

S.J. Care Homes (Wallasey) Limited

# Sun Hill Private Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on the 9, 10, 17 and 26 August 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines, assessment and management of risks, infection control practices, care planning and meeting nutritional needs, maintaining people's dignity and personal appearance, environment, staff training, complaints processes, Deprivation of Liberty processes, recruitment processes, staffing numbers, induction and supervision and quality assurance systems.

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 timescale.

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.

We undertook this focused inspection on 7 December 2016 to check on the provider's progress. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sun Hill Private Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Meetings had been held with the registered persons, Care Quality Commission (CQC), the safeguarding team and commissioners of services. At the time of this inspection there were a number of safeguarding concerns which were currently under investigation by the local authority safeguarding team and other agencies. At the time of this inspection there was a suspension on any further admissions to the home until commissioners and the Care Quality Commission were satisfied that significant improvements had been made.

During this inspection visit we found a number of improvements were ongoing. However many of these changes were in their infancy and needed to be embedded into practice at the home. We therefore could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Sun Hill Private Residential Care Home provides accommodation and personal care for up to 22 people living with dementia or mental ill health. The home is an extended older type property situated in its own gardens in a residential area of Burnley. Public transport is easily accessible and the town centre is within walking distance. There were 17 people living in the home at the time of the inspection.

The manager who was registered with the commission was not available at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In the absence of the registered manager there was an acting manager in day to day control of the service. The provider was also available at the home and had expressed his commitment to improving the service. The acting manager and provider were being supported by a management team provided by the local authority. The local authority team was working at the home in an advisory capacity to help the registered manager and provider make needed improvements.

We found that positive changes were being made to the systems and processes in the home in order to improve the service. However it was clear that many of these improvements were in their infancy and considerable work had to be undertaken to embed these processes into the day to day practice at the home.

People's care plans were being reviewed and updated to include information about their likes, dislikes and preferences and routines. We were told people or their relatives would be formally involved in decisions about care and support.

Risks to people's health, safety and welfare had been recognised and recorded and would be included and kept under review as part of the new care plan format.

Improvements had been made to ensure people's medicines were managed safely. Advice and support had been provided by the local authority medicines management team and this was being implemented.

Information about people's capacity to make choices and decisions about their lives and any restrictions on their freedom that were in place were being recorded clearly in their care plans. Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to help them to understand the processes.

People told us they were happy with the facilities available in the home. During this inspection we found the cleanliness of the home had improved. Areas of the home remained in need of maintenance and redecoration. However we saw improvements were underway.

The service had new recruitment and selection policies and procedures. We were told new staff were being recruited although we were unable to monitor progress with recruitment and induction practices as new staff had not been employed using this process.

Whilst sufficient staff were available we were told agency staff were still needed to cover shifts. During the inspection we found staff were available to respond to people's needs in a timely way.

A training plan was available and additional training was underway to ensure staff had the skills and knowledge to meet people's needs in a safe way.

People told us they enjoyed the meals. People's dietary preferences and nutritional risks were being recorded.

The complaints procedure had been reviewed to make it clearer for people to understand. There had been no complaints or concerns raised since our last inspection. We were unable to monitor this.

Quality assurance and auditing processes were being reviewed and new systems were being introduced to help the provider and the manager to effectively identify and respond to matters needing attention. Adequate financial resources had been made available to support the day to day management of the home.

## 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 ●

We found that some action had been taken to improve safety.

Risks to the health, safety and wellbeing of people who used the service had been assessed and planned for. There was guidance for staff about how to support people in a safe manner.

Rotas showed there were sufficient numbers of staff available and any shortfalls were covered by existing staff or agency staff. New staff were being recruited although we were unable to monitor this at this inspection.

We found improvements had been made to how people's medicines were managed.

We found that positive changes were being made to the systems and processes in the home in order to improve the service. However it was clear that many of these improvements were in their infancy and considerable work had to be undertaken to embed these processes into the day to day practice at the home.

### Is the service effective?

Inadequate ●

We found that some action had been taken to improve effectiveness.

Improvements were being made to ensure staff were provided with training, professional development and supervision.

Some improvements had been made to ensure the environment was safe and comfortable for people to live in although a number of areas were still in need of attention.

People told us they enjoyed the meals and information about their nutritional and hydration needs were being recorded.

Staff had received training to improve their understanding of best interest's decisions and the MCA 2005 legislation.

We found that positive changes were being made to the systems and processes in the home in order to improve the service.

However it was clear that many of these improvements were in their infancy and considerable work had to be undertaken to embed these processes into the day to day practice at the home.

### Is the service caring?

We found action had been taken to improve caring.

People told us they were happy living in the home. We observed good relationships between people and the staff.

We observed people had been supported to maintain their clothing and appearance.

Communication systems had improved and would help staff to keep up to date with people's changing needs.

We found that positive changes were being made to the systems and processes in the home in order to improve the service. However it was clear that many of these improvements were in their infancy and considerable work had to be undertaken to embed these processes into the day to day practice at the home.

**Requires Improvement** ●

### Is the service responsive?

We found some action had been taken to improve responsiveness.

The information to support people to raise their complaints and concerns had been improved.

Improvements were being made to ensure people could take part in a range of suitable activities of their choice.

Information in people's care plans was being improved to ensure they received care and support in a way they wanted and needed.

We found that positive changes were being made to the systems and processes in the home in order to improve the service. However it was clear that many of these improvements were in their infancy and considerable work had to be undertaken to embed these processes into the day to day practice at the home.

**Requires Improvement** ●

### Is the service well-led?

**Inadequate** ●

We found some action had been taken to improve how the service was managed/well led.

Following receipt of a number of concerns the day to day management of the service had been reviewed. Further investigations were being undertaken.

Improvements were being made to make sure the quality assurance and auditing processes were effective. Checks on systems and practices had begun but further improvements were needed.

New policies and procedures were being introduced to provide staff with clear guidance.

Systems to obtain the views of people using the service and of staff were being introduced.

We found that positive changes were being made to the systems and processes in the home in order to improve the service. However it was clear that many of these improvements were in their infancy and considerable work had to be undertaken to embed these processes into the day to day practice at the home.

# Sun Hill Private Residential Care Home

## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection of Sun Hill Private Residential Home on 7 December 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 9, 10, 17 and 26 August 2016 had been made. The team inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well led. This is because the service was not meeting some legal requirements.

Meetings had been held with the registered persons, Care Quality Commission (CQC), the safeguarding team and commissioners of services. At the time of this inspection there were a number of safeguarding concerns which were currently under investigation by the local authority safeguarding team and other agencies. At the time of this inspection there was a suspension on any further admissions to the home until commissioners and the Care Quality Commission were satisfied that significant improvements had been made.

The inspection was undertaken by an adult social care inspector and an adult social care inspection manager.

We reviewed the information we held about the service such as notifications, complaints and safeguarding information. We kept in regular contact with the local authority safeguarding team, the police and local commissioners for information about the service.

During the inspection, we spoke with the provider, the acting manager, two care staff on duty and with five people living in the home. We also spoke with the local authority management team who were currently providing management support in the home. We observed care and support in the communal areas.

We looked at a sample of records including three people's care plans and other associated documentation, staff rotas, training and supervision records, minutes from meetings, medication records, policies and

procedures, audits and associated action plans. We also looked at the recent report from the medicines management team from the local clinical commissioning group (CCG).

# Is the service safe?

## Our findings

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. We found people's medicines were not stored safely or securely. People sometimes did not get their medicines, particularly creams and other external products. Care staff did not have enough detailed information available to administer people's medicines safely and not all care staff who supported people with their medicines had completed medication administration training or had their competence assessed to undertake this task safely.

During this inspection we found improvements had been made. We found the arrangements for dealing with medicines for disposal had been reviewed. However, we found further improvements to the storage of medicines for return to the community pharmacist and the storage of controlled medicines could be made. We discussed this with the manager and with the provider.

Where medicines or creams were to be taken when required or as needed we found care staff had been given information to give these medicines safely, consistently and in a way that met people's individual needs and preferences.

We found the medicines administration records (MARs) were clear and had been completed properly. We noted the information about any allergies people had was recorded but not on the MAR for easy reference. We discussed this with the manager and provider and were assured that appropriate discussions were taking place with the community pharmacist.

All care staff that supported people with their medicines had completed advanced medication administration training. Night staff had also received medicines training to support them with this task. Assessments of staff competence in this area were being undertaken in order to ensure they could carry out these tasks safely.

Auditing systems were being introduced which would help management and staff to identify and respond swiftly to any errors or discrepancies. We would monitor this at the next inspection.

During this inspection we noted the medicines management team from the local clinical commissioning group (CCG) had undertaken a recent assessment visit of how people's medicines were being managed. An action plan had been provided and recommendations had been discussed with the manager. We noted the manager was addressing the shortfalls and improvements were being made to make sure people's medicines were being managed safely.

Whilst positive changes were being made and were evident, further work was required to ensure overall safety of medicine management. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. We found risks had not been assessed, recorded or reviewed in a timely manner which meant there was insufficient information to guide staff on how to manage the risks in a consistent manner. We found accidents and incidents were not being recorded or reported and were not routinely checked or investigated where necessary by the registered manager.

During this inspection we found people's care plans were under review to include individual assessments of the potential risks to people's health and wellbeing in areas such as nutrition, skin integrity, personal care, falls and mobility. This meant staff would have guidance on how to manage risks in a consistent manner.

We saw incidents and accidents were being recorded in the old format and improvements were planned to ensure a thorough analysis of the records was carried out by the manager in order to identify patterns or trends. We were told the recording systems were being reviewed. We will monitor this at the next inspection.

Whilst positive changes were being made and were evident, further work was required to ensure overall risks to people's health safety and wellbeing were managed well. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people were protected against the risks associated with poor infection control. We found some areas of the home were not clean and in the absence of a domestic staff the care staff were responsible for additional cleaning duties. The cleaning schedules had not been completed and audits had not identified the shortfalls found by us.

During this inspection we found the home was cleaner and there were no unpleasant odours. A domestic staff had been appointed. We spoke with the domestic staff who showed us the completed cleaning schedules and described the responsibilities of their role. There were still some areas in need of improvement such as dusty extractor fans, the basement freezer and food store was dusty, the bath hoist and toilet rails were rusted and the hoist base was dirty. In addition the laundry area remained dusty with damaged plaster covering the walls making it difficult to clean. We discussed our findings with the provider with a view to further positive changes being made in the home. Auditing systems and new cleaning schedules were being developed and would be monitored at the next inspection.

New infection control policies and procedures had been introduced and training for all staff was planned. We were told a designated infection control lead would be appointed who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date. We would monitor this at the next inspection.

Whilst positive changes were being made and were evident, further work was required to ensure that infection control risks were managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to deploy sufficient numbers of suitably qualified and experienced staff to meet people's needs. We found care staff were undertaking additional cleaning and kitchen duties which meant they were not always available to meet people's care needs. We found the staff rotas did not reflect who was available in the home and what role they were undertaking.

During this inspection we found new staff were being recruited but this was a slow process. We looked at the rota and noted shortfalls were being covered by existing staff but mainly by agency staff who had previous experience of working at the home. We found the rota did not clearly show who was on duty however, the manager reviewed this immediately. We were told a clearer format was being introduced; we were shown an example of this.

We spoke with the manager and staff and were told that staffing levels were a concern as there were limited numbers of staff that were able to work flexibly to cover shortfalls. We were told it was difficult to find agency cover when staff rang in sick at short notice. We noted the manager was not included in daily staffing numbers but had needed to cover a number of senior care shifts. The provider told us an on call system had been introduced to ensure senior staff were available at all times. We were told the service would continue to rely on familiar agency staff until permanent staff were employed.

During our visit we noted staff interaction with people was good and they responded promptly to people's requests for assistance. We found the manager did not use any recognised staffing tools to determine the appropriate numbers of staff needed. We will monitor this at the next inspection.

Whilst positive changes were being made further work was required to ensure that sufficient numbers of suitably qualified and experienced staff were available to meet peoples' needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate safe and robust recruitment and selection processes. We found the recruitment and selection policies and procedures did not support a safe process and appropriate checks were not in place prior to new staff starting work at the service. In addition there were no medical assessments which would help to determine whether applicants were physically and mentally fit to undertake the role they were employed for and a record of the interview had not been maintained to support a fair process. Offer of employment letters had not been sent, there were no photographs as a means of identification, the references did not clearly record who had provided the reference and the applicant had not recorded reasons for leaving previous employment. There were no contracts of employment or job descriptions on all of the three files; this meant there was a risk staff did not have clear awareness of their role and responsibilities.

During this inspection we found new recruitment and selection procedures and recruitment forms were in place. We were unable to monitor the safety and effectiveness of this process as they had not yet been introduced. We will monitor this at the next inspection.

Whilst positive changes were being made to the recruitment processes these needed to be implemented at the home. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted action had been taken to make improvements. However many of these changes were in their infancy and needed to be embedded into practice at the home. We therefore could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Is the service effective?

## Our findings

At our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide staff with appropriate support, training, professional development and supervision. We found not all staff had received training and formal supervision to help them meet people's needs effectively and there were significant gaps in the training records. There was no evidence to support new staff completed a period of induction to become familiar with people and their needs and to have their work performance reviewed. There were no records to support whether agency staff had received a formal induction to the home or to the layout of the building which could place people at risk in the event of an emergency.

During this inspection we found the training, induction, supervision and development of staff was under review and the training matrix was a clear and accurate reflection of the current situation. We found recent training had been undertaken in areas such as medicine management, safeguarding vulnerable adults, moving and positioning, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Training was booked for mental health awareness and dementia care. All staff had received one supervision and support session and additional sessions would be booked for 2017. We will monitor progress with this at the next inspection.

Whilst positive changes were being made further work was required to ensure that staff were provided with appropriate support, training, professional development and supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide a safe and properly maintained environment for people to live in. Whilst we found some areas of the home had been improved we found other areas of the home were in need of attention. We found damaged and worn furniture, scuffed paintwork, a window wedged open with a tin, damaged window panes and stained carpets. We saw walking frames, commodes and waste bins had been abandoned in the rear yard. We found insufficient petty cash available to ensure improvements were undertaken. There was no formal development plan to improve the environment which meant it was difficult to determine what improvements would be made, the resources available and the expected timescales for completion.

During this inspection we looked around the home. We found some improvements had been undertaken and further slow progress with improvements was underway. We noted there were still areas that needed attention such as worn furniture and furnishings, scuffed paintwork and poorly maintained laundry and storage areas. We were told the provider and the maintenance person had undertaken a room by room audit and had prioritised areas in need of attention. People told us they were happy with the environment. One person said, "It is much brighter; I find it very comfortable." We will monitor improvements at the next inspection.

Whilst positive changes were being made further work was required to ensure that a safe and properly

maintained environment was available for people to live in. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found a breach of Regulation 14 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people's nutritional and hydration needs were met at all times. We found information about people's dietary preferences and nutritional risks associated with their nutritional needs were not always clearly documented in the care plans. We observed one person was not provided with appropriate or sensitive support, one person's weight had not been recorded despite requests from a healthcare professional and another person had not been referred in a timely manner to speech and language therapists.

During this inspection people told us they enjoyed their meals and we observed staff providing people with sensitive support during the meal time. Records were under review to ensure people's nutritional preferences and needs were being recorded. We found information in some people's records to support staff when providing care and support. We will continue to monitor how information about people's dietary needs were being recorded.

Whilst positive changes were being made further work was required to ensure that people's nutritional and hydration needs were met at all times. This was a breach of Regulation 14 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to act in accordance with the Deprivation of Liberty Safeguards. We found staff had not been provided with policies and procedures or training with regards to MCA and DoLS. We found restrictions in place for one person's safety had not been discussed or authorised by the relevant agency and were not clearly documented in the care plan.

During this inspection we found documentation and the recording of people's needs was under review. We found information about any restrictions in place had been recorded and work was underway to ensure people's capacity to make choices and decisions about their lives was clearly recorded. Staff had received training in this area to help them to understand the processes around MCA. We will continue to monitor this.

Whilst positive changes were being made further work was required to ensure that the principles of the Mental Capacity Act 2005 and DoLS are embedded into practice at the home. This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted action had been taken to make improvements. However many of these changes were in their infancy and needed to be embedded into practice at the home. We therefore could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## Is the service caring?

### Our findings

At our last inspection we found a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to maintain people's dignity. We noted a lack of awareness and sensitivity in respect of supporting some people to maintain their clothing and appearance.

During this inspection we observed good relationships between people in the home and staff. We noted people were appropriately dressed in clothing of their choice. We were told a hairdresser regularly visited for people who were unable, or preferred not to visit the hairdressers or barbers independently. We observed staff knocking on people's doors before entering and closing doors when personal care was being delivered. We will continue to monitor this.

Whilst positive changes were being made further work was required to ensure that the positive changes to maintain people's dignity are embedded into practice at the home. This was a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted action had been taken to make improvements. However many of these changes were in their infancy and needed to be embedded into practice at the home. We therefore could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## Is the service responsive?

### Our findings

At our last inspection we found a breach of Regulation 16 (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to establish and operate an effective system for responding to people's concerns and complaints. People told us they were happy with the service and felt they could raise their concerns if needed. However, the service did not have a clear procedure to inform people how their complaints would be managed and responded to and there were no systems in place for the management of minor concerns.

During this inspection we found a new complaints policy and procedure was in place for staff to refer to and was displayed in the home to inform people and their visitors how to make a complaint and how it would be responded to. Systems to record and respond to people's minor concerns had not yet been developed. We were told there had been no complaints or concerns raised since our last inspection. We noted recent meetings had been held with people living in the home. People had been asked if they had any concerns they wished to discuss with the provider. We will continue to monitor the effectiveness of this.

Whilst positive changes were being made further work was required to ensure that an effective system was in place for responding to people's concerns and complaints. This was a breach of Regulation 16 (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. .

At our last inspection we found a breach of Regulation 9 (1) (b) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. We found people's care records were not detailed or up to date and were not clear about how they liked to be supported, what they liked to eat or drink or about their routines. We found care plans were lacking in details and instructions for care workers to follow.

We looked at the arrangements in place to plan and deliver people's care. Each person had an individual care plan. However we found the information was not sufficiently detailed about their likes, dislikes, preferences and routines to help ensure the person received personalised care and support in a way they both wanted and needed. We found examples where the records had not been reviewed in a timely way in response to risk or new information and did not reflect the changes to people's care and support needs. We also found communication was not effective and there was a risk staff did not have a good understanding of people's needs.

During this inspection we found the detail in people's records had improved. All care records were being reviewed and clear information about people's preferences and routines that would help staff to meet their needs was being included. A new care plan format was just being introduced. One care plan had been developed under the new format and others remained in the old format but included updated information. Clear timescales were in place for completion of this task. There had been no recent admissions to the home so we were unable to review the process of pre-admission assessment. Handover processes had been improved to help all staff understand people's needs. We would review this at the next visit.

Whilst positive changes were being made further work was required to ensure that suitable arrangements were in place for planning people's care and support, in a way that met their individual needs and preferences This was a breach of Regulation 9 (1) (b) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. .

We noted action had been taken to make improvements. However many of these changes were in their infancy and needed to be embedded into practice at the home. We therefore could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## Is the service well-led?

### Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to have suitable systems or processes in place, to ensure the service was operated effectively. We found the nominated individual visited the home regularly but did not routinely speak with staff, people living in the home or with their visitors. There were no records of the provider's visits and we saw no evidence that the registered manager was supported in the management and development of the service. There was no business and development plan available to support this. We found adequate financial resources were not available to the registered manager.

The action plan from an ongoing local authority monitoring visit had not been acted on and the information in the Provider Information Return (PIR) was inaccurate. Policies and procedures were not up to date and staff had not been provided with job descriptions or contracts of employment to help them to understand their roles and responsibilities within the organisation. There had not been any formal staff meetings and staff told us communication about people's needs needed to be improved. There were no formal systems to ask people about their views on the service; resident's meetings and customer satisfaction surveys had not been undertaken.

Throughout our last inspection we found a large number of shortfalls which meant the systems to assess and monitor the quality of the service were ineffective.

During this inspection we found the management structure was under review. The registered manager was unavailable for our inspection and an acting manager was in place. We were told the provider was available in the home each week. An experienced local authority management team were working closely with managers and staff at the service in an advisory capacity and would continue to do so in the short term. They were in the process of assisting the acting manager in developing and introducing effective systems and improve the day to day running of the home. We noted improvements were being made to all systems and an action plan was in place to support this. We will monitor this at the next inspection.

Whilst positive changes were being made further work was required to ensure that suitable systems or processes were in place, to ensure the service was operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found a breach of Regulation 17 (1) (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to maintain accurate, complete records in respect of each person and of records in relation to the management of the service. This meant people were at risk of inappropriate care.

During this inspection we noted care records and other record relating to the management of the service were under review and new systems were slowly being introduced. We noted meetings had taken place with people living at the home and with staff to obtain their views, to keep them up to date and to make them aware of the improvements needed.

Whilst positive changes were being made further work was required to ensure that care records and records in relation to the management of the service were accurate and complete. This was a breach of Regulation 17 (1) (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted action had been taken to make improvements. However many of these changes were in their infancy and needed to be embedded into practice at the home. We therefore could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.