

Pribreak Limited

Mount Pleasant Residential Home

Inspection report

Finger Post Lane
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Cheshire
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Tel: 01928787189

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 25 July 2017 and was unannounced.

Mount Pleasant is a residential care home that is privately run and close to the rural village of Norley. The service has two floors and is registered to provide care and accommodation for up to 24 people. At the time of the inspection, 19 people were living there.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection on the 5 and 6 January 2017 we found that there were a number of improvements needed in relation to the safety of care and treatment, safe recruitment and governance of the service. These were breaches of Regulations 12, 19 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was rated Inadequate and placed into special measures.

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

The registered manager ensured that there was a regular review of people's care to identify changes to care needs. However, care plans and supporting documentation did not always accurately reflect the health or care needs of the people who used the service. This meant that people were at risk of not receiving the right level of support from staff less familiar with their needs. It was evident from our observations and discussions that staff knew people well and understood their requirements.

The registered manager had put in place a series of audits (checks) to monitor aspects of a person's care and treatment. This included audits of the premises, medication, daily records and care plans. Some of these tasks had been delegated to senior members of staff. However, although completed on a regular basis, we found that these audits were not robust as they had failed to highlight and address some of the concerns found on this inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff obtained people's consent prior to providing care and support. However, staff did not evidence where they had made a decision in a persons' best interest' and not all staff could not relate their practice to the Mental Capacity Act 2005. We made a recommendation in regards to this.

The registered provider had made improvements to monitor the overall safety of the service and to mitigate risks. Remedial action had been taken to make the environment safer and to reduce the risk of harm to people who used the service. The service was accessible, clean and safe. Staff were able to describe their responsibilities for ensuring people were protected against any environmental hazards.

The registered provider demonstrated safe recruitment. Pre-employment checks had been undertaken prior to new staff starting work at the service. A Disclosure and Barring Service (DBS) check was in place. An applicant's employment history was available and verified. This meant that that 'fit and proper' persons were employed.

Staff had a good understanding of safeguarding adults and what they needed to do to keep people safe. Accidents and incidents were monitored effectively and action taken to minimise the risk of further harm. The management of medication and associated records was safe. People received their medication on time by staff who had received the appropriate training and competency checks.

People were treated with dignity and there was genuine warmth and affection displayed by staff towards them. The service worked with healthcare professionals to ensure people's health and wellbeing needs were met. People received prompt medical and wellbeing services and staff assisted people to follow recommendations in relation to their health.

Staff confirmed they felt supported in their roles. They received regular support through daily discussions, meetings and regular supervision. Staff attended regular training sessions in areas such as moving and handling, first aid and safeguarding adults to update their knowledge and skills.

The service was flexible and responded to any issues or concerns raised. People told us they were confident that any concerns they had would be listened to, taken seriously and acted upon.

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

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

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not completely safe.

Risk assessments and management plans were in place. Improvements were required to ensure they fully detailed the risks associated with a person's support.

Improvements had been made to the safety and suitability of the premises but this needed to be sustained.

People received their medicines as prescribed. The systems in place for the management of medicines were safe.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns. There were appropriate numbers of staff on duty at all times and safe recruitment processes were followed.

Is the service effective?

Requires Improvement ●

The service was not fully effective

Staff understood the importance of seeking consent from people prior to support being delivered but could not always relate this to the Mental Capacity Act (2005).

Staff were appropriately trained and supported to enable them to support people safely and effectively.

Staff enabled people to have sufficient to eat, drink and maintain a balanced diet. However, records did not support this.

People were assisted to access healthcare services and maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring in their approach. People were treated with dignity and respect.

People and their relatives were involved in decisions about their care. Care was personalised and met individual needs.

Steps were taken to ensure that people's right to confidentiality were met.

Is the service responsive?

The service was not fully responsive.

Care plans varied in their content and not all gave staff specific details on people's needs, preferences or risks. Care plans were not regularly updated where there was a change in need identified at review.

People received personalised care from a consistent staff group who knew their individual needs. People were involved in the planning and review of their care

People and their relatives felt confident that if they had any complaints or concerns that it would be acted upon.

Requires Improvement 

Is the service well-led?

The service was not always well led.

Systems were in place to monitor the quality and effectiveness of the service. However, these were not robust enough to highlight and address all of the issues found on inspection.

People were asked their opinion on the service and action was taken where improvements suggested.

The service had a manager who was registered with CQC. They notified the CQC as required of incidents that may affect the service.

Requires Improvement 

Mount Pleasant Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 July 2017 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

Before the inspection we reviewed the information we had available from notifications and enquires about the service as well as other information sent to us by the registered provider.

We also spoke to the local authority commissioners who had been supporting the service since the last inspection. They told us that improvements were evident.

During the inspection we spoke with ten people who used the service and four relatives.

We interviewed seven members of staff, the registered manager and the registered provider.

We undertook a review of records held in regards to the management of the service. This included quality and governance audits, accident and incident reports, safeguarding investigations, 4 staff and recruitment files, and information relating to training and support of staff.

We also looked at the records available in relation to ten people who used the service such as care plans, risk assessments and daily notes.

Is the service safe?

Our findings

People told us that they felt safe, happy, settled and well cared for. One person said "I am not frightened of anything here" and the "Staff are very nice to us", adding that they felt confident the registered manager would deal with any worries they may have. Other comments included "Safe, yes very, very, much so" and "The staff make sure I am always safe." Relatives echoed this view stating that "My [relative] is in safe hands and I never go away worrying about them" and "This place is wonderful and I never have to worry that anyone is being unkind or treating my [relative] badly".

At our inspection in January 2017, we found that the registered provider did not have effective systems in place to identify and assess the risks to the health and safety of people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. On this inspection we found that improvements had been made and the regulation was now met.

Risk assessments were undertaken where the nature of a person's physical or mental health occasionally placed them at risk of harm; such as falls, nutritional needs, or the development of pressure ulcers.

The service used a Waterlow assessment tool to identify people at risk of pressure ulcers and a care plan formulated from this. Although the score had been calculated, and was correct, there was no information as to level of risk the score reflected or how this would then be managed. The registered manager informed us that the accompanying guidance was kept in a separate location. This meant that staff reviewing the assessment score would not readily understand its relevance. Following the inspection, the registered manager confirmed that this information had been added to each individual risk assessment.

Moving and Handling risk assessments were in place to guide staff in safer handling. However, one person who required hoisting was assisted by only one member of staff. Staff told us this was safe and they were confident in carrying out this task alone. However, the moving and handling assessment did not detail how this was to be safely achieved with one member of staff. Following the inspection and revised assessment was provided.

Some people had creams in their rooms which they applied themselves or staff assisted at the point of delivering personal care. Other people took personal responsibility for the management of some or all of their medicines. Staff understood the principles of self-administration and safe storage but a risk assessment had not been documented. Following the inspection and revised assessment was provided.

In January 2017 we raised concern that people were at risk of harm from burning on uncovered radiators or scalding from water running in excess of recommended temperatures. Remedial steps had now taken place to reduce this risk. Action had been taken to ensure that water did not knowingly exceed 44°C as recommended by the HSE. The registered provider had fitted radiator covers or installed "cool touch" radiators throughout the service. These were individually controlled so that a person could still have their room at the desired temperature. We found that a heated towel rail in one of the bathrooms was very hot to touch and brought this to the attention of the registered manager and registered provider at the time of our inspection. Following inspection, they confirmed that it would be removed and the adjoining radiator

covered.

The registered provider had now fitted suitable window restrictors on the upper floor which meant that people were protected from the risk of falling from height.

The registered provider had reviewed and taken action in regard to the prevention or control of exposure to hazardous substances. An assessment had taken place in regards to control of substances hazardous to health regulations 2002 (COSHH). This reduced the risk of harm to people staff and visitors. However, not all staff were aware of this and had completed the required training.

Following the last inspection, we contacted Cheshire West and Chester Fire Prevention and Protection authority as we were concerned that people were not protected from the risks associated with fire. They carried out an audit of the service and issued the registered provider with an enforcement notice citing a number of concerns. The registered provider took remedial action and by 27 April 2017 had complied with the notice.

The registered provider had an updated fire risk assessment and emergency evacuation plan. Timed evacuations and fire drills had continued to take place on a regular basis involving different staff and at different times of the day. Staff had received training in fire safety and the each shift had a designated fire marshal allocated. Personal emergency evacuation plans were in place which directed staff and any attending emergency staff in how to best assist people to evacuate premises. However, we found that a number of fire doors still did not close automatically into the door recess as they were catching on the carpet or the door latch. The registered provider informed us that this was due to remedial works underway to replace the intumescent door seals. Following the inspection, the registered manager confirmed that the joiner had adjusted the doors. They informed us that door checks were now to take place daily to ensure the safety of people in the event of a fire.

Staff continued to record accidents and incidents that had occurred. We saw evidence to support a detailed review of these had taken place. For example; it was established that one person fell accessing their room in the evening. As a result, staff were asked to ensure they put the light on and drew the curtain before the person went to their room. This meant that the registered manager was able to identify themes and trends and to take action to prevent further risk of harm both for individuals and across the service.

Previous inspections raised concern that the registered provider failed to demonstrate robust recruitment processes and this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Following the last inspection, the registered manager submitted information on a monthly basis which demonstrated safe recruitment procedures had taken place on each new staff member. We checked recruitment files and found the requirements of this Regulation were now met and the registered provider was able to demonstrate that they employed fit and proper staff.

Each staff member had completed an application form and this included a full employment history. Checks had been made with the Disclosure and Barring Service (DBS) prior to commencement of employment. A DBS check provides the employer with information about any criminal convictions or cautions and whether the person is barred from working with vulnerable adults or children. Appropriate references had been received and verified. This meant that the registered provider had all of the information they needed to assess the suitability of the applicant and ensure that they were of suitable character and skill.

Some people who used the service required assistance with the management of their medicines. Their care plan clearly identified the nature and degree of support required. For example: "Pass in a pot and they will

take themselves", "Takes tablets off a spoon" or " Needs physical assistance and a glass of water".

There was a record kept of medicine carried over from the previous month as well as any new medicines received into the home. This ensured that there was an accurate record of the quantity of medicines available for people. We looked at the stock of medicine and the medication administration records (MARs) for ten people found these to be accurate.

Some people were prescribed variable doses of medicine or medicines to be administered 'as required' (PRN). Information was available to direct staff as to how and when these should be offered. Records accurately reflected the dose administered. However, this information was not written consistently in the same place so staff could not readily refer to it.

Medicines should be stored under conditions which ensure that their quality is maintained and for some this means storage in a fridge. The registered provider did not have a separate fridge but stored these within the domestic food fridge. We found that the temperature was fluctuating and a sample records indicated that it had gone from + .4° to 8.5°. Many medicines require storage between 2°C and 8°C. Some products can be irreversibly degraded even by brief periods at sub- zero temperatures, and so monitoring of storage temperature is vital. If medicines are not stored properly they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine. We brought this to the attention of the registered manager and following the inspection they informed us that a fridge specifically for medication had been purchased.

Staff had a clear understanding of safeguarding adults and were able to explain the procedures they would follow if they witnessed or suspected abuse. They were aware of the policy for whistle-blowing and which external agencies they would raise concerns with if the need arose. Staff told us that they felt confident that if they raised a concern it would be dealt with and appropriate action taken. The registered provider reported low-level concerns such as medication errors, missed calls or situations where the care plan was not followed to the local authority as per their requirements.

At the time of the inspection there were sufficient staff to support the needs of people using service and to keep people safe in an emergency. The registered manager used a dependency tool to determine staffing levels. This information was then used to determine appropriate staffing levels for the service. The manager confirmed that staffing levels would be reviewed following any new admissions at the service. This provided flexibility to review and amend staffing levels in response to changes in occupancy levels and people's needs. People told us that staff were quick to help. One person commented "You only have to ring the bell and that's it". Another told us that they felt there were enough staff available to help them and that the staff were "Very good, you ought to give the staff star quality."

There was a schedule in place to support domestic staff in ensuring that all areas of the home were kept clean. Staff were aware of their responsibilities for the prevention and protection of infection. Gloves and aprons were available at the point of delivery of support. Some areas of the home still required remedial repair such as replacement tiles, grouting and flooring. A strong malodour was noted in one room due to a person having difficulty managing their continence needs but this had not been addressed. We asked the registered manager to take appropriate steps to ensure this is managed effectively. The carpet in one of the downstairs corridor had formed ridges which were hard and formed a trip hazard. We did see that the registered provider was undertaking a programme of refurbishment and which would address these matters.

Is the service effective?

Our findings

People told us that the service was effective in meeting their needs. People commented "This place helps me stay well "and "They get help for me form the Doctor when I need it." People using the service were complimentary about the food telling us that it is "Very good", "There is plenty to eat, as much as you like" and "Food is as good as any hotel." Relatives were confident that the staff were "Competent", "Well trained" and "Very good at what they do."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA.

We observed that many of the people who used the service were able to make decisions about their care and welfare. Where applicable, people had signed to give consent to their care and treatment. Others had appointed a person to make decisions on their behalf through a Lasting Power of Attorney, copies of which were held on file.

The training matrix indicated that training around mental capacity was provided. Staff spoken with during the inspection demonstrated a varying degree of knowledge around this subject with one member of staff commenting that they knew "nothing" about mental capacity assessments (MCA). However, we observed that staff offered choice and always tried to seek consent before providing support.

Each care plan contained a summary that outlined a person's capacity to make a specific decision such as what to eat, where to live or whether to accept medication. However, where staff deemed that a person lacked capacity to make that decision, they did not record that they, or any representative, had made a best interest decision on the persons' behalf. It is essential that this is done to demonstrate that they have arrived at the decision that they reasonably believe is the right course of action for the person themselves.

We recommend that the registered provider seek further guidance to ensure compliance with the mental capacity act and its associated code of practice

New staff underwent an induction that prepared them for their role and this followed the requirements of the care certificate. This is a nationally agreed set of standards and behaviours for those working in social care. Staff worked under supervision until assessed as competent to work on their own.

Staff had the opportunity to undertake training to ensure their knowledge and skills were kept up to date. The registered manager provided us with a training matrix which listed the training undertaken by each member of staff and what was still required. Staff said that the training provided was good and enabled them to carry out their roles effectively.

The registered manager carried out a one to one supervision session with staff every three months. Records and staff interviews confirmed that these the sessions provided the opportunity to raise concerns, say how things can be improved and discuss personal development needs. Staff also said that the registered manager asked them regularly if they had any additional training needs and felt assured that this would be arranged if needed.

It is important that staff only carry out tasks for which they have been deemed competent and confident. Records indicated that staff were carrying out wound care on a daily basis to assist the District Nurses. A daily note stated "The DN has been and shown me how to redress the legs and to soak them, this needs to be done on a daily basis". There was no formal delegation of this nursing task, no documented assessment of the staff member's competence to carry this out and no care plan or instructions for staff to safely follow. This meant that there was a risk that the staff could cause accidental harm. We brought this to the attention of the registered manager who the next day made arrangements for the district nurses to assess and document staff competency in regards to the delegated tasks. She also required them to complete a care plan for staff to follow.

People were supported to have enough to eat and drink. Meal times were appropriately spaced and were flexible to meet people's needs. People had a choice of when they had their lunch as it was available in two sittings. We observed meal times to be a pleasant and sociable time which people told us they enjoyed.

A full time qualified chef was employed by the registered provider. The menus were reviewed to ensure that people had a balanced diet that promoted healthy eating; we observed that fresh produce, fruits and treats were readily available on the day of the inspection.

Following a residents meeting a review had been undertaken as to the variety and types of meals provided. A new four week rolling menu had just been introduced and this had been well received. One main course was offered each day however, alternatives were provided on request.

The chef was aware of individual's special needs such as diabetic, soft and fortified diet requirements. They were also aware of individual's personal preferences, for example, one person liked gravy to be served in a separate container. They explained that they discuss with individuals their likes and dislikes and that these are taken into account. Vegetarian options are also provided in line with individual requirements. It was clear that personal choice was respected; one person told us "You must say if you don't like it and you get something else." Another told us that there was sometimes things they don't eat but "I always get something else, they are very good like that" and that they were "Offered extra portions."

Where staff had concern about a person's weight or the ability to eat/drink, we saw records that indicated that they were referred to dietary and nutritional specialists to help meet their assessed needs.

Where there was identified concerns, records were kept as to food and fluids offered and consumed. However, there were no records to indicate to how this information was used to inform a treatment plan. For example: a daily record was kept of fluids taken but this was not totalled up and reviewed to assess whether people had received adequate fluids that day. Fluid charts which did not specify the amount of fluid a person was advised to consume in a 24 hr period and this information was not recorded in their care plans.

This meant that there was a risk of the persons not consuming the right of amount of fluid to keep them hydrated. The staff and kitchen staff were aware of those persons that required a specific diet such as soft, puree or fortified. Dieticians had requested staff keep a record food consumed that had been fortified but staff had not consistently done this

Is the service caring?

Our findings

People who used the service were very complimentary and supportive of the staff. Comments included "Lovely staff, you couldn't get better", "Very good home indeed, staff are very pleasant, and "Very lucky to find it". Relatives shared this view and comments made included "I am super impressed by the home" and "Staff are amazing, caring and kind without exception".

The Quality Assurance survey carried out by the service in April 2017 supported the caring nature of the staff. Comments included "Staff are always polite and friendly, right balance of friendly and professional" "All staff are always very friendly and helpful" and "We have found my [relatives] care and wellbeing is addressed in a compassionate-caring and professional way in all respects".

Staff were observed supporting people in a kind and caring manner. Staff were patient when observed to be helping people mobilise around the building or being assisted with other tasks. We observed at lunch time that support was provided in a discrete and timely manner and that was at the pace of the individual. People told us that they still took a pride in their appearance and we saw that staff took care to ensure that they were appropriately dressed with clean clothes, accessories and make up where this was a personal choice.

People felt comfortable and one person told us "I am happy here, this is my home now". Friendly relationships had been encouraged people who used the service and there was a family atmosphere apparent. One person was observed visiting another person in their room and this was warmly received whilst others chatted happily together.

People and relatives told us that the thing they valued most was the homely environment and feeling part of a family. They said that they were treated as individuals. We observed one person laying the tables for lunch. They talked to us about this and said it was something they always did at home and this was now their home. One person told us that when a rose plant they had been given as a gift had begun to need attention, the owner had planted it in a big pot in the garden; they told us they could now see it "blooming". A relative commented to us "They are very respectful to my [relatives] own personality. They are treated with dignity and respect but also staff promote their independence".

Staff expressed upset at the outcome of the last inspection. One told us they were "Shocked and upset as it is the nicest place I have ever worked". However, staff said they could see that improvements were needed. Staff appeared proud of the improvements they felt had now been achieved and told us that they have "Good relationships with the people living here" and that it is a "Homely home."

Staff were aware of the need to maintain confidentiality and to seek consent before sharing information. Records were stored securely and safely. We brought to the attention of the registered manager that individual personal requirement with regard to evacuation procedures were displayed in the reception area. Immediately following the inspection, steps were taken to hold this information securely where it is required.

We observed that a person was unable to stand but did not have a call bell within reach whilst seated in the lounge. This meant that they needed to seek help from another person to summon staff when they needed the toilet. This could compromise their dignity and privacy. This was brought to the attention of the registered provider who advised that this person usually had a hand bell available and that they would take steps to ensure it is always available. They also confirmed that they would review the availability of call bells in the communal areas.

Is the service responsive?

Our findings

People had confidence in the service and said that the service met their needs. People said they had no cause to complain, one person said "I have never ever had to raise an issue". A relative stated "My [relative] gets excellent care and they treat her as an individual. We all sat down recently to review the care plan and I was impressed by it."

On previous to inspections we identified that the registered provider failed to keep an accurate and complete record in regards to each person who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that whilst some improvements had been made the registered provider did not fully meet this Regulation.

Each person who used the service had a care plan but not all accurately reflected their needs or gave clear guidance as to how staff were to assist them.

Care plans varied in content and detail in regards to how a person wished their care to be provided. Some gave clear information as to a person's likes, dislikes, preferences and wishes. These contained specific information for staff such as "Face [name] and speak very slowly", "[Name] only likes hot chocolate and boiled water", "[Name] is usually awake early and likes to come straight down for breakfast" and "[Name] only likes shaving with an electric razor." People who required a specific level of assistance with eating and drinking had information written in their care plan following advice from speech and language professionals. We observed this level of support taking place as indicated in the care plan.

However, some care plans did not provide enough information for staff to be assured of the support that a person required. For example;

A number of people had health needs relating to continence but there was minimal information for staff. A person used a urinary continence aid but there was no information in the care plan as to whether they could use this unaided or required assistance. Another person had "Problems with bowels" but there was no further information as to what this was or how staff were to support them. Some people use the service had "Bouts of constipation" but there was no information for staff as to who best manage and monitor this. At the last inspection we asked the registered manager to ensure that care plans were in place for those people whom had a catheter but this had not been completed. We looked at the records of a person with a catheter and found that they had no specific care plan. The care plan just stated "Staff to monitor how [name] is managing the catheter and encourage to use the night bag". There was no information to direct staff and no written information as to the indications of it becoming problematic and went to seek help from medical services. Following this inspection, the registered manager forwarded a completed care plan with this information recorded within it.

A thorough review took place each month with the person using the service but any identified changes to support were not always incorporated into the care plan. Daily notes also indicated additional needs but these were not always reflected in the care plan. For example: daily records indicated that some people had

skin conditions for which they required treatment, monitoring or oversight. There was no information in regards to this in the skin care plan and therefore it did not accurately reflect the care that was required.

Care plans lacked in detail and information about the emotional support that some people may require. Daily records indicated that one person was currently displaying distressed behaviours due to circumstances within their personal life, another person had a history of self-harm and one person had had been inappropriate verbally and physically towards staff. There was no information on no care plan to highlight this is an issue for staff and how to manage the situation. Following this inspection, the registered manager forwarded a completed care plan with this information recorded within it.

At the last inspection we found that some people are specific health condition that posed specific risks but the care plans lacked information and guidance for staff. We found the same issues on this inspection.

One person's file indicated that they were borderline diabetic. However, monthly reviews indicated that staff took some responsibility to assist this person with daily blood glucose (BM) readings. Staff told us about this and were aware of what was deemed a 'normal' range reading for this person. However there was no information for staff to guide them as to what the risk factors were, how a person presented with the symptoms of high or low blood sugar, or what action should staff take should a person's blood sugars fall out of the accepted range. Following this inspection, the registered manager forwarded a completed care plan with this information recorded within it

Health conditions indicated that people had a history of seizures. Although staff were aware of the risks and confident in managing them, there was no care plan in place to highlight this specifically for staff. Following this inspection, the registered manager forwarded a completed care plan with this information recorded within it. A number of people took medication that placed them at risk of bleeding or bruising for example warfarin or aspirin. There was no information to direct staff as to what precautions or actions to take to minimise the risk of harm. This meant that there was no correlation made, for example, when a person had significant number of bruises to the body. Following this inspection, the registered manager forwarded a completed care plan with this information recorded within it.

Through discussions and observations we were assured that staff had an understanding and awareness of the support required for each person. People who used the service also confirmed that staff knew and understood their needs. However the lack of complete and accurate information meant that there was continued risk that staff less familiar with the person may not provide the right level of care or support.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to ensure that there was a accurate and complete record in respect of the care and treatment provider to each person who used the service.

People told us that "There is always something going on" and that activities were "good". They said that there were various games, usually in the afternoon, tombola, visiting entertainers and other activities. People told us that there had recently been a karaoke session arranged by the registered manager which was enjoyed very much and that there is a new music system with "A bit of everything."

The registered provider had a complaints process in place that people and their families were aware of. No complaints had been made since the last inspection.

Is the service well-led?

Our findings

People told us that they would feel able to raise a concern and the registered manager was described as "approachable". One person told us that they "See [registered manager] every day" and that she has made them "Feel welcome." Another person told us "I like the manager, you can ask her anything and she will give you a decent answer". People and relatives said that the registered provider (owner) was always available as they lived on the premises and took a genuine interest in the service.

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

Staff told us that they felt the registered manager had made improvements and they described her as being "Approachable." Staff told us they felt "100% supported", and that the registered manager had given them a lot of guidance. Staff said that it was a good place to work and that staff were treated well and looked after. Staff told us that the registered manager had made changes for the better and that, in their opinion, the service had moved forward.

At the previous inspections we noted that the registered provider did not have in place adequate systems to monitor the quality and effectiveness of their service and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection identified that the registered provider demonstrated improvement and a commitment to change but did not fully meet the requirements of the Regulation.

Following the last inspection, the registered provider enlisted the support of an external agency to help them in identify site-specific hazards and shortcomings their health and safety management systems. As a result of this, new systems and processes were put in place to improve quality assurance and governance.

Systems were now in place to monitor health and safety aspects of the service and to ensure that checks were carried out on a regular basis. The registered manager had delegated these tasks to appropriate people within the service and checked to ensure that they had been completed. However, we identified on this inspection, that additional checks were required, for example, on fire doors and the storage of medicines.

There was a weekly audit of medicines to ensure that any discrepancies were highlighted promptly and remedial action taken. However, this had not identified concerns around storage or PRN care plans.

Audits now took place around documents relating to care and treatment. The registered manager audited care plans and daily records compiled a list of remedial actions required. Senior care staff had been delegated the responsibility for ensuring that any changes were made and were now responsible for writing care plans. However, we found that care plans were not always an accurate record of the support a person received and this had always been identified through the audit process.

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

2014 because the registered provider did not have robust systems in place to effectively ensure compliance with the Regulations.

Analysis now took place of accidents and incidents and low-level safeguarding concerns. This ensured a robust review of such occurrences in order to identify themes and trends across the service. This meant that improvement could be made to further minimise risk.

The registered manager and the registered provider met on a weekly basis to discuss events and issues within the service. A record was made kept of these meetings and actions agreed were followed through the following week.

Meetings were held with the registered manager and the registered provider. This gave staff, people who used the service and relatives an opportunity to discuss concerns and to look at suggestions for improvement. We saw that action had been taken where areas of improvement had been highlighted. For example, people who used the service requested a change to the menus. This had taken place and people were pleased with the outcome.

The registered manager and registered provider had been open and transparent with staff; people who used the service and relatives as to the outcome of the last CQC report. Relatives told us that they appreciated the honesty but reiterated that they continued to be happy and had no concerns of their own.

The registered provider ensured that CQC were made aware of any key events occurred within the home and notifications were submitted in a timely way. These meant the CQC could be kept abreast of any concerns and ensure that they were responded to.

The last CQC report was displayed clearly on the noticeboard in hallway.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not ensure that the risks associated with the provision of care and treatment were assessed and monitored. An acute and complete record was not kept in respect of people who used the service.</p>