Mr David Hetherington Messenger

Epworth House Care Centre

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?	Inadequate
Is the service well-led?	Inadequate

Overall summary

This inspection took place over two days on 26 May 2015 and 4 June 2015. The inspection was an unannounced inspection, which meant the provider and staff did not know we would be visiting.

The home was last inspected on 27 October 2014 and 3 November 2014 and the service was not meeting the requirements of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued four compliance actions and two warning notices. The registered provider submitted an action plan stating how they would make improvements. We checked to see those improvements had been made on this inspection.

Epworth House Care Centre is a care home registered to provide personal care and accommodation for up to 67 older people. The home is separated in to three units. One unit is for people who have a diagnosis of dementia,

Summary of findings

the second unit is for people who are in a period of rehabilitation, with the intention of returning home and the third unit is for people who need personal care. At the time of our inspection 53 people were living at the home.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The home did not have effective systems in place to manage medicines, which meant people were not always protected from the risks associated with medicines.

Staff recruitment procedures were in place, but there were gaps in some of the information required to be in place before staff commenced employment. This meant people were cared for by staff who had not been appropriately assessed as safe to work with people.

People told us they felt 'safe', but we found that, because some people wanted to go outside, they were at risk of being deprived of their liberty or being moved to units where people were subject to greater control and restraint.

A system was in place for staff to receive training relevant to their role, but staff had not received training in people's behaviour that challenges and the training staff had received in safeguarding and MCA/DoLS had not been effective in practice as we found one person's liberty had been restricted without lawful authority.

The arrangements for meal times for people living with dementia were not person centred to meet their needs.

People did have access to health care professionals, but the advice provided by them was not always recorded in people's care files, which meant there was not an accurate, record in respect of those people.

We found staff to be respectful and caring to people, but this was not consistently reported in feedback from people who used the service and their relatives.

Staff enjoyed working at the home. They knew people well and were able to describe people's individual likes and dislikes, their life history and their personal care needs.

There continued to be care records without written assessments, care plans and risk assessments that had taken place in a timely way or records that did not contain up to date or accurate information about people.

The service provided some day time activities for people to take part in to promote their wellbeing, but for some people this could be improved.

The complaints system was ineffective in listening and learning from people's experiences, concerns and complaints.

Staff told us senior managers visited the home regularly and they had the opportunity to speak with them if they needed to. The home held residents and relatives meetings, some of which had not been attended by people or their relatives. When we asked people and their relatives about them they did not always know about them.

Quality assurance systems were in place to monitor and improve the quality of service provided, but these had not been effective in practice leading, which meant the required improvements to meet regulations had not been made.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service 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."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

We found people were at risk of potential harm, because the service had not managed risks to people in terms of medicines management and falls.

People told us they felt 'safe', but we found that, because people wanted to go outside, they were at risk of being deprived of their liberty without lawful authority.

Is the service effective?

Requires improvement

The service was not effective.

A system was in place for staff to receive training, but staff had not received training in people's behaviour that challenges.

Staff had received training in safeguarding people and MCA/DoLS.

The arrangements for meal times for people living with dementia were not person centred to meet their needs.

People did have access to health care professionals, but the advice provided by them was not always recorded in people's care files, which meant they could be provided with inappropriate or unsafe care and treatment.

Is the service caring?

Requires improvement

The service was not always caring.

We found staff to be respectful and caring to people, but this was not consistently observed and reported in feedback from people who used the service and their relatives.

Staff enjoyed working at the home. They knew people well and were able to describe people's individual likes and dislikes, their life history and their personal care needs.

Is the service responsive?

Inadequate

The service was not responsive.

There continued to be care records without written assessments, care plans and risk assessments that had taken place in a timely way or records that did not contain up to date or accurate information about people.

The service provided some day time activities for people to take part in to promote their wellbeing, but for some people this could be improved.

The complaints system was ineffective in listening and learning from people's experiences, concerns and complaints.

Summary of findings

Is the service well-led?

Inadequate 

The service was not well led.

There were planned and regular checks completed by the area manager and registered manager within the home to assess and improve the quality of the service provided, but these had not been effective in practice.

Care staff understood their role and what was expected of them, but this was not always implemented in practice. They were happy in their work, motivated and confident in the way the service was managed. Meetings were being held with staff, but these were not bringing about the desired improvements.

Epworth House Care Centre

Detailed findings

Background to this inspection

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

This inspection took place over two days on 26 May 2015 and 4 June 2015. The inspection was unannounced. On the first day two adult social care inspectors accompanied by an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the 4 June 2015 two adult social care inspectors completed the inspection, one of whom had visited on the first day of the inspection.

Before our inspection, we reviewed information we held about the service. This included correspondence we had received about the service and notifications required to be submitted by the service. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We spoke with six people who used the service, four relatives, one health care professional, the operations manager, the registered manager, the administrator, four members of care staff and a laundry worker. We looked around different areas of the home such as the communal areas and with their permission, some people's rooms. We looked at a range of records including six people's care records, five people's medication administration records, three people's personal financial transaction records and three staff files.

Inadequate

Is the service safe?

Our findings

We checked progress the registered provider had made in relation to action plans they had sent us following our inspection on 27 October 2014 and 3 November 2014 when we found breaches of regulations in regard to the management of medicines and the safety and suitability of premises. This inspection was to assess how the registered provider had responded to our concerns.

We checked how people's medicines were managed, so that they received them safely.

We observed a member of staff administering medicines to people on the unit where people are living with dementia. We saw the staff member left the trolley in a corridor to administer medicines to people in the lounge. The medicines trolley was out of sight to the member of staff, with the keys still left in the medicines trolley and the trolley doors left open exposing the medicines. This meant the staff member had failed to operate safe systems of working when administering medicines to people.

We heard one person ask the member of staff for pain relief. The staff member stated the medicines needed to be collected from the pharmacy. After discussions with staff , the registered manager, looking at the communication book, handover sheets and the person's daily records and care file, we found the person had fallen and complained of pain three days previously and on the first day of complaining was told the same information as today and that they needed to get pain killers. The home did not have a policy/procedure in place for homely remedies, therefore, medicines for alleviating pain were not available from the homely remedy stock. Neither were staff trained to assess any risks to the person as a result of the fall and medical assistance had not been sought for the person in a timely way to assess the risks to the health of the person.

We also checked another person's MAR as an accident form had identified they were on some new medication. The medicine was changed from the morning to night. This was implemented but we found from the MAR that this had not been administered for two days because it was out of stock. We also found another medicine for the person had ran out for the same number of days.

We looked at a further four people's medication administration records (MAR) and checked a sample of these against the prescribed medicines for those people.

On three people's MAR we found people had been administered their prescribed medicines with the MAR's showing no gaps in administration or medicine that was out of stock.

We checked how the risks to individuals and the service were managed so that people were protected and their freedom supported and respected.

A fire risk assessment was in place, together with all associated checks with fire maintenance. Checks were also in place of other risks associated with service provision such as, gas, electric, equipment and legionella. Appropriate insurance cover was in place.

On 23 June 2014 the service was awarded a rating of 5 by the environmental health officer. Food Hygiene Rating Scores (FHRS) score ratings based on how hygienic and well-managed food preparation areas were on the premises. Food preparation facilities are given "FHRS" rating from 0 to 5, 0 being the worst and 5 being the best.

There was a system in place to conduct individual risk assessments for people who used the service in relation to their support and care, but these had not always been reviewed and amended in response to their needs. For example, we found one incident where the risk of falls had placed the person at risk of harm.

The above evidence demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the systems in place for how the service protected people from harm and abuse.

Everyone we spoke with, both people and relatives, believed that their personal safety and that of their relative was managed well in the home. One person said, "I feel ok about safety. I've no anxieties about staff or other people". One person's relatives said, "We are very happy about the level of support and safety provided in this home".

We spoke with one person who described how they felt their ability to go outside was being restricted because of coded door systems. We looked at the person's care records and these confirmed that the person's liberty had been restricted without lawful authority.

We spoke with the registered manager about our findings. She did not know about the incident. She said she had been on call but no-one had contacted her to ask advice.

Inadequate

Is the service safe?

She stated this was a practice that was used in the past, but she had been on a Mental Capacity Act/Deprivation of Liberty Safeguarding (DoLS) training the week previously and realised this practice could not continue if appropriate legal authority was not in place.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our review of notifications told us the service had notified us of allegations of abuse that had been made, that they were aware of. This told us systems were in place and followed to respond to and record safeguarding vulnerable adults concerns.

Staff told us they had received safeguarding vulnerable adults training so that they had knowledge of what constituted abuse and how they must report any allegations. When we spoke with staff they were clear of the action they would take. Staff were confident that senior staff and managers would listen and act on information of concerns and would report any allegations of abuse.

We checked the systems in place for safeguarding people's money.

The service managed some money of people who used the service. We looked at the records of three of those people. We found a record of financial transactions and that in the main receipts were available to verify money that had been spent. Transactions were signed by a second person to verify each financial transaction. The record of monies and actual monies was audited weekly to minimise any errors in the management of people's finances and identify any discrepancies as soon as possible. This meant that systems and processes were in place to safeguard people's money.

At the last inspection on 27 October 2014 and 3 November 2014 we identified a breach of regulation 21; recruitment of workers. The provider submitted an action plan stating how they would become compliant with the regulations.

The manager told us four members of staff had commenced employment since the last inspection. We checked three of those staff files to evidence that all of the required information had been obtained to confirm the service followed an effective recruitment process for staff. All the staff files included proof of identity, a Disclosure and Barring Service (DBS) check, documentary evidence of training and qualifications obtained and a full employment history. A DBS is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. However, all three files did not contain satisfactory evidence of conduct in previous employment concerned with the provision of services relating to social care or vulnerable adults.

On the first day of the inspection we asked the registered manager for the staff recruitment and selection procedure. This was not provided. An updated recruitment policy was provided on the second day of the inspection dated May 2015. The policy did not detail the information that must be obtained about a person seeking to work in a care home as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions.

This meant improvements were needed to ensure an effective system was in place to ensure all the information required about a person seeking to work in care, is in place, so that the registered provider has all the information required to make safe recruitment decisions.

Requires improvement

Is the service effective?

Our findings

We checked progress the registered provider had made in relation to action plans they had sent us following our inspection on 27 October 2014 and 3 November 2014 when we found breaches of regulations in regard to supporting workers.

The registered manager maintained a staff training record to monitor the training completed by staff. We looked at this to confirm staff had received appropriate training and saw there were gaps in some areas. Some improvements had been made to the training staff had received. However, the tracker used to monitor training by the registered manager identified only 13.21% of staff had received training in Control of Substances Hazardous to Health (COSHH) and no staff had received training to deal with people's behaviour that challenged. We found that although staff had received training in safeguarding of vulnerable adults, dementia, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) this had been ineffective in practice, because of our findings in those areas during the inspection and the actions taken by staff.

When we spoke with staff, staff confirmed they had received updated training, that they felt was relevant to their role and enabled them to carry out their role.

When we spoke with staff they told us they had received supervision and an annual appraisal. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager for the purpose of reflecting and learning from practice, personal support and professional development in accordance with the organisation's responsibilities and accountable professional standards. An appraisal is a meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The registered manager provided confirmation of this and a matrix when staff's supervision dates were planned in for the current year.

The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and in place so that, where someone is deprived of their liberty, they are not subject to excessive restrictions.

We spoke with the registered manager who stated she and care staff had undertaken workbook and e-learning training in the subjects of MCA and DoLS. The registered manager also stated she had attended further training with the local authority, which had increased her knowledge and identified some practices at the home needed to change. Care staff we spoke with confirmed they had received training in MCA and DoLS and training records confirmed this.

The registered manager told us three people who used the service had DoLS authorisations in place and a further two were to be submitted.

We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

We had received a concern from a relative stating that staff did not provide encouragement for people to eat, staff brought a drink the relative's family member did not like and there was no flexibility with meals. The family had asked for sandwiches at lunchtime and were told 'we don't do sandwiches at lunchtime'. We saw that where people did not want their meal, they were offered a sandwich.

We observed breakfast time and lunch in the dementia unit on the first day of the inspection and lunch on the dementia unit on the second day of the inspection.

There was praise from relatives for the new 'restaurant' in the dementia unit. This meant people living with dementia no longer had to move to the dining room downstairs to eat their meal, which is less disorientating for them. Relatives comments included, "We have not eaten here, but what we see and what we smell seems very appetising" and "They [relative], although unable to hold a conversation, knows what she likes to eat and she usually gets it, because the staff all know her and know what she likes".

Comments from people about the food included, "I've no idea what it was, but I enjoyed it". The same person after our discussion with them said, "There's nowt inspiring about the food", "The food has been rubbish. They [staff] ask you what you would like and then you don't get what you choose". The same person went on to say, "I really enjoyed the fish and chips which were served last Friday". Other people said, "The food is ok" and "It's alright, you do get a choice". One person said, "I didn't have any lunch. I have a big breakfast and then I don't have anything until

Requires improvement

Is the service effective?

tea time". When we asked, "What if it is just a sandwich at tea time?", they responded, "Oh, I can always get something cooked". This conflicted what other people said. One person said, "'We only get half a buttered teacake and a segment of pork pie for tea sometimes" and "I know that it can be a problem at meal times but I've done very well. I don't eat much and it suits me".

During our discussions with people, they told us they were asked the day before what they would like to eat at lunch time. Making choices in this way, means that meal times are not person centred for people living with dementia as often they cannot remember choices they have made moments earlier, let alone the day before. Subsequent to the inspection, the registered provider stated this was just used as a guide, so that the chef had an idea of what people wanted to eat.

We found that the meals people were served on the dementia unit had come already plated. We asked staff about this. They could not explain why, as everyone at the home had their meal served individually. They explained it would be better if they could serve the food, as it would be more individual. This meant people's choices were limited, for example, if they didn't want all the meal that was on offer, or a smaller portion size. For example, one person said, "I loved my dumpling", but left the rest of their food. As the food had come plated the person was not given choice about their meal. Another person said, "I can't stand carrot cake". Our observations showed the person was offered an alternative, but showed staff were not aware of the person's likes and dislikes.'

We saw that to assist people where to sit, place settings had personalised place names and photographs of them. People were provided with drinks when eating their meal.

We found tables were set with table cloths, cutlery and crockery. People were wearing protective aprons to prevent spillages to their clothes. There was music playing in the background giving an ambience to the setting. Staff spoke with people kindly and quietly. We saw two staff sit with people assisting them to eat, and drink using adapted cups and beakers.

We checked that people were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

When we spoke with people we were told there was no difficulty accessing a doctor should one be needed. One person was waiting for the doctor when we were speaking with them. Other people told us they had also seen a doctor, often after a fall, and some had been taken, with a member of staff escorting, to accident and emergency.

We also observed a number of health professionals visiting during the inspection.

We looked at care records for people who used the service and found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners. However, we found that the advice from professionals was not always recorded in people's records, which meant they were at risk of receiving inappropriate care and treatment. For example, we found one person who was at risk of falls. A member of staff told us they had been referred to an appropriate health professional who had provided some equipment and a specialist care plan. This information was not transferred and recorded in the person's mobility care plan or falls risk assessment.

Requires improvement

Is the service caring?

Our findings

We had received concerns that people's privacy and dignity had been compromised by the service. This was because call alarms had not been answered, because they did not work, resulting in people being incontinent, the laundry system was inadequate as people were being found wearing other people's clothing and people were often ignored. For example, when people are asking the staff to go to the toilet, staff say "in a minute" but often it's much longer. We found examples of some of these concerns during the inspection.

When we spoke with people comments included, "Some staff are caring and some aren't" and "I get on well with all the staff, although some are better than others".

People told us staff always knock on the door, but one person said, "They [staff] come in whether you want them to or not. Even if you lock your door, they have a key and come in anyway".

People told us that the staff gave them time to do the things they could manage themselves and one gentleman was very proud of being able to remain independent with his care as far as was possible.

When we spoke with relatives they told us staff speak kindly with people, but one relative described an incident where a member of staff had not been kind to their relative, "shouting at them to wake them so they woke with a start just like a baby wakes up".

When we observed staff interaction with people, they were familiar with them and their life histories and knew their likes and dislikes and they approached discussions with people in an informed manner. Our observations identified an informal camaraderie between the staff and people for the most part. We heard some banter between a couple of male people who used the service with female staff and one said, "It lightens things up talking with the lasses".

It was clear from our discussions with care staff that they enjoyed caring for people living at the service, because they spoke of people in a caring and thoughtful way. Care staff demonstrated familiarity and knowledge of people's individual needs, life history, their likes and dislikes and particular routines.

Throughout our inspection, we observed staff giving care and assistance to people. We found staff were respectful and treated people in a caring and supportive way. However, we found one occasion where a person's call bell was not working. We identified this to the service. The person was moved by staff to another room, but when we spoke with the person they were dismayed at that and would have liked to remain in their own room.

We checked the laundry facility at the service and that people did have clothes that were their own, in their own rooms. We spoke with a member of staff undertaking the laundry. They explained the system for identifying which clothes belonged to which person and which room. Laundry was then placed in a box for that person or room. We checked the system. There were various lists on the wall, with amendments on them. The staff member although covering in the laundry was not able to follow the system in place and confirm which person was in each room. The lists were confusing and chaotic and did not represent an adequate system for people to have their own clothes returned to them.

We checked a sample of rooms and that the laundry stored there was for the correct person. We found one jumper which was not for the correct person.

We spoke with the registered manager about the laundry system and they told us as a result of a recent complaint about the service they were considering ways of changing the system, to make improvements with how the laundry is managed.

Inadequate

Is the service responsive?

Our findings

We checked progress the registered provider had made in relation to the breach of regulation in regard to records following our inspection on 27 October 2014 and 3 November 2014.

When we spoke with relatives they told us they had not been involved in the decisions about the care of their relative, although some relatives told us they had asked to look at the care plan, but said they were unsure what they were looking at and hadn't tried to influence it in any way. Comments included, "Well I suppose we could be if we wanted to" and "'I've never thought to ask".

Senior care staff were responsible for implementing and reviewing people's care plans and associated documentation. All staff were responsible for recording the care delivered to people on a daily basis.

The service's policy on referrals and admissions stated, 'all risk assessments, weight charts and medication must be completed within 24 hours of admission. Service user portfolios including person centred care plans must be completed within 72 hours of admission'.

We reviewed the care file of one person who had recently been admitted to the service, who had, had a fall and was complaining of pain in their shoulder. The majority of information in the person's care plan was dated the day of the inspection, including the person's falls risk assessment and medical information. This was outside the timescales identified in the service's policy. The 'My Care Passport' was not completed. The daily record had not identified the person had, had a fall and was complaining of pain. This meant there was not an accurate, complete and contemporaneous record in respect of the person and the service's policy on admissions not followed.

A member of staff told us two people liked to go to bed at 17:00. They told us for one person this had been the request of their families and for the other person, that they liked to go to bed at this time. We checked the care plan for one of those people. The care plan identified they did get tired when a particular medication was due. The daily notes for the person identified the person went to bed from 16:00pm onwards, after tea. In the person's capacity assessment that had been reviewed it stated, '[Person] can still make their own choices in daily things such as what to eat, when to get up etc'. In the night time care plan that had been reviewed it stated 'My night time routine is to go to bed when I am ready'. In the personal care plan it stated '[Person] will request to go to bed quite early around 18:00pm'. This meant there was not an accurate, record in respect of the person.

One person told us, "I sometimes take the top off my capsules and only take half. They [staff] don't always stay to make sure I have taken them". We checked this person's care records to identify what their care plan for medicines was and if a risk assessment had been completed in regard to risks associated with medicines. The care record contained no information about how medicines were to be administered to the person or that risks associated with medicines had been assessed.

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

When we spoke to people about how they spent their time and about any activities, responses were patchy with some people saying "They are very good with activities" to others saying "There are no activities". Comments included, "There's not really anything here. There's a TV for distraction and you can talk to people. I suppose if I asked for a newspaper someone would get me one, but I haven't done so" and "There's no activities at all, but they do take me to the bookies from time to time". We saw this person throughout the inspection engage with people that entered the lounge they were in. They were alert and watched intently what was happening. They spent much of their time doing this and reading the paper to organise their bets.

During the inspection we observed the activity person nail painting on the dementia unit and taking people out for walks and we saw information about activities that had taken place and that were due to take place.

When we spoke with relatives they said that they had not seen many activities taking place. One relative said, "Well they've got the television and sometimes they have music on. In fact I was involved in a sing-a-long once. I have heard that they play bingo from time to time, but I've never seen it myself".

We checked how the service listened and learnt from people's experiences, concerns and complaints.

Inadequate

Is the service responsive?

We had received concerning information about the service's response to dealing with complaints.

We found the complaints process was displayed in the reception area, providing details on how people could make a complaint. The registered manager also provided a copy of the complaints policy.

We had received information from a relative that they had asked a member of staff how to complain because they had not had a satisfactory response by raising concerns with staff previously. The member of staff did not know how the relative might make a complaint. They were provided with a business card of Head Office. The relative raised their concerns via the website on the business card and had not received a response. The service said they had not received it, nor were they aware that the relative's concerns had been raised with staff.

The registered manager stated that if someone raises a complaint staff should let her know. She explained that when a complaint is made it is recorded on the logging system. She explained some concerns are logged in a diary that she keeps locked away.

We checked the complaints record. A complaint that we were aware of was recorded as being received. There was no information in the record of the original complaint made by the complainant. There was no record of action to be taken, to learn from that complaint.

We found in the diary a record of three concerns that were not recorded in the complaints record. One was from the person who had received no formal response from the registered provider. The entry contained no information about what the complaint was, other than the person's name and 'an investigation'. A further record in the diary identified a meeting between professionals about a person who used the service and concerns being raised. There was no information about the action taken to investigate the concern and what actions had been taken to learn from the concerns that had been made.

A further record spoke of care staff sleeping on shift. The registered manager at first could not re-call what this was and then remembered it was not at Epworth House, but the actions to be taken were to be raised at all the registered providers services.

When we spoke with staff they were clear about how they would deal with any complaints. This did not include making the registered manager aware of any complaints that they had dealt with.

When we spoke with people and relatives they told us any concerns they had raised were received in a positive way, but they couldn't say what happened as a result of them raising the concerns.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service well-led?

Our findings

We checked progress the registered provider had made in relation to the breache of regulation in regard to assessing and monitoring the quality of service provision following our inspection on 27 October 2014 and 3 November 2014.

This service is registered by an individual provider. The registered provider had delegated responsibilities for the oversight of management at the home to a team of staff including an operations manager and regional manager. When we spoke with staff they told us the regional manager visited the service regularly and they had the opportunity to speak with them if they needed.

A registered manager had been in post since 5 June 2014 and was available throughout the inspection. The registered manager said she was supported by the operations manager and the regional manager.

We saw that the service's rating was displayed in the entrance of the home, as required by the regulations.

We found that visits had been undertaken by a compliance officer working on behalf of the registered provider. A visit was undertaken by them after the timescale cited on the warning notices. The audit identified that some actions were still to be completed. A further visit by the area manager identified good progress was being made.

This visit identified that, whilst the service had made some improvements in the areas requiring improvements since the last inspection, these were insufficient to meet the requirements of the regulations, because the systems that had been implemented had not always been effective in practice and risks identified managed in a timely manner. We also found evidence of new breaches of regulation.

A system of auditing people's finances had been implemented, which meant systems and processes were in place to safeguard people's money.

We found improvements had been made in the percentage of overall staff undertaking training. However, staff had not received training in people's behaviour that challenged. We found the staff had not improved their practice with the training they had received in MCA and DoLS training and the registered manager had not identified until the inspection that the actions taken by the service may be unlawful'.

The home visit log completed by the compliance officer identified an audit of staff personnel files was in place and no concerns were raised regarding the information and documents available for three staff files checked. We found all three files we checked did not contain satisfactory evidence of conduct in previous employment concerned with the provision of services relating to social care or vulnerable adults.

The home visit log completed by the compliance officer confirmed there were medicines audits in place, but we found people without individual medicines care plans, medicines not being stored securely and two people had been without medicine, one after complaining of pain.

A home visit log completed by the compliance officer identified a care file that had been reviewed by them had no care plans or risk assessments in place, because staff had not had time to complete them. The actions to be completed were for the home or deputy manager to audit new resident files 72 hours after admission to ensure all documentation was completed and that the professional visit log was completed in full. A further home visit log identified the need for an audit tool for the intermediate care unit paperwork as the documentation expected was different to other care files at the service. On the inspection, in all but one of the care files we looked at, we found incomplete documentation, one of which was on the intermediate care unit. This meant the service were not improving their practice as a consequence of evaluating and analysing the results of their audits.

On this visit we found a system was in place to identify, assess and manage risks associated with window restrictors. The registered manager told us the system had only been introduced in April 2015 and had not commenced. This meant risks associated with falls from heights were not being managed by the service.

The service had implemented an analysis of falls and incidents. We found this analysis was not individualised, which meant themes and trends were not identified for individuals.

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

We asked people, their relatives and staff of their opinions about the leadership and management of the service.

Inadequate

Is the service well-led?

When we spoke with people, they could not recall being involved in giving feedback about the service or taking part in any group meetings regarding this, other than those who had made the organisation aware of specific concerns or complaints.

The relatives we spoke with said they had not been involved in meetings but said "I think they hold them in the canteen", but could not be more specific than that.

People told us there was always someone in the office available to ask things. A relative confirmed this, but didn't know if it was the manager.

The deputy manager was named by two relatives as being particularly approachable and one said "The receptionist (and used her name) is fantastic".

The registered manager provided minutes of meetings that had been held for people and their relatives. We saw eight meetings had been arranged since the last inspection, five where no-one attended.

All staff spoken with made positive comments about the management and staff team working at the home. The registered manager told us that the home held staff meetings to review the performance of the home. The registered manager provided the minutes for staff meetings that had been held. We found topics such as care plans, 'secret shoppers', staff attitude, completion of care records, handovers, training, infection control, cleaning, accidents and incident reporting were discussed.