

Ms Rokeya Hussain

Greenmantle Care Home

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

This unannounced inspection took place on 23 and 29 August 2017.

Greenmantle is a 15-bed care home providing accommodation and care for older people, including people living with dementia. When we visited 12 people were using the service. At our last inspection on 23 and 30 November 2016 we found four breaches of the Health and Social Care Act 2014. Medicines were not safely managed and there were not enough staff deployed at nights to safely meet people's needs. In addition people's privacy and confidentiality was not maintained and the service had not been effectively monitored. Since that inspection action had been taken and some improvements made. People's reviews were held in private, the registered manager had increased the checks they made on the service, medicines storage and administration had been reviewed and care plans had been changed. However, further work was needed to ensure that people received a good quality of service.

The service had 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 in the Health and Social Care Act and associated Regulations about how the service is run.

The arrangements for administering medicines were not always safe. Improvements had been made since the last inspection but did not ensure people received their prescribed medicines safely.

The provider had systems in place to monitor the service provided and changes had been made since the last inspection. However, the monitoring and development of the service was not robust as this did not identify the shortfalls we found during this inspection to ensure people were safe at all times.

Staffing levels were not sufficient to safely and effectively provide people with the care and support they needed.

Planned improvements to the environment were still pending and the registered manager was looking at ways to make the service more dementia friendly.

There was a stable staff team who knew people's needs. Although changes had been made to care plans since the last inspection further work was needed to enable staff to provide consistent support.

Discussions and reviews about people's care were held in private. Personal care was provided in private but the storage of incontinence products in the communal lounge was not discreet and compromised people's dignity.

Systems were in place to safeguard people from abuse and staff were aware of how to identify and report any concerns about people's safety and welfare. However, safeguarding incidents had not been reported to

the local authority safeguarding team.

Staff received up to date training and support to enable them to carry out their duties.

People were supported to receive the healthcare that they needed. They told us they felt safe at Greenmantle and were supported by kind and caring staff.

We saw that staff supported people patiently and encouraged them to do things for themselves.

Information about complaints and activities was available for people and pictures and larger print formats were used to help those who might find it difficult to read or understand.

The provider's recruitment process ensured staff were suitable to work with people who need support.

Systems were in place to ensure that equipment was safe to use and fit for purpose.

Complaints and concerns were investigated and information on complaints was clearly displayed. People knew who to raise complaints and concerns with.

Systems were in place to ensure that people received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs were met and this included cultural or religious diets and preference but the quality of mealtime support was not always consistent.

Activities were provided and had improved but people and their relatives told us that there were still not enough for people to do.

We found three 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. The system for administering medicines was not robust.

Staffing levels were not always sufficient to meet people's needs.

Staff were trained to identify and report any concerns about abuse and neglect. Staff felt confident to report abuse. However, this was not always appropriately followed up by the management team when this was reported to them.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. People were provided with a nutritious diet that met their needs and cultural preferences but the quality of support at mealtimes was not always consistent.

Systems were in place to ensure that people were not unlawfully deprived of their liberty.

Planned improvements to the environment were still pending and the registered manager was looking at ways to make the service more dementia friendly.

The staff team received the training they needed to support people who used the service.

People's healthcare needs were identified and monitored. Action was taken to ensure they received the healthcare they needed.

Requires Improvement ●

Is the service caring?

The service was not consistently caring. People's dignity was not always maintained.

Staff supported people in a kind manner and responded to them in a friendly and patient way.

Requires Improvement ●

People were encouraged to remain as independent as possible and to do as much as they could for themselves.

Is the service responsive?

The service was not consistently responsive. Care plans did not always give consistent or detailed information to ensure that people received care and support that fully met their current needs. However, there was a small stable staff team who knew the people they supported and their needs.

People were encouraged to make choices about what they did and how they were cared for.

People told us activities had improved but felt that they needed to be developed further.

Complaints were investigated and information on complaints and other topics was accessible for people who used the service.

Requires Improvement ●

Is the service well-led?

The service was not well led. The systems in place to monitor and improve the quality of service provided were not robust. Shortfalls in the service were not always identified by the provider and registered manager. Therefore necessary action was not always taken to rectify these.

People were asked for feedback about the service and their comments were taken into account.

Staff told us that the manager was accessible and approachable and that they felt well supported.

Inadequate ●

Greenmantle Care 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 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 unannounced inspection took place on 23 and 29 August 2017.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we received feedback from two local authority contracts teams. We also reviewed the information we held about the service. This included a safeguarding report from a senior social worker.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with five people who used the service, the registered manager, the provider, the deputy manager in training, two senior care staff, three care staff and four relatives. We looked at five people's care records and other records relating to the management of the service. This included four staff recruitment records, staff rotas, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records. After the inspection we received further written feedback from the local authority contracts team and spoke to a health care professional.

Is the service safe?

Our findings

People told us they were safe at Greenmantle. One person said they felt safe because they knew where everything was and there were other people there. Relatives also felt that people were safe. One relative commented, "Residents are definitely not in danger." Another relative told us, "I think [family member] is safe here." However, we found that not all aspects of the care provided were safe.

At our last inspection we found night staffing levels were not sufficient to safely and effectively meet people's needs. This was because two people required the support of two staff for their personal care and moving and handling needs. However, there was only one staff member on duty at night and at times the one staff member instead of two was carrying out these duties. At this inspection we found that both of the people concerned no longer used the service. However, we also found that there was still one person on duty at night and three people needed the support of two staff for moving and handling and personal care. Staff told us and records confirmed that on occasions some of those requiring the support of two staff were in fact assisted with personal care and out of bed by one staff. This placed both the person and the member of staff at risk of harm or injury. Night staffing levels were not sufficient to safely meet people's needs.

Relatives were not confident that staffing levels were sufficient to meet people's needs. Referring to staffing levels, one relative told us, "At times, no. Usually there are two and they're really pushed." Another relative said, "Definitely not. We came one evening about 7pm and there were two [staff]." A third relative commented, "I don't know; it varies. There are usually two staff when I come around 4.30 to 6.30pm."

We found that during the early shift there was one senior care worker and two care workers on duty and one senior and one care worker for the late shift. In addition, during the day the registered manager, deputy manager in training, domestic and kitchen staff were on duty. However, the registered manager was not on duty during the weekend and the deputy in training worked part time and also not at weekends. Other than the permanent cook, domestic and kitchen staff also worked as care staff and could provide support when needed. Staff told us that this was sufficient to meet people's needs and that they got help from the registered manager and other support staff.

However, for periods of the late shift there were only two staff available to support people. Which meant that either those needing the support of two staff were not appropriately supported during that time or other people were left without support. Therefore we could not be confident that there were always enough staff on duty to safely support people. The registered manager told us that staffing levels were dependent on people's needs but there was not any system in place to calculate staffing levels.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found systems were not in place to ensure people received all of their prescribed medicines safely. Some medicines were administered without people knowing (covertly) but the system for managing this was not robust and did not ensure people's rights were protected. In addition some people

were not receiving their medicines as prescribed and there was not an accurate record of medicines they had received.

At this inspection we found that action had been taken to address some of these issues. However, further improvements were needed to ensure people received their prescribed medicines safely.

Since the last inspection the registered manager had implemented monthly medicines audits and we saw that any issues found were recorded and actioned. The medicines trolley had been re-organised with individual medicines being stored on a named shelf or in a basket so that they were all together and easily accessible. There was a separate container for refused medicines and another for unused medicines for return to the pharmacy. They had also arranged for a pharmacist audit and the recommendations from that audit were being actioned. For example, a medicines handover book was introduced to share any medicines issues that had arisen with the next shift such as someone refusing their medicines. In line with good practice, opening dates were recorded on liquid medicines, to ensure that they were not used after the expiry period from the date of opening.

People who received their medicines without their knowledge (covertly) had been reviewed by the GP. Records confirmed the GP had agreed that the covert administration of medicines was in their best interest and that they did not have the capacity understand the implications or consequences of not taking their medicines. We discussed this with the registered manager and have recommended that more detailed records be kept. This should include any other options considered, a list of the medicines agreed as being necessary to administer covertly and any feedback from the pharmacist. The system for managing covert medicines had improved and people's rights were protected. The recommended changes will make this more robust.

Overall guidance had been put in place for staff about the administration of medicines which were prescribed on an 'as required' basis but there was no individualised information to enable staff to make decisions as to when to give these medicines to ensure people received these when they needed them and in a way which was safe. For example, for one person the guidance said to follow the GP's instructions. However, the medicines label said to give one or two tablets.

Medicine Administration Record (MAR) charts were completed and were easy to follow. They included people's photographs to check that medicines were given to the correct person. Allergies were also indicated. When a person started to use the service or returned from a hospital stay, staff copied the details of medicines they had with them onto the MAR sheet. However, they did not have any details from the person's GP or the hospital to confirm the medicines the person should be taking. Therefore staff were unable to check that people had the correct medicines with them. This placed people at risk of not receiving all of the medicines they required.

After the inspection we were informed by a local authority representative that during a visit to the service they found that on the morning of their visit the medicines for one person had been given but the MAR had not been signed. As a result of their concerns regarding this they had raised a safeguarding alert. This further demonstrates that medicines administration was not robust.

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

Staff who administered medicines had received medicines training from the pharmacist. They had individual workbooks and were observed and assessed as competent by the pharmacist. Medicines training

and competency assessments took place before staff began to administer medicines. Staff then received refresher training on medicines yearly and were assessed to check their competences with medicines. Therefore systems were in place to provide staff with the necessary competency and skills to safely administer medicines.

Medicines were securely and safely stored in a medicines trolley that was kept locked and attached to the wall to ensure it could not be moved or opened by unauthorised persons. Only senior staff had access to the medicines keys. There was also a Controlled Drugs (CD) cupboard and medicines requiring cold storage were kept within a locked medicines fridge in the kitchen.

Staff were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They told us they had received safeguarding adults training and felt confident to report bad practice. When asked what they would do if one person hit another person, a member of staff told us they would calm the situation and separate people. They added that they would report this to the manager for them to decide on what action was needed. Records showed one person had recently slapped another person. The registered manager had dealt with the incident but had not raised this as a safeguarding issue as they were not aware that such incidents between people who used the service needed to be dealt with as safeguarding. We discussed this with them and when another incident occurred this was reported to the local authority safeguarding team.

We recommend that all staff, including the management team, receive refresher safeguarding training to ensure that they are fully aware of what constitutes a safeguarding issue, how to deal with this and who to report to.

People were protected by the service's recruitment process which ensured that staff were suitable to work with people who needed support. This included prospective staff completing an application form and attending an interview. We looked at the files of four members of staff. We found the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. There was evidence in staff records to confirm that staff were legally entitled to work in the United Kingdom.

The premises and equipment were appropriately maintained and systems were in place to ensure that equipment was safe to use and fit for purpose. Records showed that equipment was available, serviced and checked in line with the manufacturer's guidance. Gas, electric and water services were also maintained and checked by qualified professionals to ensure that they were functioning appropriately and were safe to use. The records confirmed that weekly checks were carried out on fire alarms and call points to ensure they were in good working order. A fire risk assessment was in place and staff were aware of what to do in the event of an emergency. Each person had an individual personal emergency evacuation plan. Systems were in place to keep people as safe as possible in the event of an emergency.

Is the service effective?

Our findings

When we asked people what they thought about the staff, they responded positively. Comments included, "They are fine. Everything is done", "They are very good" and "I've got no complaints at all. They work very hard."

People were provided with a choice of suitably nutritious food and drink. There was a two weekly rotating menu and the service was able to cater for a variety of dietary needs. At the time of the inspection, this included diabetic, vegetarian and pureed diets. However, we noted that this menu had not been changed since 2014. We discussed this with the registered manager and they agreed to discuss possible menu changes with people and their relatives. There was also a separate menu for a person who usually preferred Asian food. A member of care staff was covering for the cook and had received food hygiene training. They told us that if someone did not like something they were given an alternative. They were aware of people's dietary needs and we saw that for pureed diets, each food was pureed and served separately to enable them to enjoy the different tastes. People were supported to have meals that met their needs, including any culturally specific preferences.

Overall people were satisfied with the meals provided. One person told us, "They're very good, they ask. They'll show you and you choose what you want." A second person said that they liked the food and a third person commented, "There are always sandwiches and they're really nice." A relative told us, "It [food] looks nutritious. My [family member] is a light eater. They get water bottles and they bring tea or juice." However, one relative felt there was not any choice of food and another thought people needed to be given drinks more often. We saw that jugs of drink were available and were given to people during the day and that tea, coffee and biscuits were served mid-morning.

We observed lunch time and found that the support provided was not consistent. Some people ate independently and others needed assistance from staff. We saw examples of positive interactions between staff and we observed that staff appropriately supported and encouraged people to eat and that they were not hurried. However, we also saw that one member of staff left a person's food out of their reach. Another member of staff later moved it towards them and explained what the food was in a caring way.

The registered manager explained that some people had their breakfast late and that there was one person who often had a second breakfast during the morning. They said staff were aware of this and for those people lunch was offered a little later as this suited them better. She added that this could lead to the impression that some people were left waiting for their lunch but it was not the case. We saw that one person liked to have their meal left in front of them and would gradually eat it when they were ready. Staff were aware of this and when the person indicated they did not want their plate removed, staff respected this.

People's healthcare needs were monitored and they were supported to receive the healthcare input they needed. One person said they had not needed to see a doctor and others said they saw the doctor when needed. Feedback from a health care professional was that although there was "still a way to go" the service

had improved and staff reported any concerns quickly. In people's records we saw that when needed, they had been seen by dietitians, speech and language therapists and district nurses. If relatives were not able to escort people to medical appointments, then the staff did this. During the inspection we saw that a member of staff supported one person to the dentist.

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

None of the people had a DoLS in place but the registered manager had discussed capacity issues with the GP and was aware when relevant applications needed to be made to the supervisory body. Staff had received MCA training and understood that people had the right to and should make their own choices as far as possible. Best interest decisions had been made for people when appropriate. For example, with regard to covert medicines. People were not being unnecessarily or unlawfully deprived of their liberty.

Staff told us that the registered manager was approachable and supportive. They received supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) approximately every three months. One member of staff said that during supervision the registered manager asked after their well-being, about any concerns or issues and discussed training. Systems were in place to share information with staff including handovers between shifts, staff meetings and group messages via staff mobile phones. Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

Records showed that staff had received a range of training including dementia, safeguarding adults, moving and handling, and mental capacity. The registered manager said that staff were now paid to do training and this had made a positive difference to the courses they completed. Staff told us that they received the training they needed to support people who used the service. One member of staff said, "The training is good. Some is face to face and some on line." Another told us, "Loads of training and its kept up to date." A third said, "[Registered manager] encourages training and encourages you to move forward." A healthcare professional told us, "They [staff] are now doing training and this included pressure area care." Staff had completed the Care Certificate. This is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. People were supported by staff who received appropriate training to enable them to provide the support they needed.

The service was provided in a large house in a residential area. There was a lift and ramped access to the building making it accessible for people with mobility problems or who used wheelchairs. In addition, to individual bedrooms there was a large lounge dining area with a conservatory attached. There was an adapted bath and a walk in shower. The kitchen and bathrooms were still in need of improvement and the provider told us that they planned to refurbish those areas. There were pictures on the doors of the toilets, bathroom and some bedrooms to help people, particularly those living with dementia, to identify these areas. In the provider information return the registered manager told us they were going to carry out a dementia friendly environment check and make changes to ensure the service was more dementia friendly.

Is the service caring?

Our findings

People told us staff were caring. Comments included, "The staff are very good and I have no problems with them. I have a good room and yes, it's all ok here" and "They're very good and very kind and that's what old people want. No fuss, they just want to help. They speak to you like you are an individual and respectable."

At the last inspection we found that people's privacy, confidentiality and dignity were not protected. This was because one person's review meeting took place in the conservatory. There were no doors between this area and the lounge and the discussions could be heard by people and visitors in the lounge area. At this inspection we found improvements had been made and meetings were now held in the office. There was a booking system in place and staff told us they always checked if the office was available before arranging or confirming a meeting.

People's personal information was kept securely in a lockable cupboard in the lounge area and in terms of records their confidentiality and privacy was maintained.

People's privacy and dignity was maintained whilst being supported with personal care. Staff told us how they did this. One member of staff said, "We ask before we do things, knock on doors and use towels to cover them whilst washing another part of their body." A relative confirmed that their family member's dignity was protected. They answered, "Yes, especially when they are changing [family member]."

A male member of staff told us they always checked that females were happy for him to support them. There was one shared room with curtains to screen off areas when people were being supported with their personal care needs and to maintain their privacy. However, in the lounge there was an open storage box containing incontinence pads. This meant that anyone in the area could see when staff took an incontinence pad from the box when supporting people. We discussed this with the registered manager and explained that this did not maintain people's privacy and dignity. The registered manager told us that they were unable to store the items in the bathroom but would consider getting a box to ensure people could not see what was inside. This does not address the issue and we recommend that alternative arrangements be made to store incontinence products in a more discreet manner that does not compromise people's privacy and dignity.

Staff supported people to make daily decisions about their care as far as possible. For example, what they ate and if they preferred a bath or a shower. A member of staff told us that one person sometimes had lunch in their chair and sometimes ate at the table. It was their choice. People were encouraged to remain as independent as possible and to do as much as they could for themselves. For example, dressing themselves.

People's cultural and religious needs and wishes were identified, respected and as far as possible met. This was helped by the fact that some staff were able to communicate in languages other than English. For a person who, due to their dementia, had reverted back to their first language there was a list of some key words to assist staff to communicate with the person.

A newsletter was published three times a year and this gave information about the service including any changes, improvements and staff training. It also contained photographs. Since the last inspection information was now displayed around the service so that people were able to see it. Some information was displayed in a picture format to help people to understand it.

Staff told us that they had not provided end of life care at the service but added that there were good links with the district nurse team and that they were very helpful. This meant that support with end of life care was available should staff need this.

Is the service responsive?

Our findings

In a recent survey a relative had written, "We are very happy with Greenmantle Care Home and the way our [family member] is looked after" Another had commented, "I think we can see the benefits of a stable staff team."

People's individual records showed that a pre-admission assessment was carried out before they moved to the service. Information was also obtained from other professionals and relatives. The assessments indicated the person's needs and gave staff initial information to enable them to support people when they started to use the service.

This was a small service with a long standing staff team and changes in people's care needs were communicated to staff during the handover between shifts. Staff were able to tell us about people's needs and how they met them. Each person had an individual care plan which set out the care and support they needed. We saw that care plans were reviewed monthly and since the last inspection the registered manager had been working on care plans to make them more detailed and person centred. We found improvements had been made. For example, one person's plan now included information about how to give them their medicines. However, although care plans had improved since the last inspection, further work was needed to ensure consistency and detail. For example, the same person's care plan indicated that they were unable to use their call bell to summon assistance. It also said staff should ensure the call bell was in reach and to encourage the person to use it when necessary. Another person's care plan stated that their incontinence pad needed to be changed regularly and often but did not specify the frequency. This meant that staff may not have the right information available to respond to people's needs.

People were not always aware of their care plans and this was possibly due to their dementia. However, one relative said they were aware of, and had discussed, their family member's care plan and another said they had met with staff to discuss their parents care.

Since the last inspection, arrangements to meet people's social and recreational needs had improved and a monthly activities plan was displayed. Activities included reminiscence therapy, hairdressing, movement, board and ball games, puzzles, bingo and music. The service's newsletter also contained photographs of people participating in activities and celebrations. On the first day of the inspection we saw that an external activity person provided one to one activities for people during the day. This included reminiscence, discussions and hand massage. However, in response to a recent quality survey, a relative had commented, "Although activities have improved lately, I think activities should be extended." One relative told us, "The family take [person] out but it would be nice if they got a van to take people out. More time for one-to-ones would be good." Another relative said, "It's hard to say (if there were enough activities). Drawing, the choir, crosswords. You see stuff on the board." We discussed activities with the registered manager and they informed us this area was still being developed and that the deputy manager in training was working on improving it further.

The service's complaints procedure was clearly displayed on a notice board in the hallway to make it

accessible to people and their relatives. Records showed complaints were logged and actioned by the registered manager. Relatives knew the registered manager and were clear that they could and would speak to them or the provider if they were not happy about something. They also said they would contact CQC if there were any major concerns. Relatives and resident meetings were held and this gave people an opportunity to give feedback about the service and any concerns they might have. A system was in place to receive and look into complaints and staff were aware of what to do if a complaint was made to them.

Is the service well-led?

Our findings

At our last inspection we found the systems in place to monitor and improve the quality of the service provided were not robust. At this inspection we found that some action had been taken to address this. The registered manager continued to monitor the quality of the service provided by means of observations and checks. For example, they checked the building each day and also checked care plans and medicines. They had also introduced additional checks and audits. For example, more detailed medicines checks, spot checks on equipment, and weekly room checks. These were recorded along with any action taken to address issues found.

The provider lived on site and visited the service most days and spent time talking to people about any issues or concerns they might have. They had previously told us they checked care plans, monies, and medicines and did spot checks. However, the provider had not identified the issues detailed above as part of their monitoring of the service.

However, the service had not identified the shortfalls we found during the inspection. We found additional concerns which confirmed that the service was not adequately managed, monitored or developed to ensure that people received a good quality service that safely and effectively met their needs.

The registered person (provider or manager) must send notifications about incidents that affect people who use services to CQC without delay. This includes safeguarding issues. We found that there had been safeguarding issues within the service and that the registered manager had not sent notifications of these incidents to CQC as required. Since the inspection we have received relevant notifications.

When we discussed the issue of one member of staff providing support when two were needed the registered manager told us they were aware of this and that some staff supported the person on their own and did not use the hoist. They added that they had spoken to the staff concerned three times. However, they had not taken any formal action or other action to ensure that this did not happen. This placed the person at risk of injury.

The registered manager told us the provider met with them regularly to make sure they were "staying on top of things." However, there was not a record of these meetings, the checks made or any issues that had been identified and actions taken as a result. After the inspection the registered manager told us the provider had written documentation that "proved" they had been monitoring the service. We then received a two-page document titled "Service Provider Monitoring." This was a list of dates and short action topics. There was not any information on what was found during checks or any required action. Some topics were related to the service people received, such as, post CQC action plan progress update, resident feedback questionnaire update and resident welfare update. However, others were business administrative tasks such as, gas bill amount, accountant visit and water bill update.

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

Staff told us that the registered manager monitored the service provided. One member of staff said, "[Registered manager] watches the CCTV and raises any issues with staff. They walk around, check rooms and care plans." Another commented, "[Registered manager] talks to residents and families, does spot checks. Sometimes they just come in on a Sunday."

The provider had sought feedback from people who used the service and their relatives by means of a quality assurance survey. Responses from this were analysed and included in the service's newsletter and also discussed at a relatives meeting. A relative told us, "They have a meeting once a year. You get feedback from the analysis of the service they do." Another relative said, "At residents' meetings they give you a checklist for your opinions. There is a round table conversation. I think they are about once a year."

Staff spoke positively about the management of the service. One commented, "[Registered manager] sorts things out." Another said, "[Registered manager] is good at dealing with things and take things seriously." A third commented, "[Registered manager] is very supportive and you can contact then for help at any time."

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12 (1) (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor and improve the quality of the service provided were not effective. Regulation 17 (1) (2) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not sufficient to safely and effectively meet people's needs. Regulation 18 (1).