Leonard Cheshire Disability

Greenhill House - Care Home with Nursing Physical Disabilities

Inspection report

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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

The inspection took place on 15 and 16 August 2016 and was unannounced. The last comprehensive inspection took place in December 2015 and at that time, six breaches of the Health and Social Care (Regulated Activities) Regulations 2014 were found in relation to person centred care, need for consent, safe care and treatment, premises and equipment, staffing and good governance. These breaches were followed up as part of our inspection.

At this inspection we found nine breaches of regulations. Five of the previous six breaches from the last inspection in December 2015 had been repeated. We also found three new breaches in relation to safeguarding service users from abuse and improper treatment, receiving and acting on complaints and requirement as to display of performance assessments. There was also a breach of Regulation 18 (Registration) Regulations 2009: in relation to notification of other incidents.

Greenhill House is a nursing home with a total of 37 beds. The home is split between two individual units; one providing residential care and the other providing nursing care to people living with physical disabilities. At the time of our inspection there were 37 people living in the service.

At the last comprehensive inspection this service was placed into special measures by CQC. At this inspection the overall rating for the service is 'Inadequate' and there is a continued rating of 'Inadequate' in the key questions of 'Safe' and 'Well led'. This inspection found that there was not enough improvement to take the service out of special measures. CQC is now considering the appropriate regulatory response to resolve the problems we found.

There was a registered manager in place at the time of our inspection; 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.

Overall we found that quality and safety monitoring systems were not fully effective in identifying and directing the service to act upon risks to people who used the service and ensuring the quality of service provision. Many of the regulatory breaches identified at the last inspection in December 2015 been not been remedied.

The registered manager had failed to make appropriate statutory notifications; notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The provider had not displayed the latest inspection rating for the service on its website.

The registered manager had failed to report and take prompt action as required regarding safeguarding and adverse incidents appropriately.

Not all the premises and equipment were not properly maintained.

Staff had not received regular supervision; the provider had not ensured that staff performance and progress was monitored effectively and that staff had an opportunity to voice their individual views. Staff told us that training did not meet people's needs and we found that refresher training was frequently out of date.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications for DoLS where they had been required. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

Care plans and people's risk assessments were incomplete and not reviewed as expected by the provider. Records used to monitor people's health were not always completed.

The administration of people's medicines was not in line with best practice.

The provider had a complaints procedure and people told us they could approach staff if they had concerns. We found however the registered manager was not recording informal complaints as described by the provider policy.

We had feedback from staff, people, visitors and relatives that the current staffing arrangements did not meet the needs of people using the service.

We received positive feedback about the care staff and their approach with people using the service; however we observed occasions when people's dignity had been compromised.

Appropriate recruitment procedures were undertaken.

People had access to healthcare professionals when required, and records demonstrated the service had made referrals when there were concerns.

We found nine breaches of regulations at this inspection and will be asking the provider to send us a report of the improvements they will make.
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 providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to

varying the terms of their registration.

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.

The registered manager had failed to report and take prompt action in relation to safeguarding and adverse incidents.

The premises, home environment and equipment were not well maintained.

The administration of people's medicines was not in line with best practice.

There were not enough staff to meet people's needs and ensure they received person centred care.

The provider undertook appropriate recruitment procedures to ensure only suitable staff were employed at the home.

Is the service effective?

Requires Improvement

The service was not effective.

Staff supervision was not up to date. The provider had failed to ensure that staff received training to make sure they were able to meet people's needs.

Records relating to people's care and treatment were not fully completed to protect people from the risks of unsafe care.

DoLS applications had been made where necessary.

Is the service caring?

Requires Improvement

The service was not always caring.

We received positive feedback about the care and support that people received. However our observations showed that, at times, people's dignity was compromised.

People were given choices in their daily routines and had been included or involved in care planning.

Is the service responsive?

Requires Improvement

The service was not responsive.

The quality of person centred information was not consistent within the care plans and care and support was not always provided in a person centred way.

There were systems in place to respond to complaints. The registered manager had not ensured that they followed the provider's complaint policy.

People had the opportunity to participate in activities.

Is the service well-led?

Inadequate

The service was not well led.

The registered manager had failed to make appropriate statutory notifications. The provider had failed to display the service rating from the last inspection on their website.

The provider's quality assurance systems and processes did not ensure that they were able to assess, monitor quality provision and mitigate the risks relating to the health, safety and welfare of service users.

Greenhill House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

The inspection took place on 15 and 16 August 2016. This was an unannounced inspection, and was carried out by one inspector and a specialist advisor in nursing. Specialist Advisors are senior clinicians and professionals who assist us with inspections.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Prior to the inspection, we viewed all information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

As part of our inspection, we spoke to five people who used the service, two visitors, the registered manager, seven members of staff and a volunteer. We tracked the care and support provided to people and reviewed seven care plans. We also looked at records relating to the management of the home, such as the staffing rota, policies, recruitment and training records, meeting minutes and audit reports. We also made observations of the care that people received including mealtimes.

Inadequate

Is the service safe?

Our findings

Systems and processes were not operated effectively to take appropriate action immediately upon becoming aware of certain allegations of abuse. We discussed these incidents with the registered manager who told us they did not believe these incidents required a safeguarding referral. These risks had not had not been satisfactorily addressed.

Staff said they had all received training on safeguarding people from abuse and all knew how to report incidents and any concerns. Staff had not received training on how to deal with behaviours that might lead to potential abuse.

These failings amounted to a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the premises and home environment were not well maintained. During our previous inspection we observed that many areas of the building were in poor repair, with chipped woodwork and paintwork. During this inspection we saw some reparative work had been undertaken. However, there were still areas where refurbishment was required, including refurbishment of bedrooms. Doors to some of the toilets were still damaged. In one of the bathrooms, the lino had come away from the floor and wall which meant it looked unpleasant and would be difficult to keep clean. One of the sluices broke down periodically and was not clean.

We looked at the maintenance records for the home; when equipment malfunctioned and repairs were required the process used by the provider to obtain parts or the necessary works meant there was sometimes an unreasonable delay in equipment being fixed. Staff expressed their views that some areas were in need of refurbishment.

These failings amounted to a repeated breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The registered manager told us staffing levels were assessed and organised in a flexible way to support people to pursue their choices of how they spent their day. Staff numbers were based on the needs of people (dependency) and that more staff could be employed if the dependency need increased. Since the last inspection care staff and housekeeping vacancies had been filled. The registered manager said they used agency staff regularly to fill their staffing quota. After speaking with people, staff and visitors and reviewing call bell records we were not assured that the levels of staffing was meeting people's needs.

One person using the service said "I think there are enough staff". However two people using the service said they were unable to choose what time they got up in the mornings. One said "Staff tell me what time they will get me up" and another said "I would like to get up but I have to wait for the staff to be free". When we

asked staff about this, they said they needed to prioritise people based on whether people were going out for the day or whether they were having breakfast. A visitor said "There have been occasions when [person's name] has rung the bell and nobody has come". Another visitor said "[Person's name] has told me that when [person's name] rings the call bell they can be waiting a long time before anyone comes." We looked at the call bell records and found that people on a daily basis there were instances of people waiting for over 20 minutes for call bell attendance. We also saw extraordinarily long call bell responses; some took staff over an hour and two hours to respond.

All of the staff we spoke with said there were enough staff on duty during the morning shift, but that reduced staff numbers in the afternoons and evenings impacted on the service. They said "I think care staff numbers are ok, but we could do with more in the evenings" and "I think we are a bit stretched. It would be nice to be less rushed and have more time to spend with people". One said "I think the majority of staff find it frustrating when there aren't enough if us on duty. I don't like it when I get people up late because there aren't enough of us". A volunteer said "They're usually enough staff, but it would be nice to see more when they're struggling".

These failings amounted to a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility. Guidance showed how to reassure and support the person when they used a hoist and during repositioning and transfers.

We found that not all risk assessments were completed or up to date. For example in one person's care plan a risk assessment stated that the person required regular repositioning every two to three hours to protect their skin integrity. We saw that the re-positioning was not being recorded. We asked the registered manager about this and were told this person no longer required re-positioning as the level of risk had altered. There was not however any update to the risk assessment in place. When asked some staff were unsure if the person required repositioning.

We also saw that one person required regular monitoring of where they were on the premises in order to ensure their safety. We found that there was no risk assessment in place to ensure this requirement was met or any guidance for staff on the frequency or recording of monitoring the person.

These examples demonstrated that staff did not have the correct guidance to manage the risks to people safely and people were put at risk of receiving inappropriate care.

People's medicines were not always managed safely. During our previous inspection we identified gaps in medicine administration record (MAR) charts. At this inspection we saw that there was a process in place for nurses to make a record of when they identified gaps in charts in order for these to be signed. However, the process was ineffective because not all gaps had been identified, and when they had been, the issues had not been resolved. We saw gaps in one person's chart for two medicines on 14/08/2016, and one on 05/08/2016. None of these gaps had been noted on the MAR check form. Another person's chart had a gap for one medicine on 08/08/2016, and this also had not been noted. Another person's chart had a gap for one medication on 26/07/2016 and 05/08/2016. The gap for 26/07/2016 had been noted on the MAR check form, but was still not signed on the first day of our inspection 20 days later. This meant there was a risk that people did not always receive their medicines as prescribed.

The above issue was also repeatedly reported during weekly internal audits and in the monthly review of the weekly audits. A provider's internal audit during April 2016 also noted the issue. Despite the audits and the reviews of audits, the issue had continued to be identified since at least January 2016, but had not been resolved to ensure people were receiving their medicines correctly.

Medicines were stored safely. Medicine trolleys were kept locked and secured to a wall when not in use. Fridge medicines were kept in locked fridges and there was an up to date fridge temperature log. Inside medicines trolleys bottles of liquids had not always been dated to inform staff when they should disposed of. For example, we saw one bottle which had not been dated as opened although it was at least half empty. The dispensing label was dated 20/03/2015. Another bottle was also not dated when opened and the dispensing label was 24/02/2016 which meant it would be due for disposal within the next seven days.

Medicines log books were completed in full. However, weekly stock checks of certain medicines were not consistently taking place despite the provider's internal audit in April 2016, when it had been noted "weekly (x) stock check to be instigated".

These failings amounted to a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

There were protocols in place for the use of PRN (as required) medicines and staff had documented when these had been administered and the reasons why. There was also evidence within records of medicine reviews that had taken place with the persons GP. These included details of why medicines had changed. We observed that medicines were administered to people and disposed of safely.

Staff files showed there was a safe and effective recruitment procedure in place. An enhanced Disclosure and Barring Service (DBS) check had been completed. We also saw evidence that people who use the service had been involved in recruiting new members of staff and were given the opportunity to interview prospective candidates. People were empowered to be actively involved in recruiting staff for the home.

Requires Improvement

Is the service effective?

Our findings

The provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained. Not all records were completed accurately to manage and ensure that people's on-going needs were met. There were gaps in records where staff should have documented the care they had provided. For example in one of the care plans, staff were required to document every time the person had 'opened their bowels' as they frequently suffered from painful constipation. We found that records were not being maintained. This person's care plan stated that the person should have a daily bowel record measured against the 'Bristol stool sample chart'. There were no daily bowel records for this person. There were also no frequencies noted for weight, MUST (malnutrition universal screening tool) and Waterlow records despite these being required to monitor the person's health. These records all cross referenced each other. We found that whilst each record was completed randomly the records were not properly cross referenced and did not give an accurate picture of the person's health. This meant that staff did not have access to information to ensure that the person's health needs were being met.

These failings amounted to a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a training programme in place which was monitored by the registered manager and the provider. All staff had to complete annual refresher training. Examples included safeguarding, manual handling, medication, first aid, deprivation of liberty safeguards and mental capacity. Staff we spoke with told us they had received the training programme. One said "I've just finished my refresher training; it was good, well attended". Qualified staff said that accessing continuing professional development was straightforward and that they were supported to do so.

We reviewed the current staff training matrix. Staff received the training programme when they had joined the service however the annual refresher training as expected by the provider was frequently out of date. For example the most up to date version of the training matrix showed that some members of staff had not received the annual fire training for over four years and that another member of staff had not received safeguarding training for over 10 years. We also found that some people had not received any Deprivation of Liberty Safeguards (DoLS) training despite working in a service where people were subject to DoLS.

Specialist training was not available to enable the staff to meet people's specific support and health care needs. One person using the service had specific health and behavioural issues. We found that the provider's behaviour support and intervention policy stated that staff would be given specific training if it was necessary to support an individual. It had been over six months since a person with specific needs had moved to the service and the provider had not ensured that staff were given training to enable them to meet the person's specific support and care needs. Staff and people's safety was also inadequately protected without the specialist training.

Some staff said they had received performance supervision others said they had not. Some staff could not

remember when the last one had been. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. We looked at the supervision matrix which we were told was up to date. We found that there were many staff who had not received supervision in line with the provider's policy (quarterly). Three out of 55 members staff had received quarterly supervisions since the last inspection. Other staff had either received one supervision or none at all. The registered manager told us that there were 22 supervisions that were due which had not taken place. In some cases staff had not received supervision for over a year. We also looked at bank staff supervisions and found that of 10 bank staff, one bank staff member had received one supervision and two bank staff members had received two supervisions however the other seven bank staff had received none at all. We asked the registered manager why supervisions had not been undertaken; the registered manager said this was still a work in progress and that they had improved upon the last inspection when "90% of staff hadn't had a supervision." The provider had not ensured that staff performance and progress was monitored effectively and that staff had an opportunity to voice their individual views.

These failings amounted to a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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. We found that people's capacity to make decisions had been assessed and appropriate DoLS applications had been made.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and how it related to consent to care Consent to care was sought in line with legislation and guidance. Care plans contained consent to care which where possible had been signed by people. When best interest decisions in relation to care had been made, the decision making process had been documented. Decisions about the use of possible restraint, for example bed rails or wheelchair belts were also documented.

Staff understood their responsibilities in relation to gaining consent from people. Where people were unable to communicate staff explained how they ensured they informed people what they were doing. One said "I know people so well, that even if they are unable to speak, I can tell by their eyes if they agree or not". People using the service confirmed that staff asked for their consent prior to providing care.

People were supported to have sufficient to eat and drink. When required staff assisted people with their meals and interacted with people. The meal times were sociable for people who used the dining rooms. People were offered a choice of meals. People gave mixed views about the food quality and choice available. Comments included "I'm not that impressed with the food. It seems to get cold very quickly" and "Come rain or shine we have soup and sandwiches every day". Others said "The food is lovely, there's lots of choice" and "I had toad in the hole today, it was lovely and hot". One person commented that they thought they should probably drink more, but felt it was their responsibility to ask staff for a drink.

Some people were receiving Percutaneous Endoscopic Gastrostomy (PEG) feeding; this is used when people are unable to swallow or to eat enough. Care plans for these people detailed the prescribed feeding regime and we saw that staff liaised with the nutrition team as required.

People had access to healthcare services. Care plans showed when people had been reviewed by the GP, physiotherapists and tissue viability nurses. People were able to attend hospital appointments supported by staff and there were hospital passports in place. A visitor said "The staff always get in touch with us if there are any health concerns and they contact the doctor quickly".

Requires Improvement

Is the service caring?

Our findings

People's privacy and dignity was generally promoted by staff. All personal care took place behind closed doors. However, we noted some things that indicated that staff did not always consider people's respect and dignity. For example, in one communal toilet there was a towel on the window sill and some newspapers that were over one month old. Something was splashed on the wall adjacent to the bin. We also saw that towels used for people's personal care were worn and frayed. Some people using the service were unable to communicate and would not be able to ask for a towel in better condition, and others wouldn't be able to clear the window sill in the toilet. As soon as one of the frayed towels was shown to the registered manager an email was sent to the team asking them to check that towels were fit for use. We also saw a notice had been put in the laundry room asking staff there to not put frayed towels in the linen cupboards.

Staff showed concern for people's well-being; however on occasion this concern was not always well thought out. For example, during our inspection one person was feeling sick. Staff had provided them with a bed pan in case they were sick rather than a vomit bowl. When we asked why they had been given a bed pan rather than a vomit bowl staff said they couldn't find one. A vomit bowl was subsequently located and provided. Although staff had demonstrated concern and had ensured the person was comfortable, given them some water and positioned a fan in the person's room- the provision of a bed pan for someone who was feeling sick was unpleasant.

People who were able to tell us told us they had been included or involved in care planning. People said they had been asked for their views and opinions, while other people confirmed that they had been involved in decision making around their meals and activities.

People were treated with kindness and compassion by staff. Staff spoke positively about their role and the people they supported. Comments from staff included "The care here is very good, we're all very caring. It speaks for itself, nobody has any pressure sores" and "The staff here are the best people I've ever met, they really do look after the residents well". One said "The care is good here; I wouldn't work here otherwise".

People using the service and their visitors spoke positively about the staff and the support they provided for them. Comments included "It's wonderful here, I've always felt comfortable and the staff have really encouraged me", "The staff are very kind to me" and "The staff are kind, lovely staff. I'm part of their family and they're part of mine". One visitor said "We have a good relationship with the staff, they're very friendly"

Staff knew people well and spoke to them in a friendly way. Staff we spoke with were able to describe people's favourite activities and their personalities. For example one member of staff told us about how a person liked to got up at a particular time of day and how another person used a tablet computer to communicate.

Staff also described the care and support provided to one person who was supported through to the end of their life. This was sensitively and successfully managed with the person, their family, staff and social workers to ensure a comfortable and dignified death.

Requires Improvement

Is the service responsive?

Our findings

We found that pre-admission assessments were undertaken to gather information about a person's individual needs. These assessments were a pro forma document which covered a number of areas, such as mobility, activities and continence. Care plans were then developed from the original assessment.

The quality of person centred information was not consistent within the care plans. Some of the plans were person centred and described in detail people's preferences in relation to all aspects of their care. However other care plans did not contain up to date information and were incomplete in relation to aspects of people's daily lives. For example one plan we looked at did not contain information for staff on how to support the person in relation to their very specific needs. This meant that staff did not have the relevant person centred information to assist support the person and meet their needs. This is of particular relevance when new staff or agency staff are employed at the service to aid these staff in knowing and understanding people.

One member of staff said "I have felt ill-equipped to meet their needs" and another said "We don't have the experience to meet one person's needs". Although the person had been pre-assessed prior to moving to Greenhill House, the assessment did not detail the complex support needs that staff spoke to us about. Because of this, alongside the lack of staff experience in this specialist area, it meant that the service was unable to meet this person's needs effectively.

Care and support was not always provided in a person centred way. For example, one person said they did not get to choose what time they got up in the morning. They said "I'd like to get up now really, but they (the staff) will come when they're ready". Another person also commented "I get up when staff tell me they're getting me up, although I don't mind what time I go to bed". And another person said "Staff tell you what time they will get you up. If you don't want to get up then, that's fine, but then you have to wait until they're free later so I just get up when they say. I do choose what time I go to bed though". One visitor said "The bell wasn't left close enough to my relative today; it usually happens if staff don't know (person's name)".

These failings amounted to a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not responded to complaints made by people and relatives as set out by the provider's complaint policy. We asked the registered manager for the complaints made since the last inspection. The registered manager stated that there had been no formal complaints made; however they told us there were lots of informal complaints which were often quickly resolved with people. We asked to see the informal complaints and were told these were not recorded. The provider's complaint policy clearly defined that informal complaints should be recorded on their electronic complaints management system. The policy also explained how complaints assist the provider in learning how to improve from what people tell them. The lack of reporting informal complaints meant that the provider could not be assured that they were aware of the issues affecting people using the service and were able to act on these complaints to

improve the service.

These failings amounted to a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their representatives said they knew how to complain. Comments included "I've never had to complain, but I know how to" and "No, never had to make a complaint". One visitor said "We've had to complain on a couple of occasions, but it's all been dealt with".

People had access to a range of activities. Some people chose to attend and others chose not to. One person's visitor said "There's enough on offer to keep active, but (person's name) chooses not to. They do go to the activities hut a couple of times a week". One person said "I do activities every day. I do sewing, play boccia, lots of things. I also enjoy the gardens. The gardener here is out of this world, the gardens are beautiful". We saw the gardens which did look very pleasant and welcoming. There was one area which was themed and the registered manager told us the theme for this year was the beach. There was a small area with sand and there was plenty of space for people to sit and enjoy the flowers, with shaded areas for people who preferred them. One of the volunteers told us they were part of the fishing club, taking people fishing. They said "The fishing club is quite popular; people love it even if they've never been before". We also heard about a recent boat trip that 12 people had gone one with a picnic on the riverbank.

Inadequate

Is the service well-led?

Our findings

Following the last inspection we required the registered manager and provider to send the commission monthly updates in relation to the actions required to improve the service. This included information about management processes for the home, the staffing level and the systems in place to assess the competency and performance of staff. We used this information to monitor the service and to check how the service was performing and improving since the last inspection. The last report we received prior to this inspection showed that a number of areas breached at the last inspection were now 'completed'; there were was no further action required to meet the regulations. For example monthly reviews of care plans had been marked as completed, however when we reviewed care plans they were not being reviewed on a monthly basis. This meant that the information provided was not an accurate reflection of the service's progress against their improvement plan and could not be relied upon.

The provider did not have effective systems and processes for identifying and assessing all risks to the health, safety and welfare of people who use the service. Since our previous inspection there has been no marked improvement in the level of service provided. Our findings from previous inspections have shown a history of non-compliance with the regulations. This has covered a range of areas, and when improvements had been made, these had not always been sustained. At this inspection we identified a number of breaches of regulations at our inspection, five of which were continuing breaches from our last inspection. This demonstrated the provider had failed to take sufficient action in response to shortfalls previously identified.

As at other inspections, a number of the shortfalls related to matters which had been brought to the provider's attention on previous occasions. The provider had failed to act on the risks that had been identified. These related to key aspects of the service, such as person centred care, safe care and treatment, premises and equipment, staffing and good governance. Since the last inspection the provider had introduced additional quality monitoring systems for the service to improve. We saw evidence of these audits and some of the actions taken to improve standards. However some actions being noted for follow up were not subsequently reviewed at the next audit. These audit systems had failed to ensure that improvements were consistently sustained.

The registered manager told us that they and other senior staff undertook audits in relation to different aspects of the home. We found these audits were ineffective because they were not carried out in a way that improved upon the service. For example the registered manager had begun to undertake call bell audits. The focus of the audit was to see why people made repeat calls but not how long it was taking staff to respond to calls. We saw examples of call response times for over an hour which had not been investigated to make improvements. Given that people had raised call waiting times as a concern at the last inspection this did not demonstrate that the registered manager was dealing with the issue effectively. We saw that other audits had action areas marked as complete by the registered manager when the action was still on-going this meant the audit was not robust or accurate.

The last annual fire risk assessment for the premises took place in July 2015 and had been due again in July 2016 and had not taken place. Actions that were recommended in relation to fire doors as part of the July

2015 fire risk assessment had not been carried out and the registered manager was not aware of any works planned to meet this action.

The provider's quality assurance systems and processes did not ensure that they were able to assess, monitor quality provision and mitigate the risks and relating to the health, safety and welfare of service users and others who may be at risk in the service.

These failings amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not notified the Commission of all incidents that affected the health, safety and welfare of people who use the service. Statutory notifications are information about specific important events the service is legally required to send to us. We use this information to monitor the service and to check how events have been handled. Examples of incidents which should have been notified included incidents where the police were called to the home and allegations of abuse. The registered manager was not familiar with the requirement to notify the commission.

These failings amounted to a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the time of inspection we checked the service's CQC rating on the provider website. The rating for the last inspection was not displayed as required by regulations.

These failings amounted to a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems to monitor feedback from people and their relatives about the quality of service provision.

Residents meetings were held every month for people living in the home. These meetings were to provide people with an opportunity to discuss their goals, concerns and raise issues. We looked at the minutes from the meetings for April and May 2016 both of which had been unannounced. There was no agenda distributed beforehand. This meant that people did not have an opportunity to raise issues to be put on the agenda or plan and discuss amongst themselves what they wanted to raise at the meeting. As these meetings were not advertised people could not ensure their attendance and relatives did not have an opportunity to attend and get involved on their relative's behalf. There was evidence to demonstrate that people were given opportunities to make decisions about the service and discuss topics. There were not however any action plans to follow up on actions raised during these meetings and the meeting minutes did not clarify if actions had been completed for the previous meeting. This meant that the provider missed opportunities to ensure that actions that were important to people in improving their lives were completed and that if they were not, an update was provided to people.

People using the service said they were able to express their views. They said there were resident meetings although were unsure when the last one had taken place. One person said "They do have meetings here but I don't bother going. I find it easier to speak to staff with any concerns or comments."

People were encouraged to complete an annual survey to give their views and feedback of the service. The last survey was completed between January to March 2016; we saw that people were asked their views on

matters such as their level of satisfaction with food and drink, staff, the overall service, the environment and the level of control they had over their life. The survey had been responded to by nine people and did not give a full reflection of the service.

We also looked at the minutes of staff meetings which were held monthly. We found that they did not always have action plans or always follow up on actions from previous meetings Staff told us that the registered manager would listen to their views and that they felt able to raise concerns or issues. However this did not necessarily mean their views would be taken into account. One member of staff said "We did raise our concerns about training in relation to the support needs of one person, but this wasn't provided" and "We were told that if there were episodes of abuse that the person would be asked to leave, but when things happened, they were allowed to stay".

All of the staff we spoke with said they had read the previous inspection report. Although the majority were aware of the action plan, two said they felt they were not as informed as they would like to be. Staff comments included "We're doing more audits now, and areas have been painted; the décor is vastly improved", "I think the report has really spurred things on, although it shouldn't have had to" and "There have been changes, they're trying to redecorate the home." One member of staff said "The last few years have been hard, quite demoralising". Despite saying they felt supported by the registered manager and the care supervisor, one member of staff said "We don't ever see anyone from Leonard Cheshire [provider]. They didn't speak to any of us [staff] about the report".

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 9 HSCA RA Regulations 2014 Person-centred care The quality of person centred information was not consistent within the care plans. Regulation (9) (1) (3) (b) HSCA 2008 (RA) Regulations 2014 People did not receive care in a person centred way. Regulation (9) (1) (b) HSCA 2008 (RA) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and the home environment were not well maintained. Regulation 15 HSCA 2008 (RA) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had failed to display the service rating as required.

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not notified the Commission of all incidents that affected the health, safety and welfare of people who use the service.

The enforcement action we took:

Imposed additional conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not in place for all service users. Risk assessments had not been reviewed and updated when people's needs changed. Regulation (12) (1) (2) (a) HSCA 2008 (RA) Regulations 2014 The administration of medicines was not in line with best practice. Regulation (12) (1) (2) (g) HSCA 2008 (RA) Regulations 2014

The enforcement action we took:

Imposed additional conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not operated effectively to take appropriate action immediately

upon becoming aware of any allegation or evidence of abuse.

Regulation 13 (2) HSCA 2008 (RA) Regulations 2014

The enforcement action we took:

Imposed additional conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered manager had not responded to complaints made by people and relatives as set out by the provider's complaint policy.

The enforcement action we took:

Imposed additional conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained The provider's quality assurance systems and processes did not ensure that they were able to assess, monitor quality provision and mitigate the risks and relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

The enforcement action we took:

Imposed additional conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient staff to meet people's needs. Regulation 18 (1) HSCA 2008 (RA) Regulations 2014 Staff had not received appropriate supervision and training for their role.

Regulation 18 (2) (a) HSCA 2008 (RA) Regulations 2014

The enforcement action we took:

Imposed additional conditions on the provider's registration.