did not have regard for equality and diversity and how the service was inclusive and non-discriminatory. Regulation 17**

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Regulation 18 HSCA 2008 (Regulated Activities) Consent to Care and Treatment The service did not meet the expected standards of the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) when caring for people with cognitive impairments. Regulation 18.

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.