Care Quality Commission

London Borough of Hounslow

Clifton Gardens Resource Centre

Inspection report

59 Clifton Gardens
London
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Ratings

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Clifton Gardens Resource Centre on 1 and 2 June 2017.

Clifton Gardens is a care home and is run by the London Borough of Hounslow. It provides accommodation for up to 43 older people in single rooms. The majority of people at Clifton Gardens Resource Centre are living with a diagnosis of dementia. The home is situated within a residential area of the London Borough of Hounslow. At the time of our visit there were 38 people using the service.
We previously inspected Clifton Gardens Resource Centre on 5, 6 and 7 April 2016 and we identified issues in relation to the recording and quality assurance of the administration of medicines. Following the inspection in June 2017, we found improvements had not been made in relation to the issues that were identified at the previous inspection.

At the time of the inspection there was a registered manager for the service. 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.

There were procedures in place for the safe management of medicines but staff did not always complete records relating to medicines as required by the provider's own process.

Risk assessments were in place but some people did not have risk assessments for specific issues related to their care. The registered manager confirmed these would be developed following the inspection.

The provider had a range of audits in place but those in relation to the recording of medicines were not effective in identifying issues.

There was a clear recruitment process in place. The provider had processes in place for the recording and investigation of incidents and accidents and responding to safeguarding concerns and complaints.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

Detailed assessments of the person's needs were carried out before they moved into the home and each person had a care plan in place which described their support needs. Care workers completed a daily record of the care provided.

At the time of the inspection the service was waiting for a new activities coordinator to start so care workers were responsible for organising activities.

People using the service and care workers felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their managers.

We found a number of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches relate to the safe care and treatment of people using the service (Regulation 12) and the good governance of the service (Regulation 17). 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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some of aspects of the service were not safe.

There were procedures in place for the safe management of medicines but staff did not always complete records relating to medicines as required by the provider's own process.

Risk assessments were in place but some people did not have risk assessments for specific issues related to their care. The registered manager confirmed these would be developed following the inspection.

There was a clear recruitment process in place. The provider had processes in place for the recording and investigation of incidents and accidents.

Is the service effective?

Good

The service was effective.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the act and understood the importance of supporting people to make choices. Mental capacity assessments were completed and DoLS authorisations were applied for where required.

There was a good working relationship with health professionals who also provided support for the person using the service.

Is the service caring?

Good

The service was caring.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

Each person's cultural and religious needs were identified in their care plan.

Is the service responsive?

Good

The service was responsive.

There was a complaints process in place and people were aware of how to make a complaint if required.

An initial assessment was carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and were up to date.

The care plans identified each person's wishes as to how they wanted their care provided.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The provider had a range of audits in place but those in relation to the recording of medicines were not effective in identifying issues.

Records relating to care and people using the service were not completed accurately to provide a current picture of the person's needs and support provided.

People using the service and care workers felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their managers.

CareQuality Commission

Clifton Gardens Resource Centre

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.

This inspection took place on the 1 and 2 June 2017 and the inspection was undertaken by one inspector and an expert by experience who spoke with people using the service and visitors. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed interaction between people using the service and staff on all units.

We also reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with 17 people using the service, four relatives and four care workers. We also spoke with the registered manager and deputy manager. We reviewed the care plans and daily records for 11 people using the service, the employment folders for four care workers, the training and support records for all the care workers and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

During the comprehensive inspection on the 5, 6 and 7 April 2016 we saw the provider had a management of medicines procedure in place but care workers did not complete the Medicine Administration Record (MAR) charts accurately.

During the inspection on 1 and 2 June 2017, we saw new processes were in place but these were not being followed. On one unit we saw the care worker had not recorded the pain relief administered as PRN (when required) on the medicines Administration Record (MAR) chart. Once the care worker had completed the administration of medicines for people on that unit we checked the PRN medicines such as paracetamol and found discrepancies in the recorded stock levels and the actual number of tablets in the packets. We asked the care worker about the discrepancy in the numbers and they confirmed they had not completed the MAR chart when they administered the PRN medicine but they were planning to record the information after they had supported a person with their personal care. This meant that the information on the MAR chart was not up to date and other care workers would not know that the person had been administered the PRN pain relief.

The MAR charts did not always indicate how many PRN tablets had been administered and at what time. Some medicines should only be administered at specific time intervals but the MAR charts only indicated they were administered in the morning, lunch or teatime.

We saw MAR charts for other people which indicated that medicines and creams had not been administered as described on the MAR chart. The MAR chart for one person did not have a medicine recorded as administered for two days before the inspection.

During the inspection we saw medicines were stored in locked trollies in the units with additional secure cupboards where required. We looked at the bottles of liquid medicines, including lactulose and calamine lotion, and saw the dates of opening had not been recorded on the bottles. The registered manager showed us labels that had been left in the storage section used for bottles to be completed by the care workers when they opened a new bottle.

We saw the PRN records on the MAR charts in relation to paracetamol were not consistent with the actual number administered. Care workers were meant to record the number of paracetamol administered on the rear of the MAR chart but we saw this did not always happen. The MAR chart for one person showed that they had been prescribed one or two paracetamol tablets to be administered four times a day. The MAR chart did not indicate that this medicine should be administered as a PRN. The front of the MAR chart showed the paracetamol had been administered 23 times between 24 May and 31 May 2017. The back of the MAR chart indicated the tablets had been administered six times. The level of stock recorded on 24 May was 13 tablets and the record showed that six tablets had been administered until 6am on the 28 May 2017. The recorded stock level then increased to 59 tablets on 28 May but there was no record that a new package of paracetamol had been opened. The care worker had recorded '59 (61 found)' on the MAR chart so there was no clear record of the number of tablets in stock.

We saw similar issues with other people's MAR charts where the back of the MAR chart had not been completed to indicate when and how many tablets had been administered. We also saw that the stock levels recorded sometimes varied and did not reflect the tablets administered. This was discussed with the registered manager who felt that the care workers had not been administering paracetamol tablets from the packet provided for the specific person but had been using different packets stored in the medicines trolley. During the inspection we checked the stock levels for paracetamol in all the units and we found the most recent level recorded on people's MAR charts were correct.

The registered manager confirmed they would be working with the General Practitioner (GP) to review the medicines to ensure they had been prescribed as PRN when required and protocols for the administration of PRN medicines would be developed.

These medicines were stored appropriately and a controlled drug record book was completed. We saw the anti-seizure medicine for one person which was stored in the controlled drug cabinet had been administered but not recorded at lunch on one day.

Care workers were meant to sign an administration record sheet on each unit to indicate they had supported people with their medicines. We saw this form was not always completed and there was no record of the care worker's initials which could be checked to identify who had administered the medicines.

This meant the provider could not ensure medicines were being administered to people using the service as prescribed.

The above paragraphs demonstrate a repeated breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were only administered by care workers directly employed by the provider and once they had completed the appropriate training. Controlled drugs and warfarin were administered by senior staff including the registered manager and deputy manager.

The provider had completed general risk assessments for people using the service which included some of the specific issues identified during the needs assessment but other issues had not been included in the risk assessment. During the inspection we looked at the care plans and risk assessments for 11 people and we saw risk assessments had identified some of the issues but not all in relation to some people. We saw risk assessments in relation to moving and handling, falls, nutrition, choking and risk of pressure ulcers. In addition we saw some specific risk assessments and guidance were in place relating to people's behaviour, visual impairment and other cognitive impairments. These risk assessments identified what actions care workers could take to reduce possible risks when providing care.

We saw the risk assessments for one person provided guidance in relation to their risk of choking but their care plan identified they were living with epilepsy. There was no information on the type of epilepsy and how care workers should respond if the person should have a seizure. There were information sheets in the unit providing general information on epilepsy but not specific to the person.

The records for another person identified they were living with diabetes which was controlled by diet but no risk assessment and guidance was in place. We saw the records for another person stated they were living with Parkinson's Disease but a risk assessment and guidance was not in place for care workers.

We discussed with the registered manager and the deputy manager the issue identified in relation to specific

risk assessments. The registered manager confirmed, in addition to developing risk assessments for the people identified during the inspection, a review of all care plans would be carried out following the inspection to identify any specific issues where a risk assessment was not in place. We received a list from the registered manager identifying people living with diabetes, epilepsy and using a catheter that they were developing specific risk assessments for.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. Their comments included "I do feel safe and I don't have to worry about anything", "They look after me very well. My things are clean and tidy", "I am happy with the way there are looking after me and I feel safe" and "I am safe here and so are my things. They iron everything well and my room is clean." Relatives told us "I feel happy to leave her here. I know she is safe and they are looking after here and I have no concerns about bringing her things here. I'm very reassured so far", "I think it is safe and secure here because she is always happy and chatty. Her room is very well kept", "I don't worry. Everyone is always clean and looked after" and "They do a good job keeping him safe and secure and I don't have to worry."

The provider had policies and procedures in place to respond appropriately to any concerns raised in relation to the care being provided. During the inspection we looked at the records for safeguarding concerns which included a detailed record of the concern and any correspondence. Care workers told us they understood the principles of safeguarding and knew what to do if they had any concerns.

We saw each person had a Personal Emergency Evacuation Plan (PEEP) in place in case of an emergency which provided care workers with guidance on what action should be taken to support the person appropriately. A copy of each person's PEEP was included in their care folder and identified issues which might impact on the evacuation of the person from the home including mobility and health conditions.

During the inspection we looked at how the service managed incidents and accidents. The care worker would complete a form with details of the event, who was involved and what actions were taken. This was reviewed by the registered manager or the deputy manager and an investigation was carried out if required. The information was then transferred to the provider's computerised records system and the registered manager would do a review of the details and approve the record. During the inspection we looked at 10 incident and accident records completed since the previous inspection and we saw they were detailed, identified what action was taken and that they had been reviewed by either the registered manager or the deputy manager.

We asked people if they had a named care worker and if they felt there were enough care workers. They told us "There are quite a few I don't know but they are nice. I have one is comes to me mostly", "There seem to be quite a few and at night too, I'm getting to know them" and "I don't know if I have a named one. They all come to help me. There are some I don't know and sometimes there are not enough and you wait. You don't wait for them as much at night." Relatives we spoke with told us "There seem to be enough of them when I am here but I do everything for her when I am here. They could probably do with a few more staff but we know it's the same everywhere", "The staff are nice but there don't seem to be many around" and "He has one man who helps him and he likes that so they send him. There are staff around often who I don't know."

We also asked people how they called for help from a care worker, if they used a call bell and was it answered quickly. Their comments included "I wave at them in the lounge. I use the bell and they come along quite quickly. At night they are quicker", "If I am in my room I use the bell and they come. You do wait some time and it can be 35 minutes. The morning is a long wait", "In the morning I wait a bit longer but they tell me they have heard my bell and will come in a minute. They need another staff member in the morning."

Relatives told us "They seem very quick at answering the bell when I have been here. In the morning they are very busy but they eventually seem to have got to everyone. She is always dressed when I get here about 9.30am" and "They seem busy and you hang around waiting for the bells to be answered for 20 or more minutes sometimes. They are doing their best."

We asked care workers if they felt there were enough staff on duty. They told us "At times we can be pushed. It is not the amount of staff but if we have new agency it can be a disaster especially at weekends or is someone goes sick. Everyone helps everyone else", "Yes there is always a mix of agency and permanent on the units" and There is enough staff and we support each other."

The registered manager explained that due to a number of care workers being off on long term sickness leave they were dependant on agency care workers. They ensured that there was a directly employed care worker on each unit to support the agency care workers. They also told us they tried to have the same agency care workers whenever possible to provide consistency for people using the service.

The staffing levels, which were confirmed when we looked at the rotas, were both Belmont and Elmswood units had two care workers in the morning and two in the afternoon with a shared floating care worker who was available between 7.30am and 8pm. Hogarth unit had three care workers in the morning and afternoon with Savoy unit having one care worker in the morning and afternoon. At night there were three care workers on duty to provide support across the home. We saw housekeeping staff provided additional support by serving breakfast in the lounges to enable care workers to support people with personal care.

At the time of the inspection five people needed the support of two care workers with five people requiring assistance from one care worker on Belmont unit. Hogarth unit had three people requiring support from two care workers and 10 people who only required support from one care worker. Savoy unit had one person who required support from two care workers and four people that required one care worker to assist them. Elmwood unit had three people who required the support of two care workers with seven people only requiring one care worker to assist them. The registered manager explained some of the bedrooms for one unit were located on both the ground and first floors so care workers on each floor supported each other across units during busy times such as breakfast.

The service followed suitable recruitment practices. The registered manager and deputy manager would review the application forms and produce a shortlist for interview. The interviews were arranged by the provider's human resources department and applicants were asked for two references. When the references were received the registered manager would review them to see if they were suitable. New care workers could not start work until a Disclosure and Barring Service criminal record check had been received. During the inspection we were unable to look at the recruitment paperwork for care workers as this was held by the provider's human resources department but we saw the record for four care workers which included an information sheet confirming criminal record checks had been received and approved as well as if references had been received. Checks were also carried out to ensure the new care worker was eligible to work in the United Kingdom.

We asked the registered manager what checks were carried out in relation to agency care workers at the home. They explained agency care workers were requested through a separate company contracted to the provider who would contact various agencies for appropriate care workers. The external company confirmed they checked the agency care worker had completed a criminal records check within the last 12 months as well as what training they had undertaken. This included safeguarding, moving and handling, infection control and food handling.

During the inspection we saw care workers used appropriate equipment including aprons and gloves when providing support. The records indicated care workers had completed infection control training. The building was clean, tidy and there were no malodours present.

Good

Is the service effective?

Our findings

We asked people if they felt the care workers knew what they were doing when providing care. They told us "They do know but the ones who are new don't know what I like or need", "They seem good and they are getting to know me and I'm getting to know them" and "Staff are confident when they help me and I think they are well trained. They make me feel safe." Relatives commented "They are confident when dealing with her and seem to know what they are doing, especially with explaining what they are doing when helping her with personal care" and "They are very organised and check care plans all the time." Care workers we spoke with confirmed they completed a range of training.

The registered manager confirmed new care workers completed the provider's corporate induction as well as an induction to the home. New care workers completed the Care Certificate as part of their induction training and this was confirmed by the records we looked at. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care.

We looked at the training records for all the care workers and we saw the majority were up to date with the training identified as mandatory by the provider. These training courses included moving and handling, first aid, food hygiene, safeguarding and health and safety. We also saw that care workers had regular one to one meetings with their manager and an annual appraisal. This was supported by the records of one to one meetings we saw in the employee records and from speaking to care workers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager showed us a record sheet which showed when each DoLS authorisation had been applied for, the date the authorisation was received and when it expired. The record form also indicated when a review should be carried out to assess if the DoLS authorisation had to be renewed. Where a person had a DoLS authorisation a specific care plan in relation to mental capacity was in place. In addition the care plans indicated where a person had been appointed an Independent Mental Health Advocate (IMCA).

Care workers we spoke with confirmed they understood the Mental Capacity Act and the importance of it in supporting people to make choices.

We asked people if they could see a General practitioner (GP) or other healthcare professional if they felt

they needed to. They told us "The doctor comes in on a set time each week. If you want them at a different time the nurse calls them for you. Sometimes you wait a couple of days and feel better or they give you painkillers" and "He comes and checks me over and they have said the optician will be in soon and the dentist." A relative told us "The doctor checked her over when we came and was very helpful and they have arranged for an eye test and dental check." We saw the GP and other health professionals recorded information of their visits in the person's care folder. This information was also discussed at the care worker handover meetings each day. This meant that people had access to healthcare services, received on-going healthcare support and were supported to maintain good health.

People were asked if they you liked the food offered at the home, if they got to choose and if they had help with eating if required. They commented "It is very nice food. I eat what they give me. I don't choose. The breakfast I choose cereal and toast", "I don't need help with eating, some get help. You sometimes get to choose or you can have a light meal like omelette" and "The food is nice, I choose from two things. They come round in the morning and ask me." A relative told us "The breakfast always looks ample." We also asked people if they could have a drink whenever they wanted if they had a choice. People said "They bring them all day and I can choose tea, coffee and different squash", "I have a jug in my room and can do it myself near my bed". "I can get my own drinks in my room, they are on my table by the bed and chair" and "You get offered things during the day. Sometimes you don't have a drink for a couple of hours in the lounge so I ask."

During the inspection we saw how people were supported during a meal on one unit. We saw people all had drinks within reach and tables had napkins and placemats. Where the person required support to eat their meal the care worker sat next to them and gave them time to swallow the purred food. There was music playing in the lounge and there was a relaxed atmosphere. We did note that three other people who required support or encouragement had to wait as care workers were helping other people.

The menu for the day was on the tables in the lounges but there were no pictures of the food options which could make it easier for someone to make a choice. This was discussed with the registered manager who confirmed they would be asking the new activities coordinator to develop picture based menus. We also saw there were two lunch options each day with a light meal such as sandwiches available in the evening. We did see one person who could not eat the main meat option on the menu was offered an alternative of a jacket potato but without any other accompaniment. The person initially refused to eat the meal but following a discussion with the care worker the person agreed to have baked beans and eat the whole meal. A care plan was in place in relation to nutrition which also identified the person's food and drink preferences. Each person had a risk assessment completed in relation to nutrition to identify any risk of malnutrition. People's weights were also checked monthly.

Good

Is the service caring?

Our findings

People using the service were asked if they felt the care workers were kind and caring. They commented "Staff make me laugh. They are nice", "They are lovely. They cheer me up when I feel a bit low", "They try very hard to look after us all. There could be more staff. They remind me who everyone is in my family", "They are lovely, they come in for a chat and sit with you if there is time" and "They are fun and make you laugh." Relatives said "They seem lovely. They have made her very welcome and bring her magazines and books to her room" and "They seem nice and they come for a chat and make her laugh."

We also asked people if they felt the care workers treated them with dignity and respect when they provided support. They told us "They always knock and especially if I am in the bathroom. I lock my door at night" and "They are very respectful. There is a lock on my door and they always ask if they can assist me in personal care." A relative said "They don't interrupt during our visits and if they do they are very apologetic." We asked care workers how they maintained people's privacy and dignity when providing support. They told us "You need to make sure the curtains are drawn and they have choice about the care they receive", "Make sure you have the right equipment so you don't have to stop during the care and always talk through what you are doing to reassure the person" and "The doors should be closed and always make sure the care is what the person wants."

People were asked if care workers spoke to them when helping with personal care or when they come into the person's room. They said "They have a chat and I make them laugh. They tell me what they are doing" and "They come in and always say hello how are you." A relative told us "They are always chatting and she is a bit hard of hearing and they make an effort to sit close to talk to her or use the whiteboard. We brought it in to help."

We asked people if they felt they could speak to care workers in confidence. Their comments included "I talk to them about anything and they always listen", "I think you can yes but they are often rushing and don't have time" and "I talk to them about how I feel about being here and they sit with me and listen." Relatives also told us "Everything is confidential which is reassuring" and "If it's a private matter you go to the managers in their office."

We asked people if their religious, cultural and spiritual beliefs were respected. They commented "They respect this yes. They know my wishes for how I want to live", "I can make my own decisions and they respect that and write it down." Relatives also commented "We have discussed how we would like our family member to live and choices about care especially if she gets ill" and "He is from a different culture and treated like everyone else and they respect our beliefs and festivals are acknowledged with decorations and art that he has made. They celebrated Diwali here a few years ago." The equality and diversity care plans identified the person's cultural and religious needs. We saw information was included in the care plans for care workers about the personal history of the person they were supporting.

The care plans we looked at indicated when the person could complete an activity independently and when a care worker needed to provide additional support. Care workers told us "Some people can't make a choice

but you still give the opportunity to make a choice and encourage them" and "From the beginning knowing the person and what they can do. If the person can do something then let them do it. You can talk to the family who knows them and read the care plan so you know what they can do."

Good

Is the service responsive?

Our findings

We asked people what type of activities they liked doing, if they can go out and if they can have visitors when they like. They told us "I like singing and dancing, we do that sometimes. I don't really go out", "Visitors can come anytime and they take me out. I don't go out with people from here. It can be a bit boring, there are not many activities. I do like gardening but we don't do it. One man does the garden and some people help him water" and "I am happy to be in my room." Relatives told us "We are waiting for a new activity coordinator to start" and "They keep [family member] company and they do bingo and ball games sometimes"

At the time of the inspection the registered manager was in the process of recruiting a new activities coordinator. The new activity coordinator was due to start once their recruitment checks had been completed. During the inspection we saw people were sitting in the lounge areas of different units with little stimulation or meaningful activity. In one unit we saw care workers had left a television on with the sound up as well as playing music in a small lounge. Some care workers did not always ask people what they wanted to do or what activity they preferred. The registered manager explained other activities included reminiscence and talking with people. We did see people were able to go into the garden as it was accessible as well as going out with relatives and visitors. We saw one person walk around the garden a number of times supported by a care worker. During the inspection we saw the regular visit of the Pets As Therapy dog that went into the different units and we saw people enjoyed interacting with the dog and its owner. The home was also visited by a massage therapist on a regular basis. There were also rabbits on the first floor and a chicken on the ground floor which people could interact with. The registered manager told us the care workers were trying to support activities whenever possible during the day but when the new coordinator starts the range of activities would increase.

We saw detailed assessments were carried out before a person moved into the home to identify if the appropriate care and support could be provided. These assessments reviewed their individual support needs including mobility, social and health issues and were kept in the person's care folder. This information was used in the development of the care plans.

The care plan folders for each person were kept securely on the unit where they lived. The care plan folder included the contact details for the person's relatives, GP and social worker if they had one. Each person had a range of care plans in place which included personal hygiene, continence care, night time care, nutrition and mobility. During the inspection we looked at the care plans for 11 people using the service. The care plans were reviewed monthly and we saw the majority of care plans were up to date. The care plans were detailed and focused on the person's wishes as to how they wanted their care provided.

We asked people if they felt the care workers knew them and what their needs were. They commented "They know how I like to do things and what I don't like doing", "Quite well, if there were a few more staff they would have more time to chat with me and know me well" and "They are trying hard to get to know me." We also asked relatives how well they thought the care workers knew their family member. They said "They know her quite well already and it is nice because it's reassuring to me that they are making that effort to

chat with her" and "They know us as a family and how we like him to be looked after."

People using the service and their relatives could provide feedback on the quality of the care provided. The registered manager told us a questionnaire was sent to people using the service in February 2017. 38 forms were sent out and they received 19 completed forms back. We saw the results were mainly positive and people were happy with their care with everyone who replied stating they thought care was either excellent or good.

We asked people if they knew what to do if they wanted to raise a complaint or concern about the care provided. They commented "I don't know. Maybe one of the carers", "I would tell the manager or [care worker name] because she looks after me" and "My daughter or the manager." Relatives told us "Without a doubt the management or the CQC", "Managers I think" and "CQC or the carers." We saw there was a complaints policy and procedure in place which was displayed in the main reception area and was available on each unit. During the inspection we looked at two complaints that had been received. Each complaint record was detailed with the actions taken and the outcome of the complaint.

Requires Improvement

Is the service well-led?

Our findings

During the comprehensive inspection on the 5, 6 and 7 April 2016 we saw the provider had a range of audits in place but those in relation to the recording of medicines were not effective in identifying issues.

During the inspection on 1 and 2 June 2017, we saw that the audits in relation to the administration of medicines were still not effective to enable the provider to identify issues. The registered manager explained checks on the MAR charts should be carried out twice a day but records showed this did not always happen. The daily audit records we looked at had not been regularly completed with often only one check of the MAR charts per day. In addition, the daily medicine audits did not include checks on the blister packs or medicines provided in original packaging to ensure they had been administered. This meant regular checks were not carried out to ensure medicines were stored appropriately and administered as prescribed.

The above paragraphs demonstrate a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not identified, managed and mitigated risks to people. During the inspection we identified a range of issues including the lack of some specific risk assessments and management of medicines. These had not been identified by the provider using their existing processes.

The air mattress records stated care workers should check to ensure they are at the correct setting for the person twice a day. We saw records for people using an air mattress to reduce the risk of pressure ulcers indicated the mattress setting had not been checked regularly. The records for one person had been checked once a day on 13 days in May and had not been checked on three days. The records for another person had not been checked on two days in May and only once on four occasions. This meant there was an increased risk of the person developing a pressure ulcer as the mattress settings may be incorrect.

Fluid intake charts did not identify the optimum level of fluids for the person and some forms had not been completed throughout the day. We also saw food intake charts not completed in full and they did not indicate when a person had refused to eat.

The records of one person indicated they required an air mattress but the care plan did not provide any information relating to the settings.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a range of other audits in place and this information was used to complete a monthly quality assurance audit. The information in the audit included the number of new admissions, safeguarding alerts, DoLS referrals, the number of accidents and incidents, use of agency care workers and complaints received.

The incident and accident records were reviewed quarterly to identify if there were any trends in the type of event reported and if specific people were experiencing a recent increase in accidents and incidents so a cause could be investigated and appropriate action taken.

Each time a call bell was pressed and the length of time taken for a care worker to respond to it was recorded on the system. This report was reviewed by management and senior care workers and discussed as part of the handover.

At the time of the inspection there was a registered manager for the service. 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.

We asked people if they knew who the registered manager was. They told us "I'm not sure", "I think I do. I think her name is [registered manager's name]", "Not sure that I do yet" and "I'm not sure I've met her. We don't see her." Relatives commented "Yes I do and there is a deputy too" and "Yes I do. She is in the office mainly." We also asked if people or relatives felt they could talk to the registered manager about any concerns. Relatives replied "Yes she is nice, the deputy is good. She tells you information you need and calls to update you" and "They like feedback, the carers tell us to tell the managers if we compliment them on the place and care."

People were asked what they thought the service did well. They told us "They look after me well", "It is comfortable and not rushed" and "They have made me feel welcome and at home." Relatives commented "They have made the transition very easy because they are so kind", "They are very kind to her" and "I like the relaxed approach they have to deal with her."

We asked care workers if they felt supported by the management and if the home was well led. They commented "Yes, I feel very supported. I think the service is well-led, at times when we are short of staff you can talk to the management and ask questions", "It is a nice environment for people here. People are happy and I love working with happy people. The managers are friendly and you can always ask if you need help. Senior staff will come and help even the manager and deputy" and "I can talk to the managers and whenever something is going on they provide help, They are very helpful."

There were care worker meetings every six weeks and this was confirmed by the care workers we spoke with. We looked at the notes from the recent staff meeting and saw recruitment, agency care worker usage, complaints and discussion about people using the service. We saw a newsletter with information about events and staffing was sent out to people using the service and relative every quarter.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines. Regulation 12 (2) (g)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assessed, monitored and improved the quality of the services provided. Regulation 17 (1) (2) (a) The provider did not have a system in place to maintain an accurate, complete and contemporaneous record in respect of each service user including a record of care provided and any decisions taken. Regulation 17 (1) (2) (c)

The enforcement action we took:

Warning notice