Pribreak Limited

Mount Pleasant Residential Home

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

This inspection took place on the 5 and 6 January 2017 and the first day unannounced.

Mount Pleasant is a residential care home that is privately run and close to the rural village of Norley. The service has two floors and is registered to provide care and accommodation to up to 24 people. At the time of the inspection, 22 people were living there.

At the last inspection on 23 May 2016 we found that there were a number of improvements needed in relation to the management of medicines, record keeping and the overall governance of the service. We issued requirement actions in regards to Regulations 12 and 17 of the Health and Social Care Act 2008.

On this inspection, we found that whilst some improvements had been made the registered provider did not demonstrate full compliance with the Health and Social Care Act 2008. A number of breaches were identified. You can see what action we took at the end of this report.

The service has a registered manager. 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 of the Health and Social care Act 2008 and associated regulations about how the service is run.

Risks to people's health, welfare and safety were not always identified and planned for. Accidents and incidents were not monitored effectively. The registered manager did not ensure that regular reviews of people's care were undertaken to identify risks, patterns or changes to care needs. There were no actions identified to keep people safe from harm.

Care plans and supporting documentation did not always accurately reflect the care needs of the people who used the service. This meant that people were at risk of not receiving the right care and support from staff that were less familiar with their needs. However, it was evident from our observations and discussions that staff on duty did know and understand their needs. People were treated with dignity and there was genuine warmth and affection displayed by staff towards them

The required pre-employment checks had not been undertaken prior to new staff starting work at the service. A Disclosure and Barring Service (DBS) check was in place but applicant's employment history or previous conduct had not been explored or verified. This meant that there was a risk that fit and proper persons were not always employed.

The registered provider did not have robust systems in place to monitor the overall safety and effectiveness of the service and to mitigate risks. Many of our findings during this inspection had not been identified by the registered provider or registered manager as a cause for concern. Other matters had been noted but swift action had not been taken to resolve the issues and to minimise the risk to people and others.

People were supported where possible to have maximum choice and control over their own lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. However, care plans did not reflect how people's consent was determined; their ability to make specific decisions and how best interest decisions were considered.

Staff were offered training, guidance and supervision for their role. Not all staff had completed the training required. This meant that people could not be assured that they received care and support from staff with the right knowledge and skills.

Improvements had been made to the administration of medication so that people received their prescribed medication safely. An assessment of staff competency was carried out and reviewed to ensure that this task was safely completed.

The registered provider has a statutory obligation to inform the CQC about a range of occurrences that may affect people who used the service. The registered provider had reported such events. This meant that we had the information to help us decide if we needed to take follow-up action to safeguard people.

Meetings were held with staff, people who used the service and their relatives to involve them in wider discussions about the service. Notes were taken of any suggestions and concerns in order to try to make the required improvements.

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

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.

Parts of the environment were unsafe and this posed a risk of harm to people and others. Remedial action was taken following the inspection.

Risks to people had not been thoroughly assessed and planned for.

Staff recruitment was not safe and people could not be assured of the conduct of staff in previous employment.

Improvements had been made to the management and administration of medicines. People said that they were safe and well cared for.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had an understanding of capacity and consent. People told us that they were involved in decision making and allowed to take risks. However, people's mental capacity to make decisions was not always documented.

People said that the support they received met their needs. Staff were offered the training, supervision and support to help them develop competence and confidence within their role. Not all staff had completed this training.

People received adequate support to ensure good nutritional and fluid intake to keep them well.

Is the service caring?

Requires Improvement

The service was not always caring.

People were put at risk by shortfalls in the safety of the premises and the lack of attention to potential harm and risk.

People said that they were well cared for and that they were

treated with dignity and respect. People were encouraged and supported to maintain their independence.

Confidential and personal information held about people was not kept securely.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Care plans and risk assessments were not kept up to date and did not accurately reflect the level of support people required.

Staff encouraged people to fulfil their potential and to remain as independent as possible. They utilised the support of health professionals to meet people's physical and mental health needs.

People had the opportunity to maintain links with the local community and they lived in a sociable environment.

People's concerns were addressed by the registered manager or registered provider.

Is the service well-led?

Inadequate 

The service was not well led.

The quality management system in place was not robust and did not ensure that concerns were highlighted or addressed.

There was a registered manager in place whom people, staff and relatives had confidence in. They felt concerns would be addressed.

The CQC were informed of key events which occurred at the service which affected the health and welfare of people.

Mount Pleasant Residential Home

Detailed findings

Background to this inspection

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

This inspection took place over two days, on 5 and 6 January 2017 and the first day was unannounced.

The inspection was undertaken by one adult social care inspector.

Prior to the inspection visit, we reviewed information that we held about the service such as notifications, complaints, compliments or concerns. We also looked at the information that the registered provider had submitted to us by means of a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the latest Healthwatch report from 21 July 2016 which was positive. Healthwatch Cheshire West has the power to enter and view services to observe the nature and quality of them and comment on what is being done well and what could be done better.

Throughout the inspection we spoke with fourteen people who used the service and five relatives and friends. We also spoke with representatives of District Nursing, Tissue Viability and Continence services.

We spoke with five staff members about their work as well as meeting with the registered provider and registered manager.

We looked at a sample of staff records including recruitment, training and performance. We reviewed other documents relating to the overall management of the service for example: checks on utilities, audits and

safety checks. We sampled records kept in regards to people who used the service and this included medication administration records (MARs) for 11 people, and care records for ten people,

Before, during and after the inspection we also spoke with representatives of the local authority, the community nursing service and Cheshire Fire and Prevention authority. This was to seek an opinion of the safety and effectiveness of the service and also to share concerns which we found over the course of the inspection.

Inadequate

Is the service safe?

Our findings

People who used the service told us that they felt safe and cared for. Comments included "I'm as safe as houses here", "I have never been safer", "My family can relax knowing that I am safe and well looked after" and "I have every confidence in the staff". Relatives we spoke with shared this view of the service and expressed no concerns about the safety of the care delivered.

When we inspected the service in June 2015 we raised concerns about unsafe recruitment procedures. At this inspection we found repeated concerns. We checked the personnel files of four staff and identified concerns with each.

All staff had a Disclosure and Barring Service (DBS) check in place and this had been received prior to them commencing employment. Due regard had been taken of any issues raised within those documents by the registered manager. A DBS provides the employer with information about any criminal convictions or cautions and whether the person is barred from working with vulnerable adults or children. However, not all staff had completed an employment application form or submitted a full employment history by another means. This meant that the registered provider did not have all the information they needed to assess the suitability of the applicant prior to an offer of employment.

In some cases, references were not requested from the last or any previous employer. This meant that their period of employment or conduct could not be verified. A reference obtained from a previous employer for one member of staff stated employment dates different to those provided by the staff member on their application form. This had not been identified by the registered manager. This has placed people at risk of potential harm because the registered provider failed to ensure that the person's employed were of good character and had the competence, skills and experience for the work they were required to undertake.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the registered provider had failed to demonstrate that they employed "fit and proper" staff.

On previous inspections, we raised concerns in regards to a number of safety issues within the service and asked the registered provider to take remedial action. During this inspection we found that this had not been done.

Radiators had not been fitted with covers and the temperature was not centrally controlled. Three radiators did not have individual thermostatic controls and the temperature of one of these indicated 50.8 degrees centigrade. Guidance from the Health and Safety Executive (HSE) recommends that where vulnerable people may come into prolonged contact with such equipment, it should be designed or covered so that the maximum accessible surface temperature does not exceed 43 °C. This meant that there was a risk of burning should a person be in prolonged contact with the surface of the radiators. Following this inspection, we received confirmation from the registered provider that some radiators had been replaced with "cool touch" models whilst others had been fitted with covers.

The registered manager had noted in her audits and discussions with the registered provider that the water in some of the bedrooms and bathrooms was running in excess of the recommended temperature. We found that no remedial action had been taken to resolve this matter. We measured the hot water temperature on one sink and found it to be at 52 degrees centigrade which posed a significant risk of scalding. Guidance from the HSE recommends that water should not exceed 44 degrees centigrade. Following the inspection, we received confirmation from the registered provider that work had been carried out to resolve this matter.

On previous inspections the service did not have window restrictors fitted on the upper floor and we had been informed that steps had been taken to remedy this concern. However, the restrictors in place did not meet the safety recommendations made by the HSE in that they could be easily overridden. This placed people at risk of falling from heights. Following the inspection, we received confirmation from the registered provider that suitable restrictors had been ordered and fitted.

The registered provider must assess the health risk to people who used the service, staff and visitors, and decide on the action they needed to take to prevent or control exposure to hazardous substances. An assessment in regards to the Control of Substances Hazardous to Health Regulations 2002 (COSHH) had not been undertaken and this therefore placed people, staff and visitors at risk.

The Fire risk assessment for the premises had not been updated since 2015 and the evacuation plan could not be located until the second day of the inspection. No timed evacuations had taken place since 2015 to ensure that staff were competent in such a circumstance and to test of the robustness of the evacuation plan. The registered manger and staff had different opinions as to the correct action to take in the event of a fire and none of the staff had received fire marshal training. Some people were cared for in bed and required the use of a hoist to safely transfer. No consideration had been given to alternative equipment in order to move those people quickly in the event of an emergency. Some fire doors did not close automatically into the door recess as they were catching on the carpet or the latch. This meant that we could not be assured of the safety of people in the event of a fire. We shared these concerns with Cheshire West and Chester Fire Prevention & Protection authority for their consideration.

There had been an increase in domestic hours since the last inspection and the service looked visibly cleaner. Some areas of the service still required remedial repair, as did some equipment such as wheelchairs and commodes which needed deep cleaning or replacement. We highlighted to the registered manager the use of communal toiletries, perfumed liquid soap and the lack of paper-towels at points of care delivery as an infection control risk.

Records of incidents for both people and staff were kept through the use of an accident book. However, there was no evidence to support a detailed review of incidents and accidents that had taken place. This is essential in order to identify themes and trends or actions that could be taken to prevent further risks occurring. From accident reports we identified that a number of people had fallen within the service. However, falls risk assessments had not been updated with this information. Other factors that increased risk, such as changes in medication, had not been taken into account. For one person, these changes would have taken them from moderate to high risk. There were no management plans in place to determine what changes had been identified or actions taken to minimise risk. This meant that risks to people were not assessed or managed.

The nature of a person's physical or mental health occasionally placed them at risk of harm: such as falls, weight fluctuation or the development of pressure ulcers. However assessments to determine whether there were any risks associated with people's care had not always been carried out and those that had were not

been updated to reflect changes. This meant people were at risk of receiving unsafe care.

These were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have effective systems in place to identify and assess risks to the health and safety of people using the service.

At the last inspection, we found issues with the safe management of medicines and issued a requirement action for a breach of Regulation 12 of the Health and Social Care Act 2008. The registered provider submitted an action plan which showed improvements would be made by 5 July 2016. During this inspection we found that the required improvements had been made.

There was a record kept of medication carried over from the previous month and medication received into the service. This helped to ensure that accurate quantities of medications were available for people. We looked at the stock of medication and medication administration records (MARs) for 11 people. MARs were completed appropriately and the stock of medication available corresponded with the records. Medication was stored safely and in line with the dispenser's requirements. Some people were prescribed variable doses of medication or medication to be administered 'as required' (PRN). Care plans were in place to direct staff as to when these should be offered and records reflected the dose administered. Some people had creams in their rooms as they applied these themselves or staff did this at the point of delivering personal care. Risk assessments had not been undertaken in regards to self-administration or storage. Cream charts were not always completed but people told us that staff always applied these as required.

Staff indicated that one of their main aims was to keep people safe and to minimise the risks. Staff had an understanding of safeguarding and had been provided with the opportunity to complete training. Staff knew what they needed to report and to whom. The manager completed a safeguarding return to the local authority on a monthly basis highlighting any concerns that had arisen and the actions taken.

People told us that staff came to them in a timely manner both day and night. One person commented that "The staff are here right away; as soon as I have pressed that buzzer" and another said "There are plenty of staff as far as I am concerned". A dependency assessment was used to help determine staffing levels and this was regularly reviewed. We observed that there were sufficient staff on duty throughout the inspection to meet the needs of the people and to keep people safe in an emergency. We observed that staff had time to spend time with people and they were not rushed. Staff confirmed that there were sufficient numbers to allow them to provide care and support in line with a person's wishes.

Requires Improvement

Is the service effective?

Our findings

People told us that the staff were "Very competent "and "They provide everything that is needed to keep us all well". Another person commented "I put all my trust in the staff as they are excellent at what they do". Relatives shared this view and commented that "Staff are very effective in keeping people as independent as possible".

New staff confirmed that as part of their induction they had undertaken a period of orientation at the service and shadowed more experienced staff members before they worked alone. The registered manager told us that the period of supervision was not "Set in stone" but dependent upon the previous experience of the staff and how they demonstrated competence. Staff also undertook key training such as safeguarding, moving and handling and infection control within the initial period of employment. New staff were enrolled on the Care Certificate if they did not already hold this award. The Care Certificate is an identified set of standards that health and social care workers should adhere to. The registered manager did not keep a record of the induction programme completed or record a formal assessment of staff competence in the role.

Staff were provided with on-going training and support. Staff had been registered for a Diploma in Health and Social Care (QCF). Some training was face to face whilst other training was completed "on line". However not all staff had completed the training that was required of them and staff meetings indicated a reluctance of some staff to complete this as the registered provider expected them to complete some of this training in their own time.

The registered manager had enlisted the guidance of allied professionals or sourced training where concerns had been identified in relation to staff knowledge or understanding about meeting people's needs. Following safeguarding concerns staff had undertaken specific training in relation to the monitoring of pressure ulcers in order for them to better meet people's needs. Additional support from the community health services had also been provided in regards to falls, continence care, and managing diabetes.

Senior staff had undertaken training to ensure that they were competent and confident to manage and administer medication. Direct observations had been undertaken by the registered manager and there was evidence of repeated assessment of staff knowledge and understanding where there had been some concerns around their practice. This meant that people received medication from staff with the skills and knowledge to do so safety.

The registered manager undertook formal one to one supervision with staff and a record was kept of these sessions. These gave staff the opportunity to discuss issues of both a personal and professional nature. Staff we spoke with confirmed that the registered manager observed them in their day to day work and raised any issues of concern outside of a formal supervision.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

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

Staff had received training around MCA and DoLS and demonstrated an understanding of this in their discussions with us. They spoke with us about mental capacity, choice and situations where they might act in a person's best interest. People confirmed that staff always sought their consent to care and offered them choices in their day to day lives. People also told us that staff respected their decisions not to accept care and support. One person told us that they had been asked to allow staff to check their pressure areas as they could be at risk of developing a pressure ulcer but that they felt this was an invasion of privacy and often said no. It was clear from our discussions with this person that understood the risks. We spoke with the registered manager about the need to ensure that it was clearly documented where a person had mental capacity to understand and make an unwise decision.

We observed that the majority of people at the service were able to make most day to day decisions for themselves. Staff offered choice and involved people in day to day discussions about their care and support. However, where people could be deemed as lacking mental capacity to make decisions, there was no assessment of their capacity within the care planning process. For example: each person had a care plan for medication and this detailed how staff were to provide support and what people were able to do for themselves. However, these did not address a person's mental capacity to consent to receiving support or whether staff was administering this based on a best interest decision.

The registered provider had submitted to the local authority a DoLS application where this was deemed appropriate but none of these had yet been authorised. It was not clear in a person's care plan where an application had been made or the reasons why. It was also clear that staff had been encouraged to explore the 'least restrictive' ways of providing care. An example of this was an assessment for one person, who lacked mental capacity to understand the risk of getting out of bed unsupervised: this concluded that bed rails should not be used as they were too restrictive and posed a greater risk of harm. Therefore more regular checks and a crash mat were used in its place.

An assessment was undertaken of a person's nutritional and hydration needs. If concerns were identified further monitoring was put in place and/or a referral to the medical professionals took place. In these instances, food and fluid charts were recorded and reviewed to ensure that a person's intake was sufficient. People were very happy with the food, snacks and drinks on offer throughout the day. All meals were cooked from fresh ingredients and based upon the likes/dislikes of people. Meal times were a pleasurable and social experience with nearly everyone coming together at the tables. The dining tables were laid with cloths, place settings and condiments. Staff provided appropriate assistance where this was required.

Requires Improvement

Is the service caring?

Our findings

People, without exception, were full of praise about the service. Comments included: " This is home from home and the staff are all my family now", " I love it here and would not want to be anywhere else", "The staff are great, everyone one of them really cares" and "I would recommend that anyone put their name down to come here".

We found in daily records that staff did not always afford a person dignity or respect in the way they made reference to people, For example daily records included phrases such as "Crabby tonight", and [name] fell asleep without buzzing or fussing tonight. We brought this to the attention of the registered manager to discuss with the staff concerned.

Relatives and visitors spoke warmly about the service: the staff, the environment and the registered provider. They commented that they had "Every faith" in the home to provide good and safe care. Relatives visited any time of the day or night and they told us they felt welcomed. One relative had lunch everyday with their loved one as they were socially isolated and missed being with them.

Staff showed a concern about people's welfare and that of relatives. From conversations and discussions with staff it was evident that they had taken time to learn about people including, their background, preferences and wishes. There was lots of talking, laughter and banter between staff and people who lived at the service.

People told us that the staff were very kind and patient with them when they were unwell. A person told us they had an accident and they described how staff was reassuring and got them the help that they needed. Afterwards, they described how staff had helped them gain their independence and mobility following the incident.

Relatives spoke to us about the emotional support provided to people especially when making the transition into the service or during times of loss. Over the course of this inspection a person who had lived at the service for some time was moving out to another setting due to an increase in their needs. Staff supported the person and others who were visible upset to see them go.

People had made friendships within the service and talked fondly of each other. One person said "I am upstairs today as I am not feeling well but I don't like it. I can't wait to get better and go back down as I miss my friends, the chats and playing games". During this time people were supported and assisted to visit that person in their room so that were not isolated.

Not everyone received visitors or had close relationships with family and friends for independent support. However, the registered provider provided people with information and assisted them to access local advocacy services.

Staff had also under taken training around equality and diversity. Staff recognised people's different needs,

religions and backgrounds. More links had been made with the community to so that people's different religious needs could be met, for example through visits from churches of different denominations.

People's personal records such as care plans were kept in a secure cupboard and only authorised staff had access to them. Records for archiving were kept locked in the registered manager's office for a period of time so that they were easily accessible should they be required. We raised with the registered manager the security and confidentiality of other records that held personal information such as MARs, handover records, and daily notes. This was because they were stored on a shelf in the dining room making them easily accessible to anyone within the home.

Whilst we observed that the staff were very caring the potential impact on people regarding other aspects of the service were taken into account when assessing the overall outcome of caring. This included the risks posed to people from an unsafe environment and the lack response to increasing risks to health and safety.

Requires Improvement

Is the service responsive?

Our findings

People told us that the staff got to know them very well and that their support was provided in line with their wishes and preferences. People made comments such as "I can get up or go to bed whenever I want. The staff always say 'it's entirely up to you', "The staff will do anything for you and always check before going ahead with things" and " I am so much better since I came here, they really help get you back on your feet". One relative told us that they had recently been involved in the writing of their family members care plan. They saw this as a positive way forward to ensure that staff were aware of all their relatives' wants and wishes. Another relative told us "The staff make every effort to ensure that [relative] has exactly what they need: day or night.

On the last inspection we noted that registered provider did not ensure an accurate, complete and contemporaneous record was kept in regards to each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider submitted an action plan stating that improvements would be made by 5 July 2016. We found that these improvements had not been made or sustained.

The registered manager had rewritten all of the care plans at the service but they had not been reviewed to incorporate any changes. Therefore, care plans and other documentation, relating to the provision of support, did not always accurately reflect the care required or provided. A lack of up to date information about people's needs meant they were at risk of not receiving the right care and support.

Daily records for people who had a catheter indicated that staff were vigilant in its monitoring and had made appropriate calls to the GP or District Nurse where there had been a cause for concern. However there was a risk that people would not receive the right care and support with catheter care because there was a lack of written information for staff. There was no recorded oversight of the input and output of fluids to ensure a catheter was draining well. In addition there was no information in the care plans to direct staff as to the indications of a catheter becoming problematic or when to seek advice from the medical services.

Some people who used the service required emotional support due to anxiety, fear or depression. This was not always clearly indicated in their care plans. One person spoke to us about their fear of being left alone in the bathroom and staff failing to attend to them. This was based upon a real event that the person had experienced during a hospital stay. This impacted on their current situation but there was no reference to this in assessments or care plan. Another person had a mental health care plan in place to reflect recent bereavements and loss of independence. Staff we spoke with were aware of some recent concerns in regards to the person but the person's care plan had not been updated to reflect the increased risk of harm to self or others.

Some people had health conditions that posed specific risks but care plans lacked in information and guidance for staff.

The service utilised a Waterlow risk assessment to help identify those people at risk of developing a pressure

ulcer. These had not been updated to reflect changes in a person's physical health or skin integrity. There were two instances where a person had developed a pressure ulcer and the risk had not been recognised or reported by the staff .This meant staff had not been alerted to the increasing risk in order to take prompt remedial action to avoid the risk of harm.

For those persons for whom weight monitoring was required, a dietary assessment was completed. The assessment was used to determine the risk of weight loss or gain, the frequency of weighing required, and indicated when further advice was required. None of those we reviewed had been updated when a person's circumstances changed.

Staff did not fully understand or assess the information gathered in order to determine risk. For example: records indicated that a person had lost 3.3 kg between 26 November 2016 and 4 January 2017. Daily notes indicated that staff were aware of this and had spoken to the person about their appetite and the things that they could do to try to increase the person's calorie intake. However the Body Mass Index information indicated that it sat within the "obese" range and therefore this weight loss could be a positive factor.
On the 15 June 2016 a risk assessment for manual handling stated that a person was to be transferred by use of a hoist as they were not able to weight bear. However, their mobility care plan dated 8 December 2016 indicated that they were weight bearing for transfers; the hoist only used if they were tired or had difficulty standing. This meant that there was conflicting information on risk which could result in the wrong level of support being provided.

There was no information to guide staff as to what are the risk factors for someone with diabetes, the symptoms of high or low blood sugars (BM's) or the actions staff should take should a person's BM's fall outside of the acceptable range. One care plan simply stated to "monitor for the signs of hypo or hyper glycaemia". Not all of the staff we spoke with knew what these indictors might be. Health conditions indicated that a person had a history of seizures and although staff were aware of the risks and felt confident in managing it, there was no care plan in place to highlight this specifically for staff: A number of other people took medication that placed them at risk of excessive bleeding or bruising. For example: warfarin. However, there was no information to direct staff as to what precautions or actions they needed to take to minimise the risk of this.

Through discussions and observations we found that staff had an understanding and awareness of the support required for people. However, the lack of information meant that there was a risk that staff less familiar with the person may not provide the right level of care or support.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 because the registered provider failed to ensure that records relating to care and treatment were complete, accurate and up to date.

People and their relatives were aware of how to raise a concern and said that they would have no hesitation in raising any issues with the registered provider or the registered manager. One relative said that the "Managers door is always open and we have a chat when I visit as to how things are and I can raise any issues without fear". There was a compliments and complaint log kept by the registered provider. Since the last inspection there had been four compliments recorded praising the staff for their "Excellent care" "Kindness" and "Professional attention". There had been one concern raised and this had been investigated and a response provided.

People told us they were never bored as there was "Always something to do, to read, to listen to". There was no one solely responsible for the provision or organising of activities within the home. However, staff were

observed to actively encourage people to join in games, quiz time or to watch a film. The registered manager had also tried to encourage interaction with the local community: the home had hosted the McMillian coffee morning and people had attended events in the community hall.

Inadequate

Is the service well-led?

Our findings

All the people who lived in the home knew who the manager was. They described her as "Friendly", "Approachable" and "Always running about trying to sort things out". Relatives told us that there had been positive changes since the manager started and that she was always willing to listen or sort things out. One said "Her office is right in the dining room so there is no escaping her seeing what is going on or hiding from anyone"

The manager started at the service in May 2016 and was registered with the CQC on 14 August 2016.

At the last inspection in May 2016 we noted that the registered provider had still not made adequate improvements to monitor the quality and effectiveness of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider submitted an action plan which showed the required improvements would be by 5 July 2016. We found that the improvements had not been made or sustained.

When we last inspected in May 2016, the registered manager was in the process of establishing a more robust audit system, however during this inspection it was not in place. A schedule of audits had been drawn up but they had not been completed.

The registered manager told us that she had not been able to delegate tasks to relevant staff due to concerns about their knowledge and competence to carry out new roles and responsibilities. As a result, she said that she had been "Pulled all ways and not been able to complete anything fully". These concerns were being addressed through further training, performance management and a greater level of input from the registered provider. She informed us that she hoped to be in a position to delegate some aspects of care planning, supervision and audit.

Although there was reporting of accidents, incidents and low level safeguarding returns, no analysis had taken place of these events. At the inspection in May 2016, the registered manager informed us that it was her intention to introduce an audit tool that would look at the time, location and circumstances of any accident in order to identify themes and trends across the service. This had not yet been implemented. This meant that this information was not reviewed in order to highlight any improvements that could be made within the service to further minimise risk.

The registered manager and registered provider met on a weekly basis to discuss events and issues within the home. It was clear from the minutes of these meetings where concerns were highlighted but there was no clear action plan or outcomes following this. For example: the hot water was raised as an issue to the registered provider in October 2016 yet it remained a concern in January 2017.

There were no audits recorded for infection control, care planning or daily records as indicated in the action plan. Medication audits were not carried out on a regular basis. The registered manager had taken it upon herself to write all the care plans and therefore there was no one to oversee and review the accuracy of her

assessments.

The issues around safety and documentation identified in this report had not all been identified or adequately addressed by the registered persons.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had inadequate processes in place to monitor the quality and effectiveness of the service.

Although no audits could be evidenced, the registered manager had identified some shortfalls within the service. She shared with us a draft report produced for the registered provider which highlighted on-going improvement required in regards to staff matters, training, cleaning, policies and procedures, care planning and associated documentation. This report also identified how these matters may be addressed going forward. The registered manager had yet to meet with the registered provider to prioritise these tasks and agree an improvement plan.

Meetings had been held by registered manager and registered provider for staff, people who used the service and their relatives to discuss the service and to illicit their views, comments and suggestions for improvement. Records were kept of these meetings and they demonstrated open and honest discussions between the registered manager and staff in regards to roles, responsibilities and expectations. The minutes of resident and relatives reflected positive comments with no areas of concern.

The registered provider and registered manager had ensured that CQC were made aware of key events that occurred within the home. Notifications were submitted in a timely way in regards to matters such as safeguarding, serious injury or death. This meant that CQC could be abreast of any concerns and ensure that they responded to them in a timely manner.