

Norfolk Care Limited

The Close

Inspection report

The Close Residential Home
53 Lynn Road, Snettisham
Kings Lynn
Norfolk
PE31 7PT

Tel: 01485540041

Website: www.norfolkcare.com

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15 March 2019

29 April 2019

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20 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: The Close is a residential care home, providing accommodation and personal care to up to 30 people. On the first two days of the inspection there were 24 people living in the home. On the additional day of the inspection this had gone up to 28.

People's experience of using this service:

We found some improvements since the last inspection including a comprehensive set of quality monitoring for the risks associated with the environment. On the additional day of the inspection work had begun to address issues with the environment. However, the management and oversight of the works needed further attention.

Risks to individuals had been better managed and people were safer. However, records to evidence this were not routinely up to date. We also found where risks had been identified records to monitor appropriate action had been taken to reduce risks were not always in place.

The home was generally clean and tidy and communal areas and people's bedrooms were routinely cleaned and monitored. However, procedures and systems were not in place to safely control risks of infection and prevention of cross contamination.

People were not supported to have maximum choice and control of their lives and assessments did not always support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

The provider had begun to develop and embed a system of quality assurance and governance. However, there were still some aspects of service provision which required closer monitoring and when concerns and issues were noted action was required in a timelier way to address concerns.

Some aspects of the buildings safety had been addressed including replacing systems to control the temperature of the hot water. However, this was not monitored to ensure its ongoing effectiveness. Most action had been taken to address areas of concern in relation to fire safety and evacuation if required.

Medicines were managed safely and people told us they received their medicines on time.

Staff were suitably trained and felt supported by the deputy manager who was acting into the manager role. Staff told us they worked together as a team and we saw new staff were safely recruited.

People in the home told us staff looked after them well and they felt involved in how they were supported.

The chef was knowledgeable about people's dietary needs and people told us they enjoyed the food. Options were available to those who wanted them. We also saw when people required additional support in

this area appropriate referrals were made

External professionals told us the home worked well with them, following advice and ensuring any additional support required was implemented.

Rating at last inspection: At our last inspection published in October 2018 we found the provider required improvement over all the rating of requires improvement overall remains.

Why we inspected: When we completed our previous inspection on 15 May 2018, the service continued in special measures from the inspection before. In line with our methodology we completed this comprehensive inspection to ensure improvements had been made. Reports sent to the Care Quality Commission following the previous inspection were used to form part of the plan.

Enforcement: we have had ongoing concerns since 2016 and added a condition to the provider's registration in 2017. We have identified continued breaches in relation to Safe care and treatment, the environment and governance procedures at this inspection. We have also identified a new breach in relation to consent and the implementation of the Mental Capacity Act.

Follow up: The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Details are in our Well-Led findings below.

Inadequate ●

The Close

Detailed findings

Background to this inspection

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

Inspection team: The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who is an older person living with dementia.

Service and service type: The Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Close can support up to 30 people with their personal care needs and supports people on a permanent basis or for respite care.

The Close is an older adapted building which has been extended to provide additional accommodation to people being supported. The home supports older people and people living with varying forms of dementia. Accommodation is provided on two floors with lift access to the upper floor. Kitchen, laundry and communal areas are situated on the ground floor.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. On the first two days of the inspection the registered manager was off work and the home was being managed by the deputy manager. On the additional day the registered manager was on site.

What we did:

Prior to the inspection we reviewed all the available information we held about the home. This included notifications we received from the provider on events that affected people in the home. Notifications are required to be submitted to the Care Quality Commission as part of provider's and manager's registration

with us. We contacted professionals involved in the delivery and commissioning of services at the home and looked at information available in the public domain. We used this information to develop the plan for the inspection.

During the inspection we spoke with 14 staff including the provider, registered manager, deputy manager, senior carers and carers. We also spoke with domestic, catering and maintenance staff. We spoke with three professionals who were visiting the home on the day of our inspection including the community matron. We spoke with 10 people who lived in the home and six relatives and visitors.

We looked at nine people's care plans, some in detail and others to retrieve specific information. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the home including people's rooms and communal areas. We reviewed the medicine administration process and looked at associated medicines records. We looked at information provided to us on how the home was managed and reviewed records the provider and deputy manager used to monitor the quality and safety of the service delivered to people in the home.

During the inspection we requested information from the provider to be emailed to us. This was specifically about how staffing numbers were agreed and to assure us the immediate action required was taken to ensure certain areas of the building was safe. We also requested information to assure us the clinical waste from the home was managed in line with regulations. None of this information was received which supported the need for an additional day to be added to the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection on 15 May 2018 and the two inspections before that we had concerns with how the home assessed and managed risk. At the last inspection we asked the provider to ensure risks to the environment were assessed and action to reduce and mitigate concerns was taken. On the first two days of this inspection we were clear that further action was required and found on the additional day of the inspection that more proactive steps had been taken to mitigate risks. However, further improvements were still needed.

Assessing risk, safety monitoring and management, Preventing and controlling infection

- Since the last inspection the provider had introduced risk assessments and monitoring tools but these had not been effective in identifying and addressing risks. For example, a trip hazard on the ramp to the front door, carpets which required replacing as were worn and ruffled causing a trip hazard and polystyrene tiles to the ceiling of a bathroom, which had not been risk assessed and could be a fire risk. On the first two days of the inspection we asked for evidence that these had been removed but this was not received.
- On the additional day of the inspection we found the polystyrene tiles had been removed, a new ramp had been built for the front door and carpets had begun to be replaced.
- We had identified some of these concerns at the previous inspection in May 2018. Other concerns from the previous inspection had not been identified by the provider on the developed risk assessments including exposed pipework which could lead to scalding of individuals or increased injury following a fall.
- We found where risks had been identified, appropriate monitoring of action taken, had not routinely taken place. This included records used to monitor people's fluid intake when they were at risk of dehydration and the monitoring of pressure mattress settings when people were at risk of pressure sores.
- Infection, prevention and control procedures identified within the homes policies were not followed as they identified the use of professional clinical waste contracts which were not in place. The home did not have a dedicated sluice room and clinical waste was being disposed of in the domestic bins at the home for collection. This had not been identified as a risk. On the first two days of this inspection we asked for confirmation of appropriate clinical waste procedures but these were not received. On the additional day we were shown the contract in place and the provider acknowledged they needed to review the procedures in place and source a suitable clinical waste contract.
- We also noted personal protective equipment was not stored to reduce risks of cross contamination. Boxes of clean disposable gloves used for delivery of personal care were all tipped together into tubs. We had asked for these to be removed but on the additional day they were still in place. When we asked the registered manager to remove the box. They simply placed the box into a cupboard.
- The provider's policy stated smaller electrical items required testing annually or upon admission to the home to ensure they were safe. We found that portable appliance testing had not been completed since 2017.

When systems for identifying and managing risks are not used effectively or not used to prompt action there is a risk that concerns will not be addressed and circumstances will not improve. This is a continued breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We also found policies developed using best practice guidance for infection prevention and control were not followed which left a risk effective action would not be taken to reduce associated risks. This is also a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We also found concerns in relation to inconsistent recording of accidents and incidents and the action taken to reduce risk. However, when we looked at other records in more detail we found action was taken to reduce risks associated with accidents and incidents. We found the same issues in recording the use of restrictive practice, including the use of bedrails and covert medication, the information was available in other records to assure us the use of this practice was appropriate to keep people safe.
- The provider had taken appropriate action to address concerns identified at the previous inspection and lifts and lifting equipment had been professionally tested and serviced.
- Audits and records had been introduced following concerns from the last inspection to ensure everyone who required support from hoisting equipment had their own dedicated assessed sling which had records kept of when it was last washed and if there were any concerns with the slings performance.
- Monitoring of the safety of fire equipment and evacuation procedures took place as required.

Staffing and recruitment

- We found there were enough suitably recruited staff to meet people's needs. One person told us, "There's plenty of staff."
- The provider had developed a tool to determine staffing levels but could not find the whole document on the day of the inspection. We asked for this to be forwarded to us following the inspection but it was not received. We reviewed this on the additional day of the inspection.
- Staff had been safely recruited to ensure they were suitable for the role to which they were employed. This included checks with disclosure and barring services and receipt of appropriate references.

Using medicines safely

- Staff had been suitably trained to manage medicines safely. Their competence had been checked and their records audited to ensure their accuracy.
- People received their medicines on time and in a person-centred way. We saw directions of how people liked to take their medicines were followed. One person told us, "I get my tablets regularly and they always stay with me while I take them."
- Records for the administration, storage, ordering and disposal of medicines were accurate and in line with best practice guidance.

Learning lessons when things go wrong

- When concerns had been identified at the last inspection the provider had begun working with the Local Authority to address concerns. This support was ongoing and would continue. Where support was required it had been requested and it was clear from this inspection when concerns were identified by professionals the provider had begun to make steps in the right direction to address issues but progress remained slow.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had a good understanding of what constituted abuse and were confident in how to report incidents or any concerns they had.
- Staff had received training in safeguarding and we saw procedures and systems were in place and on display for everyone in the home to take action if they felt it was required.

- People told us they felt safe at the home. One person told us, "I'm safe, always happy. I never have any problems with them (carers) helping me to wash and dress."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection on 15 May 2018 and the one before that we identified concerns with the environment. At the last inspection we asked the provider to ensure action was taken to assure themselves the building was suitably adapted to support the people living in the home. At this inspection we found some action had been taken to address concerns.

Adapting service, design, decoration to meet people's needs

- There was a lift to the first floor of the building. Once outside of the lift there were three internal steps to get to one half of the first floor. We asked if there was anybody at risk of falls on the first floor and were told there was not anyone living on the first floor who was mobile. We found this to be incorrect. One person on the first floor was living with dementia and had fallen twice in 2019 and nine times since October 2017. We were also told one other person was mobile on this floor. On the additional day of the inspection the registered manager told us that everyone on the top floor was mobile. We looked at the care file information for the four people who would have to navigate the internal steps to access the lift and found this was not the case. This was identified as a concern at the last inspection but had not been addressed.
- People living with dementia were not supported with clear orientation tools around the home including good signage and room identification. This had also been noted at the last inspection and had not been addressed.
- Whilst other concerns had been partially addressed including the replacement of a system to stabilise water temperatures this was not monitored monthly as recommended to ensure its effectiveness.
- We also noted other concerns that had not been addressed on the first two days of the inspection including the ramp to the front door which was a trip hazard and polystyrene tiles to a bathroom ceiling which had not been risk assessed. Both had been identified within the providers own monitoring as in need of removal. We insisted these were addressed and found on the additional day of the inspection steps had been taken to address these concerns.
- Carpets on had become worn and did not lay flat to the floor. This was a trip hazard, particularly for people with mobility needs. Carpets were also badly stained. This was identified at the last inspection. On the first two days of the inspection we saw quotes had been sourced for this work but a start day had not been agreed. On the additional day we saw carpets had begun to be laid in the hallways in two areas of the home.
- On the additional day of the inspection we noted an area of carpet on the first floor had curled and was an immediate trip risk. We told the registered manager about this and were told it had been added to the maintenance schedule. We insisted something was done immediately to reduce the risk but they did not do anything. When we raised this with the deputy manager, tape was used to reduce the risks whilst waiting for a more permanent solution.

Concerns were seen which highlighted issues with the safety of the building which did not assure us all aspects of the building were properly maintained or suitably adapted to meet the needs of people living in the home. This is a continued breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We saw some basic consent forms which were signed by people's next of kin. We did not see any evidence to show they had the appropriate legal authority to consent for their next of kin
- The home had a document in people's care files titled 'decision-making guidance' This document included three sections. The first highlighting what the person could consent to independently, the second stating what they needed support with and the third identifying what they could not consent to.
- One person's decision-making guidance determined in the first section the person could make decisions but they were unwise decisions. In the second section it stated the person needed staff support to make the same decisions and then finally stated the person could not make decisions around their health. There were no capacity assessments or best interest decisions made in relation to any of the statements made in the document.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Consent was not routinely acquired from people who had bedrails and wore lap belts when in wheelchairs. Decision specific capacity assessments had not been completed when required and best interest decisions had not been undertaken. This did not assess that the use of bed rails and lap belts was the least restrictive option to support them.
- A person who was a vegetarian on admission had a food preference record completed, stating they liked all meat. The person had been diagnosed with a cognitive impairment and had signed the preference choices. A specific assessment or best interest decision had not been completed. The daughter had given consent to the food choices but there was not any evidence they had the authority to do so.
- The home had capacity assessments but these were not routinely completed when there were concerns with people's capacity. The assessments that were completed were not personalised to the individual. We also saw some general decisions made in relation to what people could and could not consent to which did not correspond to the assessment of their capacity. For example, one person was assessed as having capacity and was not diagnosed with any cognitive impairment. Their decision-making guidance stated they were unable to make any decisions in relation to their finance or health. There was no evidence to support this.

Capacity assessments were not completed to determine if people could consent to the care and support they received. Decisions were being made by the provider as to people's capacity without appropriate assessment. Decisions were made in relation to restrictive practice without assessment or best interest decisions to determine if they were the least restrictive option. The principles of the MCA were not being followed. This is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities Regulations) 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had a comprehensive assessment document which was used to collate information on individuals wanting to live in the home. The document included information from other professionals involved and was also used to inform the development of individual risk assessments and care plans.
- People in the home told us they received the support they needed. One said, "I'd rather be at home but I am content to be here." A relative told us, "I am happy with it here [relative] is now in good hands."

Staff support: induction, training, skills and experience

- We saw and staff told us they received a comprehensive three-day induction which was signed off when staff felt confident and were assessed as competent in relevant areas.
- Team meetings were held regularly and staff could influence the agenda and were able to add to the conversation around potential improvements to service delivery. Staff told us they received regular supervision and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- The chef held good information about people's dietary needs and preferences. We saw people received support as required to receive appropriate nutrition and hydration.
- People told us they liked the food. One person said, "They know I don't like fish so I always get a choice that I like. Sometimes I eat in the dining room, I can choose what I want to do." A relative told us, "[Relative] likes egg on toast, if they don't get it for breakfast the chef makes it them for lunch."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were referred to specialist services as required to meet their physical and mental health needs.
- Professionals we spoke with told us the home worked well with them to ensure suitable additional support was provided as required. One visiting professional told us, "The deputy manager is very organised and caring and understands when to call for additional support from our team." A family member told us, "[relative] was taken to hospital a couple of weeks ago, they told me straight away, there was no delay. I was kept informed." One person in the home told us, "I didn't feel too well yesterday so they got the doctor in for me, there wasn't any delay at all."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All interactions we observed were positive. Staff engaged well with people in the home and it was evident that staff enjoyed their job. Staff told us they valued the positive impact they had on people's lives.
- When staff were questioned by people, we saw they were patient in how they responded, indicating they understood people's needs
- One relative told us, "[Relative] is in good hands, I know they are well looked after." One person in the home told us, "I get checked during the day and staff stop to talk to me, I don't feel lonely."

Supporting people to express their views and be involved in making decisions about their care

- We saw a choice of drinks were available at all times and observed staff asking people their preferences on where to sit at lunch time, whether to engage in activities and generally when delivering and providing people with support.
- One person told us, "I get a weekly bath, which is what I want."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke respectfully to people in the home and people in the home and visitors we spoke with all spoke positively about how staff supported them or their loved ones.
- One person told us, "I can do what I like, sometimes I'll do activities and sometimes I won't it's my choice."
- We have had ongoing concerns with the service provided to people living in the home. The lack of action in identifying and addressing these concerns in a timely way by the provider did not support the dignity and independence of the people living in the home. By day three work had begun in this area.
- There was not a well thought out plan and access to bathrooms and toilets was reduced. Staff were unclear which were in use and which were not to be used.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We found care plans were person centred and showed good knowledge of people's needs. This included prompting to keep people as independent as possible. However, we found information was not always collated from other records to keep care plans and risk assessments a current reflection of people's support needs. We heard at the morning handover recent guidance provided by a supporting professional. We read in the professional visits part of the person's care file different information and saw in their care plan that it did not reflect the changes in support provided in the previous months. We discussed this with the provider and deputy and acknowledged appropriate support was being delivered but records did not always reflect this.

- People told us they were involved in changes made to the support they received and we saw care plans were regularly reviewed. However, as said the information from across the care file was not always recorded appropriately

We recommend the provider ensures when information in people's care files are reviewed they ensure the care plans are correctly updated to fully reflect people's current needs.

- Whilst there were planned activities and visiting entertainers and therapy providers including animal visits, on the days of the inspection there were long lengths of time when people had nothing to engage with other than the television. We discussed this with the deputy manager and provider who assured us they would ensure items for people to interact with were taken from cupboards and made readily available and accessible at all times.

- One person told us, "I always go to see the singers we have [singers name] the last Thursday of the month. The Hunstanton union church comes every month and we have plenty of bingo and quizzes. A lady brings guinea pigs for us to cuddle and a dog visits every Friday morning."

- The activity coordinator had developed individual activity files which showed people's interests and social needs. There were weekly visits to the community and other outings which people could take part in.

Improving care quality in response to complaints or concerns

- The home had received one complaint since the last inspection. We saw it had been managed in line with the complaints procedure and had led to a review of current practice to ensure resolution of the concern and any impact it may have on other people in the home was managed.

- People told us they knew how to complain and were confident any concerns would be dealt with. One person said, "I would see the deputy manager if I had a problem." Another said, "The staff are very friendly, I've no need to complain about anything."

End of life care and support

- We saw basic information was available in each file about end of life care. This included where people wanted to spend the last days of their life. The deputy manager told us they were to send out questionnaires shortly to people on more detailed advance care planning. We were told two advanced care plans were in place.
- The community matron and district nurse team supported the home when people were coming to the end of their life. We were told that the home follows guidance and worked well with the external professionals at these times.
- On the day of the inspection a family were attending the home to collect the belongings of a loved one who had recently passed away. They told us, "The end of life care for our {relative) was brilliant."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection on 15 May 2018 and the two inspections prior to that we had concerns that the provider did not have an effective governance system in place. We found the lack of this system had impacted on the quality and safety of care and support provided to people living in the home. At this inspection we found people's needs were better met. However, we found governance systems still fell short of supporting the management team to identify concerns independently and developing robust systems for continuous improvement.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Since the last inspection a number of new monitoring records and audits had been introduced. These primarily included audits of the environment. However, these were not always effective. We saw records monitoring the cleanliness of the kitchen which clearly showed the oven and other items had been cleaned when they had not. The cleanliness of the kitchen in general was identified as a concern on the first day of the inspection and it was deep cleaned in time for our return of day two of the inspection.
- We saw medicines audits had been consistently completed since December 2018 and a comprehensive care plan audit was in its final stages of development.
- On the first two days of the inspection we found where additional support had been provided to people at risk the records used to monitor this had not been checked to ensure the additional support was both provided and effective. This included monitoring of people's fluid intake when at risk of dehydration. On the additional day of the inspection these records were now signed of daily by the deputy manager.
- We found the settings of people's pressure relieving equipment and any action provided following a fall remained unmonitored on the additional day of the inspection.
- A clear governance framework was yet to be implemented and how audits and their findings were formally actioned, signed off and evaluated was not clear. A number of concerns and identified actions had not been addressed or completed
- The provider had previously had a condition added to their registration to submit monthly action plans to the Care Quality Commission. We had not routinely received them. But on the day of the inspection we saw the provider had a developed action plan which had been monthly updated. The provider was in receipt of support from the Local Authority Quality team to move this forward.
- Records used to show the support provided to people and why it was provided were not consistently updated with the latest information and were not routinely reviewed when people's circumstances changed. We saw evidence to support the use of bedrails in accident records and not in the assessment for the use of the bedrail. We found inconsistent records of people's capacity and assessments stating certain actions should be followed but no records to show it had been done. This included weighing people weekly

and changing people's position to reduce associated risks. We found records did not reflect the service and support provided.

We found a clear governance system was yet to be introduced and audits used were still to be embedded into a process of quality assurance. Steps had not been taken to ensure procedures for continuous improvement were effective this left a risk of identified issues and concerns not being addressed and is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We also found that the provider did not hold contemporaneous records of people's assessments, their changes in support required and the support delivered. This left a risk of inconsistent support being provided and is also a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff told us they felt supported by the deputy manager and that they were clear on their role and accountabilities. Team meeting minutes were signed by staff to show they had read and agreed with the content
- We received most notifications as we should and discussed the need to ensure all unknown injuries were reported to the Care Quality Commission moving forward.
- The ratings from the last inspection were not available on the providers website but we saw them displayed in the foyer at the home. The provider was aware of the need to share this information on their website and we were assured it would be moving forward.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had annual satisfaction surveys completed by people in the home and their relatives. The results of the survey for 2019 were still being collated but we could see from responses received that feedback was predominantly positive. One person commented in their survey, "If I have any concerns I can always find someone to talk to about them."
- Everybody we spoke with was positive about the home and the support they received from staff. One person told us, "It is fine here, it is a well-run place." Another told us, "The assistant manager always stops to have a chat with me to make sure I am ok."
- A relative and resident meeting was held annually and minutes were taken for those who could not attend. People were also clear to tell us that if they wanted to know anything in between they would simply ask and could always talk to the deputy manager.

Working in partnership with others

- The provider attended local forums to share best practice and develop new ways of working.
- Professionals told us the deputy worked well with them and was keen to make improvements to how the home was managed.
- The provider was working with the Local Authority Quality team to learn better ways of working for both this home and their other service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not suitably supported to determine their capacity to give consent. When consent was acquired there was not the evidence to ensure those giving consent had the legal authority to do so and where applicable best interest decisions were not made and recorded according to the principles of the MCA
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12, 1, 2 (a) (b) (d) (h) Risks were not appropriately assessed or mitigated. When risks were identified appropriate action was not taken in a timely way and best practice guidelines for infection prevention and control were not followed.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15, 1 (c) (e) People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because some aspects of the environment were unsuitable and inadequate maintenance of parts of the building.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Regulation 17, 1, 2 (a) (b) (c) (f)

The provider did not have an effective Governance system. Risks assessments, audits and monitoring systems were not defined to develop a clearly defined process for continued improvement.