

Tarvin Estates LLP

Tarvin Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 February 2017.

Tarvin Court provides accommodation for up to 28 older people who require personal or nursing care. It is situated in Littleton on a main bus route into Chester. The property is a two storey building with a single storey extension at the back. There are 22 single rooms and three double rooms. At the time of this inspection there were 14 people living at the service.

The service does not have a registered manager. A new manager has been in place since 9 January 2017 and has applied to be registered with the Care Quality Commission. 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.

The last inspection was undertaken on 20 and 21 June 2016. During that inspection we found that the registered provider was not meeting legal requirements. There were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the control of infection, cleanliness of the premises and equipment; safety and maintenance of the premises and governance of the service.

After the inspection, the registered provider sent us an action plan that specified how they would meet the requirements of the breaches identified. They advised us that they would meet all the legal requirements by October 2016. During this inspection we found some improvements had been made but not all areas had improved.

Medicines were not administered safely however, medicines were stored appropriately.

Staff did not have a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care records did not demonstrate people's involvement in decision making. Mental capacity assessments were not completed and best interest meetings had not taken place for people who lacked capacity.

Quality assurance systems were not robust. They did not identify areas for improvement and development.

The statement of purpose and service users guide was not up to date and contained inaccurate information. Policies and procedures in place also contained inaccurate information and needed to be reviewed.

Staff had received initial training, however refresher training was not up to date and this meant that staff had not remained up to date with their knowledge and skills required to their role. Formal supervision had not been undertaken.

You can see what action we told the provider to take at the back of the full version of the report.

There was enough staff on duty during the inspection to meet the needs of the people living at the service.

The service had safe recruitment practices in place. Appropriate checks were carried out before new staff started their employment. This ensured only staff suitable to work with vulnerable adults was employed. All new staff received an induction which included a period of time shadowing experienced staff.

Individual risk assessments were completed to ensure people and staff were protected from the risk of harm. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible.

Staff had received training in adult safeguarding and understood how to recognise and report potential abuse.

People's care plans provided staff with guidance on how to meet their needs.

People had enough to eat and drink. People who had been identified as at risk of weight loss or weight gain were weighed regularly and people's health and well-being was closely monitored and any changes were responded to promptly.

Daily records were completed and included information on people's daily activities, medication administration, as well as any concerns relating to that individual.

People were supported to participate in activities of their choice. People told us they were treated with kindness and respect by staff. We observed positive interactions between staff and people living at the service.

People knew how to raise concerns and make complaints and felt confident to do so. People believed any concerns or complaints would be dealt with.

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 ●

The service was not always safe.

There were not appropriate systems in place to ensure risks to people's safety and well-being were identified and addressed.

People's medicines were not administered safely.

Safeguarding procedures were in place and they were supported by staff who understood how to recognise and report any signs of abuse.

There were sufficient numbers of staff to meet the needs of people at the service. The registered provider had robust recruitment procedures in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The registered provider did not have adequate systems in place to assess people's ability to make their own decisions under the Mental Capacity Act 2005 (MCA).

People were supported by staff that did not have up to date training or supervision.

People had access to sufficient food and drink and staff ensured they had access to healthcare professionals.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Due to concerns with medication administration, lack of staff interaction during the mealtime and potentially poor moving and handling issues staff did not always demonstrate a caring nature.

Staff knew people well and gave enough time to meet people's individual needs.

People were supported by staff that promoted their independence.

Is the service responsive?

The service was not always responsive.

Care records were not person centred or robustly reviewed.

People said they would like more activities, although some activities were available.

People knew how to raise concerns and complaints about the service and they felt their concerns would be listened to.

Requires Improvement ●

Is the service well-led?

The service was not well led.

There was no registered manager.

The audit systems in place were not effective and did not ensure that the health, safety and welfare of people was identified and monitored.

The statement of purpose, service user's guide and policies and procedures contained inaccurate and out of date information which meant people and staff did not have access to up to date information about the service.

Inadequate ●

Tarvin Court

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.

We undertook a comprehensive inspection of Tarvin Court on 7 February 2017. This was an unannounced inspection.

The inspection team consisted of an adult social care inspector, inspection manager, specialist advisor and expert by experience. The specialist advisor was a nurse and the expert by experience had experience of being a family carer of people who were living with dementia and of older people who had used regulated services.

We contacted the local authority safeguarding and contracts teams for their views on the service and we took their views into account during our planning of this inspection.

During the inspection we spoke with five people who used the service. We also spoke with the registered manager and seven staff. Staff included nurses, care assistants, kitchen assistant, and housekeeper. We looked at a range of records including four care plans; three staff recruitment files and staff training records; and records relating to medication, audits, and quality assurance. We also reviewed other records relating to the running of the service. We undertook observations throughout the inspection.

Is the service safe?

Our findings

People told us they felt safe with the staff and within the service. One person said "I feel safe because day or night there is always someone around I can call upon." One person said they didn't feel safe as "The hedge is broken near to my window. I feel vulnerable that anybody could get through my window" they went onto say that they "Would like to be out in the fresh air more but I feel vulnerable when I am outside in the garden alone. I need a call button around my neck, I have asked for one but they just ignore me." We raised this with the manager and following the inspection, the manager informed us that they had ordered a portable call bell for this person.

Medication was not administered safely. We observed the nurse on duty who was administering the medication. The nurse needed prompting to put on the red medication administration tabard. Whilst wearing this "Do not Disturb" tabard they were approached by four different members of staff, all of whom they responded to about a variety of different issues. This meant that their attention had been taken away from the administration of medications and that staff had not adhered to the practice of not disturbing the nurse unless an emergency arose. The nurse omitted prescribed medication for several residents and said "They would refuse or that it was not prescribed". We asked about one person's pain relief medication which was prescribed four times a day. The nurse said that "We are doing a trial to see if they needed it." According to the Medication Administration Record (MAR) sheet they had only received one dose in the last seven days. However, this change had not been discussed with the person's GP or any record noted on the MAR sheet or care plan. We observed the nurse frequently sign the MAR sheet prior to giving the medication to the person. When we pointed this out to them, they seemed a little surprised telling us "They knew who would take medication and who might not." We looked at MAR sheets and saw that people were not always given their medication as prescribed. For example, one person was prescribed pain relief gel four times a day. However, although hand written information had been added to the MAR to state "GP advised to reduce to twice a day" the prescription had not been changed and 13 times during December 2016 this medication was not signed for (twice a day). This meant that they did not have their medication as prescribed.

We saw that the clinic room was carpeted. This was dirty with tape over joins in the carpet. This meant that it could potentially be a trip hazard and an infection control issue.

This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Medication was not administered safely and the flooring in the clinic room needed replacing.

Following the inspection the manager informed the Care Quality Commission that they had undertaken an internal investigation in line with their policies and procedures and that CQC had been advised of the outcome.

Regular checks were undertaken on the fire alarm system by the handyman and following an inspection by the fire safety officer an enforcement notice was issued to the service. The registered provider was required to be compliant by 28 December 2016. A return visit was made by fire safety officer in January 2017 and the work had not been fully completed. An extension to the notice was given until April 2017. Therefore the

registered provider had not fully acted upon and completed the work required by the fire safety officer.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider has failed to ensure that the premises were safe for the people who use the service.

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we found that some areas of the home were dirty; equipment was broken and in need of repair or replacement and two bedrooms had a strong unpleasant odour. A Warning Notice was issued with a date for compliance by 11 October 2016. This had been met which meant that people lived in a clean environment with access to equipment that was clean and fit for purpose.

People told us that the home was kept clean and well looked after. One person said "My bed is changed every day and that makes me feel clean and comfortable. My room is cleaned daily and I feel proud of my room when I have visitors". We saw that improvements had been made to the cleanliness within the service. Carpets within two bedrooms had been replaced with suitable flooring and the previous unpleasant odour had been eliminated. The equipment that we had previously found to be in need of repair or replacement had been addressed. The infection control within the service had improved. The manager had completed an audit of infection control in December 2016 which showed improvements in the management of the cleanliness of the home. Following the audit an action plan had been produced which detailed areas for improvement such as waste bins in bedrooms to have lids and the replacement of six mattresses. These had been completed and signed off by the manager.

At the last inspection there was a breach of Regulation 15 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 and we found that the premises were in need of refurbishment and redecoration. Work was needed to the grounds which included some window frames in need of repair or replacement, gardening to be undertaken and refurbishment of the patio area and courtyard. A Warning Notice was issued with a date for compliance by 11 November 2016. This had been met which meant that people lived in an environment that had a programme of redecoration and refurbishment in place.

We saw that improvements had been made to the environment both internally and externally. Communal areas and some bedrooms had been redecorated and refurbished. Work had been undertaken within the grounds that included external painting to the rear of the property, gardening, and refurbishment of the courtyard.

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found that records for some people did not accurately reflect their needs in regards to skin care. A Warning Notice was issued with a date for compliance by 11 October 2016. This had been met which meant that people received appropriate monitoring and support in regard to their skin care. We examined five people's records relating to air flow mattresses to ensure these were set appropriately for the needs of the individual. We found that settings were correct for each person reviewed.

Care staff told us about the risk assessments that were in place for people at the service. These included moving and handling, prevention of falls, pressure area care and nutrition. A staff member told us "I am fully trained in risk assessments and can access people's care plans at any time. I know when to use hoists etc." Records showed that risk assessments were in place for people who lived at the service and were up to date.

Certificates showed there had been routine servicing and annual inspections in respect of the electrical

installation. However, the gas safety certificate was not available and following the inspection a copy of the current gas safety certificate was sent to us. Appropriate checks had been carried out on the hot and cold water systems and Legionella checks were in place and up to date. Equipment such as hoists had been regularly checked. Safety checks had been carried out to the nurse call and emergency lighting systems. This meant that the registered provider had systems in place to ensure that the routine servicing of the utilities and equipment remained safe.

Staff told us that they had undertaken the e-learning safeguarding training. They said they found it very useful. One staff member said "I now feel much happier that I could identify and report an incident swiftly and efficiently." Staff confirmed they knew what "Whistleblowing" meant and would not hesitate to report any thing they felt was untoward to either a person who lived at the service or colleague. The registered provider had a range of policies and procedures in place with regard to safeguarding people from abuse. The registered manager told us that copies of the local authorities safeguarding policies and procedures were available in the office which we saw. She was aware of how to make a referral and had notified CQC as required by law. The registered manager also made low level referrals to the safeguarding team on a monthly basis as needed. Low level referrals are ones which fall below the safeguarding referral level.

Staff recruitment files showed that appropriate checks had been undertaken prior to staff working for the service. Application forms had been completed and the prospective staff member had attended an interview. Two reference checks had been carried out, one of which was from the staff members previous employer. A Disclosure and Barring Service check (DBS) had been undertaken. A DBS was undertaken by employers to ensure that prospective staff members are suitable to work within this type of service. Identity checks had been undertaken and copies of staffs driving licence, passport, birth certificate or marriage certificate had been taken. This meant that the registered provider had appropriate recruitment processes in place.

Is the service effective?

Our findings

People told us that they had access to medical services and that staff would ask their GP to visit if they required them. One person said "I just ask the nurse and she arranges the doctor as soon as she can." We saw visits from other professionals were recorded in people's care plans. This included visits from the GP, nurse practitioner, tissue viability nurse, continence nurse, chiropodist and optician. Care staff told us that they knew people well and would identify a change in them that might indicate they are unwell, and that they would notify the nurse in charge.

People told us that they always had a choice of meals and could choose where they wanted to eat them. People said "I only eat small meals for my digestion problems. If I do get hungry mid meal I know I only have to call and I will get a sandwich, no problem. I choose to eat in my room because I prefer my own company", "I am always happy with the choice of meals. I eat them sitting in my bed. I struggle a little because I have had a stroke and one hand is completely useless. I am trying to maintain my independence but will have no hesitation to ask for help when I need it." One person said they were not happy with the meals they said "The food is dreadful; I buy a lot of my own food and keep it in the fridge/freezer in the kitchen. I do not like to eat in the dining room I prefer to stay in my own room." Observations during the lunchtime meal highlighted there were very few interactions between people who use the service and staff. People just ate their meals. Some people were encouraged to eat by staff members and we saw when someone did not want their meal they were offered an alternative, which they ate.

Staff told us that people's dietary preferences were "Strictly and carefully" followed. They said that they were informed of people's dietary requirements on admission. In the kitchen there were lists of dietary requirements that staff checked and followed. We saw that people's weights were monitored on a monthly basis and that senior staff were alerted if there were any changes in the person's weight.

During a tour of the building we found that the dining room was in need of redecoration and that the flooring was in need of repair or replacement as there were scuff marks and a gap in the join of the flooring. These issues did not enhance the dining room experience. The manager confirmed that the dining room had been included on the programme of decoration and refurbishment within the building.

Staff told us that they had undertaken an induction process, which was linked to the Skills for Care induction standards. This ranged from three to five days. They said they felt they had enough time to understand their role and gain knowledge of the service and the people they supported. Following the induction process new staff shadowed an experienced staff member before they worked alone. One staff member told us "I progressed from a cleaner to a care assistant and I was supported by the management to undertake my National Vocational Qualification (NVQ)." Staff told us that they felt they had enough training and knowledge to support the people they were caring for. One staff member said "I have enough knowledge but would always ask if I came across anything I was unsure of." Records indicated that a staff induction record was completed which covered all aspects of the role and this was signed and dated by staff. Staff also received a copy of the staff handbook and records confirmed this.

Training undertaken was dependent on the staff's role. Core training was completed by all staff and this included infection control, moving and handling, health and safety, food hygiene, fire awareness, safeguarding and Deprivation of Liberty Safeguards (DoLS). Role specific training included diets, kitchen risk assessments, medication and specialist techniques training. One staff member told us about their training and said "I have had on line training using chemicals and risk assessments to deal with the lifting and handling of the cleaning equipment. I really enjoyed the training and found it very enlightening." We saw the training matrix which showed that although staff had undertaken courses, many courses for refresher training were overdue or due within the next few weeks. This meant that staff had not received up to date training and information for these courses. We discussed this with the manager who said they were aware that training needed to be brought up to date and they agreed to ensure staff had the opportunity to undertake relevant training updates. We identified that some people had unexplained bruising possibly as a consequence of poor moving and handling techniques. We discussed this with the manager who agreed to review staff training and competence.

Staff told us about the supervision they received. They said that in the past they had not had regular supervision within their roles. However, they went onto say that due to recent management changes they felt positive that this would become part of their role in the future. Records showed that formal supervision had not been undertaken in the last year with staff members. This was not in line with the registered provider's supervision policy and procedure which stated "All staff must attend formal supervision at least eight times a year".

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff training was not up to date and staff had not received formal supervision in line with the registered providers policy and procedure.

Nursing staff told us that they had "No concerns" about achieving their continuous professional development (CPD) and that their training was up to date. nursing staff told us that they undertook regular independent reading and study and undertook their verification of CPD as a nurse with an external organisation. Nurses confirmed that there was no formal documentation of any clinical or managerial supervision undertaken. One nurse told us that prior to the current manager being in post that they had felt "Very isolated and unsupported in their role", however more recently they felt "Massively relieved" to have the new manager in post.

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 2005. People who normally live in care homes can only be deprived of their liberty through a Deprivation of Liberty Safeguards (DoLS) authorisation.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005. We were informed that the previous manager had made an application for DoLS for everyone in the service. This demonstrated a lack of their understanding of the MCA 2005. We looked at these applications and saw that there was insufficient information provided for a judgement to be made. Care plans did not contain mental capacity assessments to determine the type of restriction a person may need. There was not any evidence of best interest meetings being held. However,

within the care plans people's likes and dislikes were noted and the care provided to meet those wishes. Within one person's care plan it was documented by their social worker that they had "No capacity for financial decisions". Records showed that the Court of Protection had been approached to see if a lasting power of attorney had been registered and that no record was found. Also mental capacity assessment had not been carried out for this person.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not provided with the consent of the people who used the service where they lacked capacity and applications for appropriate authorisations had not been undertaken.

Is the service caring?

Our findings

People told us that they felt the staff treated them with respect and dignity. They said that staff treated them kindly and always knocked on bedroom doors before entering. We observed a staff member who knocked on a bedroom door and waited until they were called in to the room before they entered. During our inspection we saw that staff seemed caring and kind towards the people they supported.

We saw some good examples of the caring nature of the staff team, however, due to the poor staff interaction during the mealtime experience; poor medicines administration which left a person without pain relief and potentially poor moving and handling techniques this is reflected in the rating of this section.

During discussions with staff we saw that they spoke passionately about showing respect and treating people with dignity at all times. One staff member said "I always knock and wait for a response before I enter a room. I never go in if they are using the toilet." Another staff member said "I maintain people's dignity at all times. I always close the curtains and door before I help them wash or dress. Before I do anything I ask permission and always let them know what I am going to do next."

People told us that they did not mind who assisted them with their personal care. However two people said they preferred females to assist them and this was adhered to by the staff. We asked people if they received their post and some people said they did not get post as family take care of it for them. One person said "The staff bring me my post and assist me to open it because I can only use one hand, they are so kind."

We spoke with people about the choices they can make during the day. People told us that they go to bed and get up the next morning at whatever time they wish. They never feel pressured to conform to particular times. One person said "I choose what time I go to bed and get up, the staff never seemed to mind."

People said they felt that staff had time to listen to them and also have a chat. We observed a staff member taking a drink to a person. This person had earlier in the day had an accident trapped their finger whilst in their bedroom. Appropriate assistance had been given by the nurse and the accident had been recorded. The person asked the carer what was going to happen about their finger. The carer very patiently talked to them and explained the process. They displayed patience and empathy and we saw that the person was happy with the explanation.

All the people we spoke with said they felt there was enough staff around and about to deal with their needs. One person said "They all have their own areas to deal with and they all seem to do this well. It's easy to work out who is who because they have different coloured uniforms."

A range of cards and letters had been received by the service, which showed the appreciation of the care and support people had received. Comments included "Thank you for all your care of [name]" and "Thank you for all the kindness you have shown."

Is the service responsive?

Our findings

People told us that they knew how to make a complaint and that none of them had ever had to make one. They said that they would speak to the staff or the manager. People said "I would talk to [staff name], I can talk about anything to her" and "I would always talk to the Nurse who gives me my tablets."

The registered provider had a complaints policy which detailed the procedure that would be undertaken. Details of the local government ombudsman and the Care Quality Commission were also included. The manager said that they had not received any complaints since the last inspection.

People said that they were happy with the care and support they received from the staff. One person said "I am happy with my lot, I don't need to fix anything that's not broken."

Prior to admission, the manager or one of the management team would visit the person and complete a pre-assessment document. The person would be invited to visit the home prior to admission. The manager explained that often people were admitted from the local hospital so had not always visited the service; however, usually a relative or friend had visited on their behalf.

We looked at care plans and saw that people's wishes and preferences were recorded. The care plans contained information that followed a medical model as the system lent itself to that type of format. The manager said that they had been looking at other care plan documentation and were considering changing the system they used to enable care plans to become more person-centred. We saw that care needs, communication, breathing, eating and drinking, continence and mobilising were documented and risk assessments had been completed where a risk was highlighted. People were weighed regularly to help ensure that sufficient nutrition and hydration was being taken. Where a person had lost weight records showed that advice had been sought from the dietician and we saw that some people had a fortified diet where butter, cream and full fat milk were used to increase the person's calorie intake. In the care plans we saw people's social history was not recorded. This meant that staff did not have access to past information about the person and in some cases knew very little about their lives.

We recommend that the registered provider ensures that care plans reflect a person centred approach and that people's social history is available to the staff team.

Care plan evaluations were not robust. Entries such as "no change" were documented over several months which did not give an oversight of the health of the person. Whilst it showed that the care plan was reviewed, no outcome of the person's health and wellbeing was recorded. Care staff told us that completing the care plans was currently a management role. However, they had been informed that a new system was going to be introduced and that they would be given access to add comments to the documentation as they felt appropriate. The staff felt this would give them more pride and supported them to feel more worthwhile if they were contributing to the care plans. The lack of robust care plan evaluations are included in the well led domain as a breach of effective audit systems not being in place.

A daily information record was kept for each person. Information was recorded on the health and wellbeing of the person. It included information on personal care, how the person felt and if they had been involved in any activities. We saw that detailed records had been kept.

Staff told us that handovers were undertaken twice a day. They said they felt that they were kept well informed. One staff member said "We have a report at 8am every morning from the night staff about what's gone on in the night. When the day staff finish they report anything necessary to the night staff." The handover sheet detailed information about each person, their medication needs, health and safety and manual handling instructions and details of their general condition. These were signed by the nurses who gave and received the information. Care staff told us that if a person's needs changed during the shift then they would be notified immediately by the nurse in charge.

We spoke to people about their care plans, however, people did not really understand about them. One person said "I am just happy to get looked after." Another said "I do not know what a care plan is, my daughter would see to all that."

People told us that they would like more activities during the day. They said "I don't always feel like taking part but I may do if there was a bit more going on", "I love having a good sing song but that doesn't happen often. Also the TV is on a lot but not really what I want to watch" and "It would be nice if we were taken out on trips." We observed that one person was very pleased to see the activities co-ordinator and said "[Name] is very kind and gives me a manicure and paints my nails every week, I really enjoy it and it makes me feel good." Staff told us that they felt there were not enough activities for people who used the service. They knew that a new activity coordinator was starting in the near future. One staff member said "I don't feel that there is enough going on for people but I know this is being addressed."

A plan of activities was seen for Monday to Friday, but nothing was planned for the weekends. Activities included manicures, quizzes, bingo, crafts, group reading, skittles, baking, exercises and painting. The hairdresser visits the home each week and religious services are held each week. The manager confirmed that they had appointed a new activities co-ordinator and following pre-employment checks they would begin their employment with the service.

Is the service well-led?

Our findings

People gave us mixed responses about the new manager. Some said "I have met [Name] at a meeting but not seen her since, however I have no complaints" and "The new manager has been in to see me a couple of times, they seem very pleasant." Other people felt that because the new manager had not been there long that they did not really know them well. One person said "They are trying their best but has not been here more than a fortnight!"

The new manager had been in post since January 2017. At the time of this inspection she had applied to be registered with the Care Quality Commission. However, there was not currently a registered manager in place and there had not been one for several years. We saw that the new manager in post was pleasant and was welcomed by the staff team.

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we found that there was not an effective audit system in place to identify and manage the risks relating to the health, safety and welfare of people who used the service. A Warning Notice was issued with a date for compliance by 11 November 2016. This had not been met.

We saw that the previous manager had completed an audit on catering and medication in November 2016. However, no audits had been completed on health and safety and care plans by the new manager. This meant there was a lack of robust auditing processes in place. The manager stated that they were intending to adopt a new audit system but confirmed that there were no consistent audits taking place on a regular basis. There were no care plan audits since the last inspection and the manager was in the process of introducing these. A health and safety audit had been carried out by an external contractor. We saw that some items on the report had been actioned, however, there was no documentation in place to identify the action required, who would be responsible and when it should be completed. The catering audit stated it should be completed monthly, however, the last audit was completed three months ago.

Whilst accident and incidents were recorded in a separate file there was no evidence of a robust audit having taken place to account for trends or actions to minimise risk to people who use the service. This was discussed with the manager. We saw one accident involved the use and malfunction of a piece of equipment. This had not been reported under RIDDOR and the manager was advised to do this without delay.

The statement of purpose was out of date and inaccurate. The date of amendment was documented as 04/09/2015. There were two registered managers identified on the document. The person identified on page 3 as the registered manager is no longer the manager of the service and was never registered. The person identified on page 5 as the registered manager is the new manager recently appointed to the service. A service user guide was available by the front door. This stated that the service provided specialist equipment for people with vision and hearing impairment. The manager confirmed that there was no specialist equipment available within the service. This meant that people did not have access to up to date and reliable information. These documents were also noted as inaccurate at the last inspection.

We found that there was a range of policies and procedures in place. However, these had not been reviewed and we found that incorrect and out of date information was included. We discussed this with the manager who agreed to bring these up to date. These issues had been raised at the previous inspection.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found that there was still not an effective audit system in place to identify and manage the risks relating to the health, safety and welfare of people who used the service.

There was evidence that the manager had met relatives and staff since starting at the service, records confirmed that meetings have been held. It was documented by the previous manager at a relatives meeting in September 2016 following the last inspection that relatives would like to meet with the registered providers. This had not happened and had not been actioned. The manager informed us that the registered provider visited the service however no quality audits were carried out or documented. There were plans for them to attend a relatives meeting in March 2017.

All the staff spoken with said they now felt fully supported in their role by the new management team but this is not how they felt in the past. We saw that the staff team were positive about the changes that were being made and that they were happy with the new management team. All the staff we spoke with gave their praise about the new manager. Staff said they felt much more optimistic about their own future and that of the people who used the service. Comments included "It's so much better now. I know I can approach the manager with anything and I know it would be done if it is possible! The past 12 months have been awful but I feel the future is so much brighter", "The new management team are a breath of fresh air. I feel they would support me 100%", "I would go to the manager with any problem, they are very open and approachable" and "The new Management team are more than approachable. I feel that [Name] is taking us forward."

Staff confirmed that staff meetings had taken place and one staff member said "We had a full staff meeting in January and then we all had divisional meetings within our work areas. Last year we didn't have any but I am sure that these are going to continue" and another said "With all the uncertainty last year it was refreshing to have a full team meeting and be assured of our futures."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	People's consent, where they lacked capacity, was not obtained prior to care and treatment being provided.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Medication was not administered safely and the flooring in the clinic room needed replacing. The registered provider had not fully acted on the requirements of the fire safety officer.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	No effective audit system was in place to identify and monitor the health, safety and welfare of people who used the service.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff did not receive up to date training and supervision.
Treatment of disease, disorder or injury	

