

Davenport Manor Nursing Home Limited

Davenport Manor

Inspection report

170 Bramhall Lane
Davenport
Stockport
Greater Manchester
SK3 8SB
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Website:

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection to this location.

When we visited there was a registered manager in place.

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.

Davenport Manor is registered to provide care and accommodation for up to 34 people. The home is situated in the Davenport area of Stockport Greater Manchester. Accommodation was on two floors which could be accessed via a staircase or a passenger lift. All bedrooms except two were single occupancy and seventeen rooms had an en suite toilet. There were three communal areas that supported people spending time together. There was a garden to the rear of the property and an off road car park at the front. There were 28 people living at the home at the time of our visit.

Summary of findings

Relatives spoke positively about staff and we saw good relationships between individual staff and people who used the service. People spoken with told us they were happy with the care being provided and with the staff working at the home.

Staff spoken with understood the needs of the people who lived at the home and we saw that care was provided with kindness and promoted people's dignity. We saw that people who used the service looked relaxed and comfortable in the home.

Staff employed at the home had been trained to help make sure they had the skills and knowledge to provide care and support in line with best practice. Staff had also undertaken training to help make sure that the care provided to people was safe and effective to meet people's needs. We saw there were sufficient staff on duty to meet people's needs.

We looked at a sample of staff records which showed they had all received a thorough induction when they started work at the service to help them understand their roles and responsibilities, as well as the values and philosophy of the home.

Not all of the care plans seen showed that people had received a care needs assessment before they moved into the home to help make sure that care would be delivered in response to their individual needs. We also found that significant information about people's health status and their well-being was not included in their care plan.

We found written care instructions were not up to date and had not been written to help make sure that care would be delivered consistently and safely by staff. People's risk assessments did not state how potential risks should be managed.

During the inspection we saw that the home was being cleaned however, we were aware of offensive odours in the home.

Medicines were stored, administered and returned safely and records were kept for medicines received and disposed of, this included controlled drugs (CD's). However we found gaps where some medication administration records (MAR) had not been signed to show that medicines had been given.

There was a notice displaying group activities available for people who used the service. However no activities took place during our visit to the service.

We saw that the correct safeguarding procedures were in place. Staff knew about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where appropriate a DoLS authorisation was in place for people who lacked capacity to make a decision.

People and their relatives knew how to make a complaint and felt confident to approach any member of the staff team if they required.

Feedback from people and their relatives was given in the form of complaints, comments and compliments. The most recent annual service user satisfaction survey was last conducted in November 2013, therefore up to date feedback from people and their relatives was not available.

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

People's risk assessments did not properly identify how risks would be managed and reviewed.

Some people's skin creams had not been written up on people's MAR's and some MAR's had not been signed to show where medicines had been administered or refused.

There was a safeguarding procedure in place which was in line with the local authority 'safeguarding adults at risk multi agency policy'. Staff spoken with told us how they would recognise and report abuse.

Requires improvement



Is the service effective?

The service was not effective.

Staff supervision was ad hoc, infrequent and future supervision dates had not been planned to make sure staff were regularly supported in their work.

Staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of their duties when these restrictions were in place.

People were served well presented nutritious meals and staff assisted some people with their meal to maintain their nutrition where appropriate.

Requires improvement



Is the service caring?

The service is caring.

Staff showed warmth and friendship to people using the service and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people's wellbeing was promoted.

We saw staff chatting with people and it was apparent people were familiar and relaxed with the staff as we observed people smiling, laughing and chatting freely in staff company.

The provider used the 'Six Steps' programme for people nearing end of life and staff were aware of the resources available to people when they might require such care.

Good



Is the service responsive?

The service was not responsive.

Not all of the care plans seen showed that people had received a care needs assessment before they moved into the home to help make sure that care would be delivered in response to their individual needs.

Requires improvement



Summary of findings

Care files had a generic format, were not person centred and did not identify people's individual needs.

A complaints procedure was in place and was available to people who used the service and their relatives.

Is the service well-led?

The service was not well-led

Care plan audits were not carried out regularly to help make sure that written instructions about people's health and wellbeing were accurate and effective.

The system in place used to gather and record information about the quality of the service provided had not been used since 2013 and up to date feedback from people using the service had not been sought.

People spoken with were complimentary about the way the home was being run.

Requires improvement



Davenport Manor

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 service met the regulations we inspected at our last inspection on 23 December 2013.

This inspection took place on 13 and 14 April 2015 and first day was unannounced.

The inspection was carried out by one inspector, one expert by experience and one specialist advisor (SPA). Experts by experience and SPA's provide specialist advice and input into the Care Quality Commission's (CQC) inspection process in their area of expertise in line with the specialism of the service being inspected.

Before we visited the home we checked information that we held about the service and the service provider. The provider completed a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR which included

incident notifications they had sent us. We contacted the local authority and other relevant authorities for their views about the care provided in the home. No concerns had been raised since we completed our last inspection.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received therefore we used a short observational framework for inspection (SOFI). This is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves. During the inspection we saw how the staff interacted with people using the service. We also observed care and support being provided in communal areas.

We spoke with six people who used the service, five relatives, the chef, four senior health care assistants (SHCA's) the manager, the provider and two health care assistants (HCA's). We walked around the home and looked in all of the bedrooms on the first floor, including the new building extension and a sample of bedrooms on the ground floor of the home. We looked in all of the communal areas, the kitchen, shared toilets and bathrooms. We reviewed a range of records about people's care which included the care plans for 14 people, the medicine records for six people, the training and supervision records for seven staff employed at the home, and records relating to how the home was run.

Is the service safe?

Our findings

Three people we spoke with told us they felt safe and had no complaints or concerns about the care provided. Three people spoken with said, “yes I suppose I do feel safe here”, “Yes I feel safe from harm”, “I’m comfortable”. Three relatives spoken with said, “there always seem to be enough staff”, “he’s safe and seems happy here” and “yes I think he’s safe here”.

Some of the people living at Davenport Manor were unable to give their verbal opinion about the care and support they received therefore we used a short observational framework for inspection (SOFI). This is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves.

From our observations made using the SOFI we saw staff using equipment, such as a hoist and assisting people to use their mobility aids, safely. We also observed staff carrying out their care duties in a respectful manner. We saw people who preferred to spend time in their room were checked on to make sure they were safe. A person spoken with confirmed that staff checked on them regularly and they felt safe.

The manager said staffing levels were sufficient to meet the needs of the people who used the service. We looked at the staff rota which confirmed the staffing deployment described by the manager which was sufficient.

There was a recruitment and selection procedure in place. We looked at six staff recruitment files and found that all of the staff had been recruited in line with the regulations and had appropriate pre-employment checks which included completing an application form, having a disclosure and barring service (DBS) check and providing references. Pre-employment checks help to protect people from the risk of unsuitable staff being employed.

Staff spoken with told us that they had an employment induction before they were able to work at the home unsupervised with people.

We looked at records that showed the provider had procedures in place that helped to ensure any concerns about a person’s safety were appropriately reported. There was a safeguarding procedure in place which was in line with the local authority ‘safeguarding adults at risk multi

agency policy’. Staff spoken with were able to explain how they would recognise and report abuse. However none of the HCA’s or SHCA’s spoken with knew how to access the homes safeguarding policy.

Staff demonstrated an accurate understanding of the need to be vigilant about the possibility of poor practice by their colleagues and discussed their understanding of the homes whistleblowing policy. We looked at records that showed staff had followed the correct procedure and reported concerns to the manager who then reported these concerns to the appropriate professionals.

Discussions with staff about risks showed they understood how to keep people safe. However, we looked at the care records for 14 people and saw that not all individual risks to people’s safety had been properly reviewed and some risk assessments did not identify how risks would be managed. The lack of detailed information in people’s risk assessment may put people at risk from unsafe care practices. This was in breach of regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care

Records of accidents and incidents were clear and up to date. Appropriate authorities, including the CQC, had been notified of events as required.

The home had a medicine policy and procedure that was usually followed in practice and monitored and reviewed. Medicines were stored safely and records were kept for medicines received and disposed of; this included controlled drugs (CD’s). We observed part of an afternoon medicines round and saw that medicines were administered by a HCA. We saw that medicines were administered safely and people were supported by staff to take their medicines in a sensitive, unhurried way and at the right time.

We looked at the medication administration records (MAR) for seven people and found some medicines had not been signed as being given or to indicate the reason why medicines had not been given. We saw that some prescribed skin creams had not been written up on people’s MAR. This meant that people were not fully protected against the risk associated with their skin creams not being applied as directed. This was in breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Is the service safe?

We walked around the home and looked at armchairs, wheelchairs, walking frames, bedside protectors and pressure relieving equipment and saw that some equipment required cleaning to maintain a safe standard of hygiene and promote people's wellbeing.

Whilst we saw that some building and redecorating work was being done in the home, we saw that carpets in some bedrooms had small tears and required prioritising for immediate repair. This repair would reduce the risk of people falling or tripping and help to make sure the premises promoted people's safety. The provider said that they would address this as part of the overall building and maintenance plan. This was in breach of regulation 15 (1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment

We found communal bathrooms had been cleaned throughout the day. We saw staff wearing uniforms, aprons and gloves to prevent the risk of cross infection whilst carrying out their care duties.

Staff kept entrances and exits to the home clear and secure. Close circuit television (CCTV) helped to monitor communal areas of the home as well as who came in and left the building. The provider had made sure that this was done in the best interests of people using the service. The surveillance was operated in line with current guidance. This did not restrict people's movements and records showed people could leave the home with appropriate supervision and safeguards in place if they wanted to.

Is the service effective?

Our findings

People spoken with told us they felt the staff were skilled and knew what to do to meet people's needs. They said, "Yes, the staff are very capable" and "yes they are". A visitor spoken with said, "Yes they are skilled, apart from providing activities". Three other visitors told us they thought the staff were sufficiently skilled to meet people's needs. People spoken with made positive comments about the meals served such as, "the quality of food is enjoyable", "good", "definitely good all round".

We looked in the home's kitchen and saw people's dietary requirements, likes and dislikes had been noted and copies of special diets were seen on the kitchen noticeboard. The kitchen was clean and hygienic. Food store cupboards and freezers were well stocked. There was a good supply of fresh meat, fruit and vegetables. The cook said, "The providers never leave me short of ingredients, there's more than enough. If people don't like what's on the menu, I always make something they like and if we haven't got it in, I will buy it at the supermarket". We found that the food served looked appetising, was flavoursome, balanced and nutritious.

We saw that people had been offered a choice from the lunchtime menu in the morning. There was a choice of two main courses and two puddings. Staff serving the meals followed a list of what people were having for lunch which helped to make sure people received the correct meal of their choice. Everyone was given a hot or cold drink with their meal. People who required a pureed meal were assisted by staff to maintain their nutrition. We saw that staff sat next to people and talked with them during their meal.

People who could speak with us told us that they received the support they required when needed to see their GP, district nurse or appropriate health care professional. When we asked a visiting GP if people were supported to receive ongoing healthcare and support they said, "I visit the home weekly to meet with the service users. The staff always advise me in advance if there are particular healthcare issues with people; the staff engage well".

Two of the staff spoken with told us they had received core and refresher training in subjects such as fire safety, moving and handling, infection control and safeguarding. This was confirmed by information on the staff training and

development plan which we saw. This helped to make sure staff knowledge, skills and understanding was up to date and effective. Staff told us, and training records confirmed, that they received regular training to help make sure they could meet people's needs. Staff told us that training was always available for them to develop their skills and knowledge in particular areas such as dementia care.

Staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of their duties when these restrictions were in place. These safeguards protect the interests of vulnerable people and help to make sure people are given the care they need in the least restrictive way. Staff spoken with had a clear understanding about this legislation. At the time of our inspection one person was being protected by a DoLS. The CQC is required by law to monitor the operation of the DoLS and to report on what we find.

From the six HCA's spoken with, all of them confirmed they had received a staff induction at the start of their employment at Davenport Manor. Two staff said, "for my induction I was shown the fire points and emergency evacuation procedure; I did three weeks shadowing and followed a senior HCA" and "I did six weeks probation until I felt comfortable with the job; we can have longer if we're not ready". We looked at completed inductions forms which showed that staff had been prepared for their role and knew what was expected of them.

There was a staff supervision plan in place. From the six staff records we looked at we saw that supervision sessions were ad hoc, infrequent and future supervision dates had not been planned to make sure staff were regularly supported in their work. Staff told us that they should receive supervision every two months. However when we looked at the six staff files we found there were no records to show that three HCA's had received supervision since they began working at the home in November 2014 and January 2015. One SHCA had not received supervision since December 2013 and although two HCA's had received supervision more recently, there were no records to show they had received supervision every two months. This meant that people may be at risk of receiving unsafe and inappropriate care because staff had not received regular support necessary for them to carry out their role and responsibilities effectively. Staff spoken with said, "supervision hasn't been regular", "that's because the manager was absent for eight months" and "the provider

Is the service effective?

didn't give us supervision or appraisal while the manager was off, but they're getting things back on track now that they've returned". This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

During the inspection we spoke with a visiting district nurse about the skills and knowledge of the staff team. They said, "staff are very good and are always keen to help and assist when needed".

All floors were accessible via a passenger lift or staircase. Shared bathrooms and toilets were spacious enough to manoeuvre wheelchairs and hoists. We saw that some work was being done to improve the accessibility of toilets, bathrooms and bedrooms to maintain people's independence.

Is the service caring?

Our findings

People spoken with told us they were happy with the care and support provided at the home. When asked if they felt cared for people said, “the staff know me well and they are quite reasonable”, “yes people treat me with care and compassion”, “yes the staff listen to me”, “the staff would go to the end of the earth for you; there’s no complaints from me”, “the staff check on me regularly and bring my meals to me; If I use the call bell, they come to me very quickly”

Relatives spoken with said, “if I need to know anything about my relative, the staff ring me, plus I come in three times a week”, “the staff are kind and friendly; the care is very good”, “yes, he’s well cared for; if there were any problems I’d be up here like a rocket” and “he’s always clean and smart, well fed and happy here”.

Throughout the inspection, we saw staff caringly respecting people’s privacy and dignity when they were supporting people around the home. We saw staff involving people by asking them where they preferred to sit in the communal areas and assisting them to their chosen seat. We saw staff showing warmth and friendship to people and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people’s wellbeing was promoted.

From our observations made using the SOFI we saw staff it was apparent that people who lived at Davenport Manor were familiar and relaxed with the staff as we observed people smiling, laughing and chatting freely in staff company.

Staff spoken with told us they had been trained in how to respect people’s privacy and dignity, and understood how to put this into practice. We saw staff by making sure that curtains and doors were shut when assisting people with their daily routines.

Staff knew how to maintain confidentiality and said, “we always write up our notes at the nurses station; we make sure that we share confidential information in a private area, away from other people, like with the district nurses or GP”, “it’s just good practice to make sure we treat people’s care with confidentiality; we respect the people who live here”.

The provider used the ‘Six Steps’ programme for people nearing end of life. The aim of the programme is to ensure people receive high quality end of life care provided by the care home and encompasses the philosophy of palliative care. Two staff spoken with said, “we know what signs would indicate somebody is nearing end of life; this is when we’d contact the district nurse and the GP. The district nurse writes up the end of life care pathway and the GP prescribes the necessary medication that the person might need”.

The registered manager discussed with us the processes and resources available to people when they might require such care. They said, “families always had the opportunity to be close to their relative during this time and special arrangements would be put in place for families to stay close to their relative after they had died”. They told us during this time regular assessments and reviews would be carried out by appropriate professionals such as a GP and district nurse who would help to make sure people could live and be cared for at the end of their life in the place and the manner of their choosing.

Is the service responsive?

Our findings

One person said about their life at Davenport Manor “the most exciting time of the day is having a change of scenery when I go to the dining room to eat”. Relatives spoken with said, “mum wanted a lock put on her door and they put one on”, “his bed is always clean and made”. People spoken with told us they knew how to make a complaint and felt their complaints would be taken seriously. Comments included, “I’ve no complaints” and “no concerns”. A relative spoken with said, “his clothing keeps going missing; I’ve spoken to the laundry lady and manager and they just say we’ll get it sorted; he has eight new pairs of socks at Christmas, by the end of January he had three pairs, otherwise the care is very good”. Although the relative knew about the home’s complaints procedure, they had not used it to report the missing laundry. They said, “yes, the complaints procedure is with the contract; probably worth doing it that way”.

We saw there was a complaints procedure in place which was available to people who used the service and their relatives. From the records we looked at no formal complaints had been made about the service. However any complaints made to the home since our last inspection had been addressed and responded to within the service’s complaints procedure timescale. The manager told us they would speak to the relative about the missing laundry.

We looked at the care records that belonged to fourteen people. All of the care files we looked at were consistent in that they had a generic format, were not person centred and did not identify people’s individual needs. We saw that six care files addressed the person by their room number rather than their name and four of the care files did not contain the person’s photograph. Staff need to be sure about people’s identity so that people receive the correct care, treatment and support that is centred on them.

Not all of the care plans seen showed that people had received a needs assessment before they moved into Davenport Manor. A needs assessment is important to assess if the home has the right resources to meet the person’s needs. We saw that most of the care files had not been reviewed or updated for five months. We also found that a person’s admission form had not been fully completed following their move into the home in 2013.

Initial information about the person at the point of moving into the home, could be used as a reference to help make sure the care delivered is responsive and their wellbeing is promoted.

Whilst the home had carried out their own needs and risk assessments, information about people’s immediate health care needs was not included in their records. This meant that people’s health or wellbeing might not be identified and managed properly because their care and treatment was not personalised specifically for them.

All of the care files we looked at contained a number of incomplete documents which had not been signed or dated by the staff at the home. One person had moved into the home in January 2015 following a comprehensive local authority (LA) needs assessment which had been completed in December 2014 and clearly stated that the person had a number of risk areas which included complex health conditions. However the home’s care plan did not include any of this information.

We saw that the care plan did not include information that the person needed regular medication administered to assist their breathing.

We saw that the same person had been weighed three times since their admission to the home and we noted that this person required specialist dietary or medical intervention which they were not receiving. Although their care plan stated the person needed to have regular meals and snacks made available if they felt hungry, there was no documentary evidence to monitor and confirm the person’s daily dietary intake and frequency of meals taken. On the weight record we saw that the person had recently lost weight but this had not been recorded as a concern and therefore had not been actioned for intervention from a GP or dietician.

Our observations and discussion with the same person indicated that they were at a higher risk of developing a pressure sore than the service’s documented assessment indicated. We looked at a body map chart designed for the recording of any observable bodily injuries that may appear on a person, had not been completed for this same person even though they had some skin damage that was being managed by applying prescribed skin cream.

The manager told us they were not aware of the LA needs assessment at the back of the person’s care file and agreed that this information should have been used to form the

Is the service responsive?

person's care plan. The manager agreed that in their current form people's care plans and risk assessments were not person centred and therefore not responsive enough to meet people's needs. The manager and provider both agreed that all care plans would undergo a thorough review as a matter of urgency.

There was no activity coordinator in place to support people to engage in appropriate activities to meet their needs. Throughout our inspection visit we saw people sitting in communal areas sleeping or uninvolved in any form of meaningful activity. Staff spoken with said, "there's no activities, we haven't enough staff. We need more time

or an activity coordinator" and "it's not fair on the residents". Although the home advertised a weekly diary of planned activities we noted that the planned activity for the day did not take place.

The manager told us that activities took place when the staff had time and it was something the home needed to improve on.

These examples illustrate breaches of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care because the provider did not make sure that each person received appropriate person centred care and treatment that was based on an assessment of their needs and preferences

Is the service well-led?

Our findings

A registered manager was in place and had been registered with the Care Quality Commission since 2011. The registered manager holds a registered nurse qualification and works at the home five days a week. The manager had recently returned from a long absence and was getting to know the new service users and staff in place at the home. During the manager's absence the provider was responsible for the management of the home. This included making sure people received safe and effective care through the maintenance of accurate and up to date records.

However when we looked at the home's policies and procedures that were in place we found that most of the documents were out of date and had not been regularly reviewed to meet the current legislation in relation to people's health and safety, healthcare and wellbeing. This meant that

The registered manager told us that she knew the quality of people's care files had deteriorated in her absence and was aware that the home's policies needed updating. She added, "I have always done the policies myself; I'll have to speak to the provider about getting them updated. Yes I think we need some new ones because these aren't all up to date". The purpose of a policy or health care procedure is to provide processes and systems to support the daily running of the home. Therefore staff can be clear about their duties when they are involved with all aspects of people's healthcare and wellbeing. The lack of up to date and current policies and procedures that are critical to health and safety, legislation and regulatory requirements may place people at risk of receiving unsafe and inappropriate care.

There is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We saw that there was a system for recording compliments and complaints. We saw that three complaints had been recorded since the last inspection and had been resolved using the home's complaints procedure. We saw a large number of 'thank you' cards were displayed on the ground floor notice board. Some of these had been written recently. People told us they felt able to approach the staff

if they had a problem or concern if they had any, and felt their concern would be taken seriously and dealt with appropriately. The manager said that people's concerns or issues were always addressed immediately and sensitively.

Staff spoken with confirmed their understanding about their responsibility to share any concerns about the care provided to people who used the service. Staff told us that the management team and the provider always acted immediately on any concerns they reported. They said that the manager was very approachable and supportive and communication between the staff and manager was "really good". They told us that the values and philosophy of the home had been explained to them through their induction programme and training.

We asked people living at the home if they had been involved in any meetings where they felt able to give their views and be consulted on the running of the home. Whilst none of the people spoken with told us they were involved in such meetings, they were complimentary about the way the home was being run and three people said, "I'm ok here", "staff seem to be alright" and "the manager is nice; they all work hard".

The manager told us that they sought feedback from the staff through staff handovers and always had an 'open door' for staff to discuss issues that related to people's care and welfare, staff duties and staffing levels. However, notes of the discussions had not been kept.

The system in place used to gather and record information about the quality of the service provided had not been used since 2013 and up to date feedback from people using the service had not been sought. The manager told us they would make sure staff, people using the service and other stakeholders would be asked to complete a questionnaire as a matter of urgency.

Seeking and acting on feedback from people who use the service, those acting on their behalf, staff and other stakeholders, would help to make sure the manager continually evaluates the service and drives improvement. The lack of robust auditing systems and processes meant that any risks to people's health, safety and welfare were not mitigated and may put people at risk of unsafe and inappropriate care. There is a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Is the service well-led?

We looked at records that showed the manager had investigated incidents and had taken action to reduce the risk of incidents reoccurring. We saw records that showed in house food safety audits and environment audits had been carried out in March 2015. A recent infection control audit was undertaken by the local authority health protection nurse. Actions made following the infection control audit were being addressed by the manager to improve the shortfalls in that area.

We asked the manager to send us a copy of the homes statement of purpose. This document was sent to us and we found that it contained inaccurate information about the regulated activity. Therefore this should be changed to show the correct regulated activity.

There is a breach of regulation 12 of the Health and Social Care Act 2008 (Registration) Regulations 2014 Statement of purpose.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>This was in breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.</p> <p>How the regulation was not being met:</p> <p>We found that the registered person did not make sure that people received person centred care and treatment that was based on an assessment of their needs and preferences.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>This was in breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>We found that the registered person had not protected people against the risks associated with keeping inaccurate Medication Administration Records (MAR's) because people's skin creams had not always been written up on their MAR and some MAR's had not been signed to show where medicines had been administered or refused.</p>

Regulated activity	Regulation
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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 15 HSCA (RA) Regulations 2014 Premises and equipment

This was in breach of regulation 15 (1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment

How the regulation was not being met:

We found that the registered person had not protected people against the risk associated with frayed and worn carpets which may cause people to trip and fall.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This was in breach of 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

How the regulation was not being met:

We found that the registered person had not protected people against the risk of inappropriate or unsafe care and treatment because people's care plans were not reviewed or updated regularly.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This was in breach of 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

We found that the registered person did not have appropriate systems in place to include the quality of the experience of people using the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

How the regulation was not being met:

We found that the registered person had not used systems in place to regularly supervise staff and people were not protected against the risk of receiving unsafe and inappropriate care.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

How the regulation was not being met:

We found that the registered person had not reviewed the statement of purpose to include up to date accurate information about the service.