

Southwark Park Nursing Homes Limited Blenheim Care Centres

Inspection report

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Date of inspection visit:
21 February 2017

Date of publication:
24 May 2017

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Blenheim Care Centres on 21 February 2017 and the inspection was unannounced.

Blenheim Care Centres is a nursing and residential care home for up to 80 people located near to Gainsborough, West Lincolnshire. The home is divided into three units, Blenheim House, Blenheim Lodge and some semi-independent flats. Blenheim Lodge was closed on the day of our inspection. The home caters for people whose ages range from 18 years and above, and who have physical disabilities and/or neurological conditions. On the day of our inspection 24 people were living at the home as full time residents. One person was receiving regular respite care.

An unannounced comprehensive inspection was carried out on 9 August 2016 during which we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to medicines arrangements, risk assessments, the environment, infection control and prevention, governance, staffing levels and capacity assessments. At two further inspections we found that although the registered provider had taken some actions, they had not made sufficient progress to become compliant with legal requirements and improvements had not been tested for sustainability.

There was not a registered manager in post. A new manager had been appointed and they had applied to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that the provider had taken sufficient action to demonstrate compliance with legal requirements related to the provision of healthcare, the physical environment and infection prevention and control. However, the registered provider had failed to ensure that other previous improvements had been sustained and there were three continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified a further breach of legal requirements related to the implementation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We found that staff had not always acted in accordance with the requirements of the MCA and DoLS and they demonstrated a lack of understanding about how to implement the requirements. The MCA provides a legal framework to assess people's capacity to make decisions for themselves. If the location is a care home CQC is required by law to monitor the operation of the MCA and DoLS and to report on what we find.

Medicines were not always managed in a safe and appropriate manner. People could not be assured they would receive their medicines in the ways they had been prescribed or in a timely manner.

People could not be assured that risks to their safety and welfare would be robustly assessed, or that their care would be provided in a way that minimised the risks.

People were treated in a kind and caring way. However, some aspects of their care did not fully promote their dignity.

People who were able to do so had the opportunity to express their views about their experiences of the care and support they received. They had access to information to help them raise concerns or make contact with advocacy services. However, systems were not in place to ensure people whose first language was not English and people who had complex communication needs would be afforded the same opportunities.

Some improvements had been made to the way staffing levels were managed. However there was a continued reliance on agency nurses to fill vacant posts. Taken together with shortfalls in the way people's care was planned and recorded, this increased the risk that people would not receive their care in a consistent, effective and responsive manner.

Some improvements had been made to the training programme for staff. However, there were continued shortfalls in the provision of training that was specific to people's needs; this included training about how to implement the requirements of the MCA and DoLS.

Some systems were in place to assess and monitor the quality and safety of the services provided within the home. However, the systems had not identified the issues we found during this and our previous inspections. They had not led to sufficient improvements in the quality of the services provided for people.

The overall rating for this service is Inadequate and the service is therefore in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that registered providers found to have been providing inadequate care should have made significant improvements within this time frame.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Medicines were not managed in a safe way.

Risks to people's safety and welfare were not robustly managed.

There were not enough permanently employed registered nurses to ensure people consistently and reliably received the care they needed.

Improvements in arrangements for security, cleanliness and maintenance of the home had been made.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had not received all of the training they needed to carry out their roles.

Permanently employed care staff understood people's basic personal needs and how to manage them.

People received the healthcare and nutritional support they required.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were treated in a kind and caring way.

Some aspects of the environment and care practice did not fully promote people's dignity and personal choice.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records did not always reflect the care people required or were provided with.

Important information was not available to people whose first language was not English or who had complex communication needs.

People who were able to do so knew how to make a complaint or raise concerns.

Although limited, people had access to activities.

Is the service well-led?

The service was not well-led.

A registered manager was not in post.

Quality assurance systems were not robustly managed and did not reliably identify and resolve shortfalls in the way care was provided. They did not enable improvements to be sustained or drive further improvements to be made.

People and the staff who supported them had opportunities to express their views about the service and some actions had been taken to improve the culture within the home.

Inadequate ●

Blenheim Care Centres

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 February 2017 and was unannounced.

The inspection team consisted of three inspectors, one of whom was a specialist in medicines management.

Before the inspection we looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with five people who lived in the home. We looked at 12 people's care records, including medicines administration records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with the manager, the administrator, a registered nurse, three members of care staff, a housekeeper and a laundry assistant. We looked at two staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

We identified concerns about medicines management and risk management at our inspection in August 2016. At our inspection in September 2016 we found that some improvements had been made but not enough to demonstrate compliance with legal requirements.

At our inspection in November 2016 we found that improvements had been made to the way in which medicines were managed. However, during this inspection we found that some of those improvements had not been sustained. In addition, during this inspection we found further shortfalls in the risk management processes.

At this inspection we identified discrepancies with the recording of stock balances of medicines. We found discrepancies in four of the stock sheets we reviewed for medicines supplied outside of the monitored dosage system. This meant we could not be sure people had received their medicines as they had been prescribed.

Monthly medicines audits had been developed since our last visit. Audits included monthly checks by the manager. However, these were lacking in scope and detail and had not driven forward any improvement. An example of this was that they did not assess in detail the use of medicines which were prescribed to be given only as and when people required them; known as 'PRN', nor did they identify other issues we found during the inspection.

There was a lack of written guidance in five of the 12 medicine records we examined to enable staff to safely administer PRN medicines. In addition, staff did not record the reasons for administration. Some PRN medicines were prescribed with a variable dose i.e. "one or two tablets to be given." We saw the quantity given was not always recorded. These shortfalls meant that records did not accurately reflect the treatment people had received and it was not possible to tell whether the person had received enough of the prescribed medicine to have a therapeutic effect. In addition, this increased the risk that too much of the medicine may be administered.

The registered provider's medicine policy stated that risk assessments should be in place when people administer their own medicines. However, we noted that risk assessments were not always in place for people who administered their own medicines. Where self-administration risk assessments were in place they were not specific to each medicine a person was administering which is important because the risks for each medicine would be different. They also did not provide staff with information about what signs to observe for if the person had forgotten or chose not to take their medicines.

One person was prescribed pain relief patches; however, there were no body charts in use to show where patches had been applied. This meant it was unclear to staff where and when patches had been applied. This increased the risk of harm from duplicate application or irritation caused by not rotating the site of application in accordance with the manufacturer's recommendations.

We saw records for one person who was prescribed a medicine for pain relief which was to be given when required; the person could be given this medicine up to four times daily. It was recorded in the controlled drugs register that they had been given this on one occasion in February 2017. However staff had not recorded this on the MAR. This meant the MAR did not reflect the treatment the person had received.

Room temperatures where medicines were stored were recorded daily, however we found temperatures had been recorded above the recommended limit for storing medicines on seven days in November 2016 and five days in December 2016. Staff had not taken any action in response to this. We checked medicines which required cold storage and found temperatures had been recorded outside of the recommended range on 15 occasions in November 2016 and three occasions in December 2016. No action had been taken by the staff and the manager had not been informed. This meant that medicines stored outside of the recommended limit may not be safe to use.

On the day of the inspection the morning medicines were still being carried out at 11.40am. Records did not show the actual time medicines were given but indicated that they had been given at the prescribed time of 8am. There was a risk of people being given their next dose of a medicine without an adequate time gap since their morning dose.

Risk assessments were in place for issues such as skin integrity, falls, the use of bed rails and nutrition. However we found where one person was at risk of self neglect and alcohol abuse risk assessments had not been put in place. We also found that for people who were prescribed regular pain relief there were no risk assessments in place for pain management.

This was a continued breach of Regulation 12 (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified some improvements in the way medicines were managed. Examples of this were that medicines were stored securely in a locked treatment room and access was restricted to authorised staff. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy. Medicine Administration Records (MARs) clearly stated if the person had any allergies. This reduced the chance of someone receiving a medicine they are allergic to. Documentation was available to support staff to give people their medicines according to their individual preferences.

We identified concerns about staffing levels and the deployment of staff on duty at our inspections in August 2016 and November 2016.

At this inspection we found some improvements in the way staffing levels were managed. We acknowledged that the provider had an on-going recruitment plan in place and we saw evidence of this during our inspection. Duty rotas and other records showed that the registered provider had actively recruited care staff so that they were not reliant on the use of agency carers in order to cover duty rotas. Two people told us that the consistency of care staff had improved their experience of care in the home. One person commented, "It's made a big difference to us all having the same faces around who know what we like."

The manager demonstrated that they had recently offered employment to a qualified nurse and they were awaiting recruitment procedures to be completed before the nurse commenced work in the home. However, we found continued reliance on agency nurses to fill other vacant posts. Although the manager tried to ensure they used consistent agency nurses, we saw during this inspection that the nurse on duty had not worked in the home before. We also noted that the agency nurse who was booked to work the following day had cancelled and the manager had to work as the nurse on duty.

During this inspection we noted that the manager had taken positive action to support the nurse on duty whilst administering medicines. We saw they had allocated a member of care staff to provide the nurse with information about how people liked to take their medicines. However, this reduced the number of care staff who were available to support people with other needs such as providing encouragement to take regular drinks or engaging people in person centred activities.

Further shortfalls in risk management, care planning and governance highlighted later in this report, meant that agency nurses did not always have the correct information consistently available to them in order to ensure people received safe and effective care.

The manager told us about their plan to provide additional training for selected care staff to enable them to administer medicines to people who did not require care and support from a registered nurse. This was so that medicines administration would be more efficiently and effectively carried out. However, there were no action plans or timescales in place to drive this improvement.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified concerns about the safety, cleanliness and maintenance of the environment at our inspection in August 2016. When we inspected in November 2016 we noted that the registered provider had carried out works to upgrade the building and work was on-going. We also noted improvements in the cleanliness of the home and some improvements in infection control procedures. However, we identified some on-going concerns regarding the safety and security of the building and general maintenance issues. In addition we identified further concerns about environmental risk management.

At this inspection we found significant improvements had been made regarding the safety, cleanliness and maintenance of the environment. An example of this was that the registered provider had addressed the weaknesses in the security of the building by providing appropriate perimeter fencing and providing a key pad system for entering the home. This meant that people who lived in the home were protected from the risk of strangers entering their home. It also meant that staff were aware of who was present in the building in the case of an emergency such as a fire as visitors had to be let in by staff.

We saw that the manager continued to work with health professionals to maintain and improve infection control systems. We noted they had recently sought professional advice regarding the sluice arrangements within the home and were in the process of completing a comprehensive infection control audit set out by the local authority. We saw supplies of gloves, aprons and hand sanitising gels were readily available. Records showed that since our inspections in August 2016 and November 2016 staff had received training about managing and controlling the risk of infection and food hygiene.

We noted that there were some issues that required attention such as ensuring all light and emergency pull cords were covered in easily cleaned materials, ensuring laundry bags were not filled to overflowing and the deep cleaning of corridor light shades. We pointed out these issues to the administrator who showed us around the building. However, we judged that the registered provider had taken enough action to demonstrate compliance with regulations. We have asked the manager for an up to date action plan to show when the outstanding issues will be resolved.

Records showed that since our inspection in November 2016 most staff had received updated training about how to identify and manage any situations in which people may be at risk of abuse. Training for the remainder of the staff team had been arranged. When we spoke with staff they demonstrated an

understanding of how to identify and report situations of this nature. Our records and information we received from other health and social care partners showed a reduction in the number of safeguarding concerns being raised. The manager had responded to concerns raised and taken action to resolve any issues.

We looked at two staff files and saw staff were recruited safely. The registered provider had carried out identity checks and sought references from previous employers before offering employment to applicants. They had also carried out checks with the Disclosure and Barring Service (DBS) to ensure applicants were suitable to work with people who lived in the home.

Is the service effective?

Our findings

At our inspection in August 2016 we identified concerns about the way in which people's capacity to make decisions for themselves had been assessed and managed. We also identified concerns about the way in which people's healthcare was managed.

During this inspection we found that the way in which people's healthcare was managed had improved and the registered provider had demonstrated compliance with legal requirements in this regard. However, there were continuing concerns about the way in which people's capacity to make decisions for themselves had been assessed and managed.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) provides a legal framework to assess people's capacity to make decisions for themselves. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, always to protect themselves. If the location is a care home CQC is required by law to monitor the operation of the MCA and DoLS and to report on what we find.

The provision of some aspects of care for people who were unable to make certain decisions for themselves was carried out in a way that reflected the person's best interest for personal care and safety. An example of this was the use of bed rails to keep people safe. A best interest decision was recorded in people's care files. However, other care records showed that the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) had not always been correctly implemented.

An example of this was for one person who had been assessed as not having capacity to make complex decision for themselves. A best interest decision had been made with regard to the use of bedrails to keep the person safe. However, there was no evidence of best interest decisions having been taken for the management of personal finances, administration of medicines, personal care or the use of a percutaneous endoscopic gastrostomy (PEG). This is a tube which is allows people to receive their nutrition and medicines directly into their stomach.

Another person had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order in place. However, there was no indication that a best interest decision had been taken in accordance with the MCA. Nor was there evidence that this issue had been identified during care plan reviews or auditing processes and referred back to the doctor who had agreed the DNACPR for a review of the process.

Another person had been assessed as lacking the capacity to make complex decisions for themselves and wore a helmet to maintain their safety. However, there was no evidence that a best interest decision had been taken in accordance with the MCA.

Care records stated that another person had the capacity to make complex decisions for themselves. The person had a DNACPR in place which they agreed to. However, we saw that a best interest decision had been taken due to the person's refusal to wear a lap belt when using their wheelchair. Best interest decisions

are not required where people have the capacity to make complex decisions for themselves, even where their decisions are deemed to be unwise. There was no risk assessment in place to support the person's decision not to wear the lap belt. In addition, there was no evidence that the issue of unlawful restriction to the person's liberty had been considered.

The manager demonstrated a lack of understanding about the procedures in place to protect people from unlawful restrictions to their liberty. The manager told us they were unsure about how many people were subject to a DoLS authorisation. One person was thought to have an authorisation in place, however when we checked this was not the case. The manager also told us that there were no current applications being processed for DoLS authorisations. However, when we checked care records an urgent DoLS authorisation had been agreed for one person on 20 September 2016. An application for a standard DoLS authorisation had been made on 27 September 2017. However, it was unclear from records whether this had been followed up.

Continued shortfalls in the way people's capacity to make decisions for themselves had been assessed and managed meant that they could not be assured that all of their legal rights would be maintained. Furthermore, shortfalls in the assessment and management of people's personal freedoms also meant that they could not be assured that all of their legal rights would be maintained.

This was a breach of Regulation 11 (1) (2) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our inspection in August 2016 we identified concerns about the level of knowledge and skills of the staff who worked in the home and the support they received to carry out their roles.

During this inspection people who lived in the home told us they thought staff had received more training and staff knew how they liked their care to be provided. Staff we spoke with knew about people's basic care requirements and their preference for support. They told us they felt that support and supervision arrangements had improved since the new manager took up post in December 2016. The manager had developed a supervision matrix to show when individual staff would receive supervision and they were working towards completion of this.

There had been some improvements in the way agency nurses were introduced to the home and information was passed on such as the use of written daily handover reports. This meant they should have the most recent information about people's well-being. A handover book was in place which included information about people's diagnosis and needs. However, we saw that often the written narrative lacked detail and said "settled day" on a regular basis. The agency nurse on duty during the inspection had not worked in the home previously and had been made aware of, for example, which people had a DNACPR order in place. However, they did not know which people were subject to DoLS authorisations and not had time to familiarise themselves with essential information in people's care plans. This increased the risk people may not receive the care they required.

Records showed that since our inspection in August 2016 updated training in subjects the registered provider said were essential had been carried out. This training included sessions about safely moving people, first aid, health and safety and food hygiene. We also saw that courses in line with nationally set standards for induction training had been introduced. However, we noted from records that there were continued shortfalls in training arranged for subjects such as pressure area care, equality and diversity awareness and managing nutritional needs. This type of training is important so as to ensure staff have the appropriate skills and knowledge to be to meet people's needs in the right ways.

Furthermore, training had not yet been arranged for DoLS awareness and training for MCA awareness was not identified in the planned training. We identified the impact of the lack of understanding about the implementation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) earlier in this section of the report.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in August 2016 we found that there was no permanently employed chef in the home and some people had commented on the variable quality of the food served to them.

At this inspection we noted that a permanent chef with been employed with kitchen assistants to support them. People who lived in the home commented on the improved quality of the food and the choices available to them. One person said, "The food is now excellent; a massive improvement in standards and choice." Another person said, "The food's got a lot better." People told us the chef listened to their view and preferences and ensured that the food they liked was incorporated into the menu. The chef demonstrated a clear understanding of people's nutritional needs and told us they were kept up to date with any changes in people's requirements.

At our inspection in August 2016 we found that people's needs had been assessed using a nationally recognised nutritional assessment tool. However, there was no indication of when or if they had been reviewed. During this inspection we found that the assessments were now being reviewed regularly. People were regularly offered the opportunity to have their weight recorded so that any issues could be identified early and the appropriate actions taken.

At our inspection in August 2016 we identified concerns about the way in which people's healthcare had been managed. During this inspection people told us they could see their GP when they had a need and records showed that staff sought specialist healthcare support when people needed such. We know from information we hold that a person had been referred to their GP to help them better manage their health condition. We also saw, for example, there was guidance for staff about how to manage raised or lowered blood glucose levels for people who lived with diabetes. We judged that the registered provider had taken enough action to demonstrate compliance with legal requirements relating to the provision of healthcare.

Is the service caring?

Our findings

At our inspection in August 2016 we found that the registered provider had not always considered people's privacy and dignity in the way they managed the home. At this inspection, as noted earlier in this report, we found improvements had been made in respect of the security and cleanliness of the home. We also found in people's bedrooms that privacy screening was in place where previously there had been none. However, the privacy screening in place continued to impact on people's privacy and dignity as it was of a light weight material that did not reach the floor. Privacy screening was necessary as people had wash basins and/or toilets in their bedrooms.

People told us and we saw that staff maintained their privacy and dignity when carrying out intimate personal care. Staff closed doors when they supported people in their bedrooms or in bathrooms. They spoke with people about personal issues in private spaces or in lowered voice tones so that they could not be overheard. We saw staff seeking consent from people before they provided care and support. One person received a visitor during this inspection and we saw staff supported them to receive the visitor in private.

People said that staff were kind and caring. One person said, "They're all lovely, no complaints." Another person said, "There's some great staff here, they know what makes me tick." We saw that people who were not able to or had difficulty communicating verbally smiled and were relaxed in the company of staff. We saw people freely approached staff, where they were able to, in order to request support or have a chat.

The manager had taken time to listen to people's views about where they wanted to live. We saw that they were working with social workers and interpreters to enable a person to return home to their country of origin. They were also working with social workers to support two other people to move to more independent accommodation.

During the time we spent with people in communal areas we found that not everyone had free access to drinks in between meals. Those people who could make their own drinks did so and staff responded quickly to those people who could request them. However, we did not see that those people who were not able to request a drink or indicate that they needed one were routinely offered drinks outside of the meal times or when a drinks trolley came round. Staff told us that the drinks trolley was available mid-morning and mid-afternoon. Staff had not considered that those people may be thirsty in between the set times that drinks were served.

People told us, and we saw, that they were able to choose where they took their meals. We saw most people chose to eat their meals in the dining room whilst others chose to eat in their own rooms. Staff were available to support people who required help to eat and drink and adapted cutlery and crockery was available for those who needed them. We saw that where people did not want the meals on the menu, alternatives were offered. The chef told us that there was always enough food in stock to provide alternatives.

People were supported people to eat and drink at their own pace and make the choices of food they

wanted. During breakfast and the lunchtime meal we saw that staff sat with the person they were supporting and gave the person their attention. However, on two occasions outside of meal times we saw a member of care staff stood over a person when assisting them to take a drink rather than sitting beside them and sharing the experience. This did not support the person's dignity.

Since our inspection in August 2016 the registered provider had improved the amount of information available to people regarding advocacy organisations. This meant that people had the information they needed to make contact with an advocate should they need to. Advocacy organisations can provide people with support to express their views and opinions and are independent of the care service.

People's personal files were stored in an office which was locked when not in use. The manager had ceased the use of a white board in the administration office which had contained personal information about people in order to protect the information. However, we observed in one person's room their personal daily records were scattered across their dresser top for anyone entering the room to see.

Is the service responsive?

Our findings

At our inspection in August 2016 we found shortfalls in care planning arrangements. In particular we noted examples of shortfalls in planning care for people who used catheters to aid continence and people who needed to have pressure relief on areas of their body which were at risk of pressure damage. Despite these shortfalls we saw that people were receiving the appropriate care for their identified needs.

At this inspection we found that care plans had been reviewed on a regular basis. However, the care records including care plans, risk assessments and monitoring charts had not been consistently updated to reflect people's changing needs.

One example of this was a person's care plan related to diabetes. The care plan recorded that the person's blood glucose levels should be checked four times each day. However, when we looked at the person's MAR we found that they were checked only twice each day. The manager confirmed that this was the correct timing. However, if agency staff followed the person's care plan, it increased the risk that the person may be subject to an invasive and uncomfortable procedure more times than was necessary. The same person's hospital passport did not include information to show they lived with diabetes and asthma. Another person had an emergency grab sheet in place which would accompany them to hospital in an emergency situation. However, this did not reflect that the person required skin patches to manage pain. In addition, a pain assessment had not been completed. This meant there was a risk that people may not receive the care they required within the service or in other care settings and their pain may not be managed appropriately.

One person received their nutrition through a percutaneous endoscopic gastrostomy (PEG). We checked the PEG administration regime against the guidance in the person's care plan and found staff were following the regime. However, the person's care plan for nutrition did not include the PEG regime or refer to where this could be found in the care record. This increased the risk that the person would not have their needs met, in particular by agency nurses who may not know the person and would rely on care plans to guide them.

The same person had a care plan in place which stated that they could not use the call bell to summon help. The care plan set out that staff should visit the person hourly to check they were safe and comfortable. When we spoke with staff they were aware of the need to check on the person hourly and we saw that whilst the person was in bed during the morning they had regular visits from staff. However, the monitoring charts in place did not demonstrate that hourly checks took place, only that the person was supported to change their position every four hours in line with their care plan. We also noted that the monitoring charts were not consistently dated. This meant we could not be assured that hourly checks were carried out consistently and that any issues regarding the person's safety and comfort would be identified in a timely manner.

Continued shortfalls in the maintenance of complete and accurate care records increased the risk that people would not receive the care they required in a consistent way and in all care settings.

This was a breach of Regulation 17 (2) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in August 2016 we found there was a lack of meaningful activities for people to engage in. Following that inspection the registered provider had employed a member of staff to co-ordinate activities for people. However, at this inspection we found that the person had changed their working pattern and was only available to support people for limited times at weekends.

At this inspection we noted that there were various games and table top activities for people to engage with. People told us that they engaged in these activities when they chose to. We saw one person playing on the pool table. They told us that staff sometimes joined in with them but they preferred to play on their own. Other people told us they did not wish to engage in planned activities and preferred to make their own arrangements. Three people received additional support from an external support agency to access the community and enjoy different social experiences. One person told us that they joined a small group of others who lived in the home to attend a weekly music event at a local venue.

A regular exercise group facilitated by a visitor continued to take place in the home. However, we saw that the majority of people present required significant support to participate. The visitor who ran the group was on their own for most of the session. This meant that people often had to wait for individual support and interaction. Aside from the exercise group, people who did not have the capability to initiate activities or pastimes for themselves were not supported to do so. There was no evidence in care records to suggest that this type of support had been considered as part of people's on-going needs.

At our inspection in August 2016 we found that although people knew how to make a complaint or raise concerns they had little confidence that the issues would be addressed or resolved. At this inspection people said that since the new manager had taken up post they were more confident that issues would be addressed. One person told us, "Now when I'm not happy with anything they will help in good time." Another person said, "Yeah, they listen now; they sort things out." People told us and records showed that no-one who lived in the home had raised a formal complaint since our last inspection in November 2016.

We saw that the registered provider's complaints policy was displayed in the home. However, we noted that the policy was not readily accessible to people whose first language was not English. We also noted that the policy would not be accessible to people who had complex needs and were unable to make use of written information.

Is the service well-led?

Our findings

At this inspection, although we found some improvements in the provision of services for people, there were continued shortfalls in important aspects of good governance. We found that the governance systems were not effective in driving and sustaining improvements within the service. The registered provider had not made sufficient progress to demonstrate they were compliant with legal requirements.

There had not been a registered manager in place since June 2016. Since that time two successive managers had been employed by the registered provider. The second of which took up post in December 2016. They had applied to register with CQC.

Although the registered provider had told us they carried out monthly audit visits they did not have effective systems in place to monitor the quality of the service for themselves. This was evidenced by the improvements we saw at previous inspections not being maintained when managers left the service. Although some material improvements had been made to the cleanliness and structure of the environment, the registered provider had consistently failed to address some areas of concern and was reliant on managers to identify and address issues within the service.

Quality assurance audits had not identified the shortfalls in care provision that we found. One example of this was where audits of care plans and risk management had not identified shortfalls in the assessment of risks to people's health, safety and welfare. Nor did they identify that care plans did not support the management of those risks.

Another example was where audits of care records had not identified shortfalls in the way essential information was recorded or how care was given in relation to the care plans. This meant there was a risk that people may not receive the care they required within the service or in other care settings.

A further example of this was where medicines audits had not identified shortfalls in the recording of room and cold storage temperatures, the management of medicine stocks, medicines risk assessments and the recording of medicines administration.

Furthermore, the registered provider had not acted upon the recommendations made following an external medicines audit carried out by a pharmacy contractor in January 2017. The audit had raised issues such as the need to develop PRN protocols, the need to carry out self-administration risk assessments and the need to record variable doses of medicines correctly. These issues were still present at our inspection.

Continuing shortfalls in record keeping and the systems for assuring quality meant that people were at risk of receiving poor or unsafe care, particularly as the service was reliant on the use of agency staff. In addition, a continued lack of oversight meant the registered provider was in breach of a further legal requirement and was in continued breach of two other legal requirements.

This was a continued breach of Regulation 17 (1) (2) (a) (b) (c) (f) Health and Social Care Act 2008 (Regulated

People who lived in the home commented on the improvements in the culture of the home and the morale of those who lived and worked there since the new manager had taken up their post. One person told us there had been "massive improvements", they added, "I believe they'll get it right."

Staff members echoed the views of those people. One member of staff said, "Since December [2016] things are improving all the time. The organisation of staff time is better and there is a programme for supervision now." Another member of staff commented on how the new manager "gets involved" and supported improvements in care practice. They also commented on improvements in the ways work is delegated and the increased morale of the staff team.

People spoke to us about meetings held with the manager in which they could express their views about living in the home. They showed us where the minutes of the meetings were displayed so that those who chose not to attend could see what took place. However, we noted that the minutes were not readily accessible to people whose first language was not English. We also noted that the minutes would not be accessible to people who had complex needs and were unable to make use of written information. We identified this issue at our inspection in November 2016 and at this inspection. We found there were no systems in place to drive improvements in this regard.

At our inspections in August 2016 and November 2016 staff told us they did not feel supported by the management arrangements within the home. At this inspection staff told us about improved communication and support within the team. One member of staff described how staff meetings now followed after meeting with people who lived in the home. They told us that this enabled information to be passed to staff in a timely manner. All of the staff we spoke with told us that the new manager had an "open door" policy. They said they now felt able to raise issues and concerns. They said they were confident that the manager would listen to them and take action to address their concerns. Staff were aware of the registered provider's whistleblowing policy and felt more confident to use it if they had need.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The registered provider had not ensured that people's capacity to make decisions had been suitably assessed and that all of their legal rights would be maintained.</p> <p>In addition, the registered provider had not ensured that the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards had been correctly implemented.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered provider had not ensured that medicines were consistently managed in a safe way.</p> <p>In addition, the registered provider had not ensured that risks to people's safety and welfare had been consistently identified, assessed and appropriately managed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not ensured that quality assurance systems were reliably managed so as to enable them to identify and resolve any shortfalls in the services provided for people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p data-bbox="836 239 1449 432">The registered provider had not ensured that sufficient numbers of suitably skilled and experienced staff were employed to meet people's needs in a safe and consistent manner.</p> <p data-bbox="836 477 1433 633">In addition, the registered provider had not ensured that appropriate training related to people's needs and legal requirements was provided for staff.</p>