

Gateway Residential Home

The Gateway Residential Home

Inspection report

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29 June 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

The inspection took place on 29 June 2017 and was unannounced.

The Gateway is a large detached property, providing residential care for up to 16 older people who may be living with dementia. The service is located within the town of Dover. The bedrooms are situated over the ground and first floors and are a mixture of single and shared rooms. The communal accommodation is situated on the ground floor and comprises of a large lounge with dining area and a small quiet area. There were 9 people living at the service at the time of the inspection.

There was a registered manager in post. 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.

The service was in a period of transition of ownership as the partnership, which owned and ran the service, was no longer valid. The long standing registered manager continued to run the service without support from the current provider, and there remained a lack of oversight and scrutiny of the service.

The registered manager had made some improvements to the service, however they lacked a full knowledge of the regulations to ensure the service was compliant with those regulations. Policies and procedures remained undated and were not all were reviewed in line with current legislation. There were systems in place to audit and check the service but these had not been effective as they had not identified the continued shortfalls found at this inspection.

Although people told us they felt safe living at the service, not all risks had been managed safely. The detail in the risk assessments had improved but there was not enough to ensure that staff had the guidance to move people safely and to support them with their behaviour.

Accidents and incidents had been recorded and action had been taken if people needed medical attention. However, the accidents had not been analysed to identify any patterns or trends to reduce the risk of further incidents.

There were environmental risk assessments in place which had identified areas of improvement, such as windows requiring repair and the garden not being safe to use, however no action had been taken to address the issues. The registered manager was ensuring that day to day repairs to the premises were being carried out; however there were no maintenance plans in place to improve the premises as a whole. People were not always offered choices of where to spend their time as the provider had not ensured the garden was safe for them to go outside and enjoy.

Checks had been carried out on the premises such as gas safety and the lift. There was a system in place to regulate the water temperature and temperatures were recorded to reduce the risks of scalding.

Effective systems were not in place to check the service was meeting the regulations.

The fire system had been checked on a regular basis and fire drills had been completed. However, not all staff attending these drills had been recorded to ensure that they all had a full understanding of what action to take in the event of a fire. The registered manager told us that they had checked the fire risk assessment dated 2016 and nothing had changed, however this was not assessed by a professional to ensure that the premises were safe. A recommendation has been made for the service to contact the local fire and rescue service for advice.

People told us they received their medicines at the times they needed them, however the systems in place to order and record medicines were not safe. There were no protocols for 'as and when required' medicines such as pain relief.

There had been no new staff recruited since the previous inspection however, checks on staff recruited at the previous inspection to verify they were safe to work at the service including police checks had been carried out.

The registered manager had identified the training shortfalls and some training, such as first aid, moving and handling, and mental capacity training had taken place since the previous inspection. However, further training was required to ensure that staff were up to date with current practice. Staff supervisions had lapsed and staff had not received their annual appraisal to discuss any further training and development needs of staff. A recommendation has been made in this report.

There were sufficient staff on duty to meet the needs of the people living at the service and the staff rota was consistently covered in times of staff absence. Staff sought consent from people when providing care and the assessments of people's capacity to make decisions as required by the Mental Capacity Act (MCA) were in place.

Staff were responsive to people's needs and care plans were personalised with people's choices and preferences. Care plans had been reviewed each month to reflect people's changing needs. There were limited activities available for people. People were supported to express their views and told us they did not have any complaints but would speak with the staff if they needed to.

Staff understood how to report safeguarding concerns but the safeguarding policy required updating to ensure that staff had the current guidance to refer to. Staff were aware of the whistle blowing policy and were confident the registered manager would take the required action.

People were supported to eat and drink enough and staff checked they had enough to drink to remain hydrated. People told us they were supported to maintain good health and encouraged to maintain their independence where possible.

People told us they were happy living at The Gateway. They told us they had lived at the service for many years and some of the staff had also worked there a long time so everyone knew each other well. They said the staff were caring, and positive relationships had been developed over the years.

We found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2010 and one additional breach at this inspection. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Not all potential risks had been identified and those that had did not have measures in place to reduce the risk to keep people safe.

Accidents and incidents were recorded but further analysis was required to reduce further risks.

Medicines were not managed safely. Guidance was required for giving people 'as and when' medicines.

There was enough staff on duty to meet people's needs. No new staff had been recruited since the previous inspection.

The premises was in need of repair and refurbishment but there were no plans in place to address these issues. The garden area was not safe for people to use.

Staffs knew how to report any suspicion of abuse and were aware of the whistle blowing policy.

Requires Improvement 

Is the service effective?

The service was not consistently effective

Although staff told us they felt supported by the registered manager, the programme of supervision and yearly appraisal had lapsed.

The registered manager had identified the shortfalls in the training programme and further training was required to ensure that staff were aware of current good practice.

Consent to care was sought and mental capacity assessments had been completed to ensure people were supported with their day to day decisions.

People told us they enjoyed the food and had lots of choice. People's health was monitored and when required health care professional were consulted.

Requires Improvement 

Is the service caring?

The service was not consistently caring.

People were not always being treated with respect as the provider had not ensured they were able to enjoy the garden as it was not safe to use.

People's privacy and dignity was maintained.

People's rooms were personalised to their tastes, people were encouraged to maintain their independence

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

There were limited activities available for people.

Care plans were personalised with people's preferences and choices. Care plans were reviewed and updated to reflect people's changing needs.

People knew how to complain and were confident the registered manager would listen and take appropriate action. The complaints procedures was on display but was not in line with current guidance.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The provider did not have oversight or scrutiny of the service to monitor the quality of care being provided.

The registered manager had not received guidance or supervision from the provider. Some audits had been completed but these were not effective to continuously improve the service.

The registered manager was aware of the shortfalls in the service and had improved some areas but there remained continued breaches of the regulations.

Accidents and incidents were not analysed to identify patterns or trends to reduce risk of further events.

Staff told us that they felt supported by the registered manager and understood their roles and responsibilities.

Inadequate ●

The Gateway Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 29 June 2017 and was unannounced. The inspection was carried out by two inspectors.

The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

We looked at all areas of the service and talked to five people who live at the service. Conversations took place with people in the communal lounge and their bedrooms. We observed the lunch time meal using a Short Observational Framework for Inspection (SOFI) and observed how staff spoke and interacted with people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two relatives, three staff, and the registered manager. We looked at a range of records including four care plans, two staff recruitment files, induction records, training and supervision, staff rotas and quality assurance surveys and audits.

The previous inspection was carried out in November 2016, when we found three breaches of the regulations.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. They said, "Absolutely, I always feel safe here". Another person commented how safe they felt especially as their family did not live close by. A visitor told us how their friend felt safe living at the service.

At the last inspection in November 2016, the provider has failed to ensure that care and treatment were provided in a safe way. There was a lack of risk assessments to guide staff in relation to the health, safety and welfare of people using the service. The provider had not ensured that medicines were managed safely in line with current legislation and guidance. After the inspection the provider sent us an action plan telling us how they were going to improve.

At this inspection we found that some improvements had been made. There was more detail in the moving and handling risk assessments and behaviour risk assessments, however there was still insufficient detail for staff to follow to ensure people were being cared for safely. There remained shortfalls in the safe management of medicines. Not all of the shortfalls identified had been actioned; therefore the provider remained in breach of the regulations.

Although people told us they felt safe, we found examples of unsafe practices in medicines management, risk management and the maintenance of the building and garden, all of which placed people at risk.

At the last inspection medicines had not been managed and recorded safely. At this inspection some improvements had been made, however, medicines were still not managed safely.

During the last inspection, we were unable to check if people were receiving their medicines as prescribed because the recording of the medicines received and stored within the service had been completed incorrectly. The amount of tablets left in the boxes did not match up with the records that had been completed when the medicines had been received. At this inspection, the numbers of tablets left in the boxes were not correct. One person had received 28 Felodipine MR 5mg tablets on 12 June 2017, there should have been 10 tablets left in the box but there were 15. We found this to be the same for all medicines that had been counted.

Some people were prescribed medicines on an 'as and when' basis such as pain relief. There were no guidelines in place for staff about when to give these medicines, how many tablets to give and the amount of time to leave between each dose. This placed people at risk of receiving too little or too much medicine.

The registered manager was aware of the lack of maintenance in the premises. They said they were managing the day to day repairs to the building but there was no formal improvement plan from the provider. There was no identified budget to ensure the premises were safely maintained and the necessary improvements made. The outside of the house was in need of repair including the replacement of some windows. People did not have the opportunity to go into the garden as this was not safe as it was overgrown. The registered manager told us that no funds had been provided to make the garden a safe area to enjoy. People and relatives told us they would like access to the garden. A relative commented, "Although

some maintenance had been carried out there remained a lot of areas in need of attention".

No major refurbishment had been carried out since the previous inspection. The laundry room was small and meant that clean laundry was kept in the same room as the dirty laundry. The room had plaster missing and the sink and washing area were damaged making them difficult to keep clean.

The provider had failed to ensure that care and treatment was provided in a safe way. There was a lack of risk assessments to guide staff in relation to the health, safety and welfare of people using the service. The provider had not ensured that medicines were managed safely in line with current guidance. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulation 2014

People told us that they received their medicines at the time they needed them. We observed staff administer medicines at the prescribed times. Some medicines had specific procedures with regards to their storage, recording and administration. At the last inspection, the procedure was not being followed. At this inspection, these medicines were now being recorded in line with the procedure. The room and fridge temperature had been recorded daily and had been within acceptable limits for medicines to be stored to ensure they remained effective.

Risks relating to people's care and support had not always been adequately assessed or managed. Assessments did not have the detailed guidance on how to mitigate risks when providing care and support. Moving and handling risk assessments did have more detail recorded but there was no step by step guidance to show staff how to do this safely and consistently.

One moving and handling risk assessments stated, 'needs help of two carers to explain to the person what they are going to do' and 'carers to make sure the person is safe so they don't bang their legs on the hoist' but there were no step by step guidance to ensure staff moved the person consistently and safely. Another plan stated that the person could not stand, the risk assessment identified a hoist and two staff were needed, but no further instructions of how to move the person safely.

Another risk assessment noted that at times the person needed help from one or two staff. Staff were able to tell us why and how they were encouraging the person to maintain their independence but noted that they were becoming more dependent on two staff. We discussed this with the registered manager who was going to seek further advice from a health care professional.

One communication risk assessment noted that the person 'can become verbally aggressive and abusive towards staff'. The measures recorded stated that the person is 'best left for a short while to calm down and then they are ready to communicate' there was no information as to what may trigger this behaviour and what action could be taken to reduce these events.

Checks on the fire system had been made on a regular basis and fire drills had been completed, but staff attending these drills had not been recorded to ensure that all staff were included, to ensure they had a clear understanding of what action to take in the event of a fire. The registered manager told us that they had checked the fire risk assessment dated 2016 and nothing had changed however this was not assessed by a professional to ensure that the premises were safe.

We recommended that the registered manager contact the local fire and rescue service for advice on the fire safety of the premises.

Equipment had been checked to ensure it was safe to use. There were plans in place in case of emergencies,

such as fire, these were specific to two individuals, with details to maintain their safety and how to evacuate them if required. All of the people should have a plan in place to ensure staff were aware of how to evacuate everyone safely.

A dog that had been owned by a person using the service was adopted by a member of staff. The dog came into the service each day. The registered manager had implemented a 'pet's policy' but had not yet completed a risk assessment to ensure people were protected from tripping or falling over their pet.

At the last inspection an area for improvement was noted as the safeguarding policy was not up to date and there were two different versions. At the time of this inspection this had not been done. However, staff told us they would report any concerns or signs of abuse to the registered manager and were confident that appropriate action would be taken. They were also aware of whom to report abuse to outside of the service such as the police or local safeguarding authority. Staff understood the whistle blowing policy and told us they would not hesitate to inform the registered manager if they had any concerns about other staff conduct.

People who had been identified as being at risk of developing pressure areas had special equipment including mattresses and cushions, to help prevent skin damage. The care plans noted that the mattress should be at the correct level for the person but did not identify what level this was. This was an area for improvement. If equipment was not set at the correct pressure there was a risk that damage may be caused to the skin. One person was unable to move themselves in bed, and detailed guidance was in place to guide staff about how or when to change their position to ensure their skin remained as healthy as possible.

People living with diabetes had detailed information about their condition in their care plan. The care plans detailed what to look for when the person had high or low blood sugar.

Although no new staff had been recruited since the previous inspection the registered manager had verified the suitability of staff and ensured current Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People, relatives and staff told us that there were sufficient staff on duty to meet people's needs. The registered manager told us they were in the process of looking at staff dependency tools to ensure ongoing staffing levels were maintained.

Many of the staff had worked at the service for some considerable years and there was a fixed staff rota which did not change each week. The staff rota matched the number of staff on duty, and showed that this level was consistent to ensure people's needs were fully met. In addition to the care staff there was a cook and one domestic member of staff. Staff told us that the service was always covered in times of sickness and annual leave. The registered manager also knew people well and supported the team as when required.

Is the service effective?

Our findings

People told us they were happy living at the service. They said, "We are looked after really well here".

They told us how staff called the doctor when they did not feel well. Relatives told us they thought the staff knew what they were doing and had received the training they needed to look after people and meet their needs. People told us that the staff did lots of training and were good at their job. They said staff always asked what for their consent when they were supporting them.

At the previous inspection the registered manager had not provided staff with supervision and the yearly appraisals for staff were very brief and did not have details of staff's training and development needs. This had not improved since the previous inspection.

The programme to ensure staff received supervision with the registered manager had lapsed. The registered manager told us that this had not been completed since the last inspection. They said they did not have time to do this as they were concentrating in improving the care plans and other tasks.

None of the staff had received an annual appraisal to discuss their performance or training and development needs. Although staff told us they felt supported by the registered manager the lack of supervision and appraisal did not give them the opportunity to talk about any concerns or develop their skills and competencies.

The registered manager had not received supervision or an appraisal to discuss their training needs or any support to develop and improve their care practice. The staff team was small and had worked together as a team for a long time. The registered manager worked alongside staff and tended to address any issues informally.

We recommend that the registered manager formalises the arrangements for supervision and appraisal.

The registered manager was aware of the shortfalls in the training programme and was taking action to address the issues. Some training such as moving and handling, safeguarding, mental capacity and medicine training had been completed since the previous inspection. Other courses were also arranged to ensure that staff received the updates they needed. Some of the training certificates had not been received therefore were not on the training matrix. The registered manager told us that the remaining shortfalls in training were being arranged over the next few months to ensure all staff training would be up to date. We will follow this up at the next inspection.

Some staff had received specialised training in line with people's needs. Staff had received training to be able to administer insulin; they administered the morning dose for one person. As a result the person's blood sugar levels had been stable. All but one member of staff had completed or was completing vocational level 2 or 3 qualifications in social care.

The service had not recruited any new staff since the previous inspection. The registered manager told us that they were in the process of introducing induction training in line with current advice from Skills for Care. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life.

At the last inspection in November 2016, the provider had failed to ensure staff were working within the principles of the Mental Capacity Act (2005) and were able to apply those when appropriate. After the inspection the provider sent us an action plan telling us how they were going to improve.

At this inspection we found that improvements had been made. Mental capacity assessments had been carried out for each person to support them with their decision making and the service was now compliant with this regulation.

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 capacity to take particular decisions, any decisions made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of MCA. At the time of the inspection no one required to have their liberty restricted therefore no DoLS applications had been made to the local authority.

At the last inspection, people's mental capacity had not been assessed, and there had been no guidance for staff about people's capacity to make decisions. At this inspection, improvements had been made. There were now detailed mental capacity assessments for each person to show if they had capacity or not. Staff were able to explain how they made sure people were supported to make decisions. One person had been asked if they would like a catheter to support their continence needs, they had refused on several occasions, staff had respected this. When the person decided that they wanted a catheter, the staff supported the person to make that decision. Another person who had capacity had refused to have a minor operation. Records showed their consultant and doctor had been involved and the decision had been recorded.

People's health care needs were monitored by staff. Specialist healthcare professionals such as the Parkinson's nurse had been contacted when needed. People attended regular appointments with the optician, chiropodist and dentist. People had regular health checks from the doctor to monitor health conditions, staff referred people to the district nurse when needed.

People told us they enjoyed the food and had a choice of what they wanted to eat. They said "I always look forward to my dinner; I get my favourite, fish and chips and a nice stew". "We always get something different if we don't like what is on offer". "I am allergic to many things, staff know and make sure that I have food that is safe."

One visitor said that the service catered for everyone individually as their friend had lots of preferences about their food which were respected. This person was observed declining the two choices on the menu and the cook offered their favourite meal which they then accepted.

People choose to eat their meals in the lounge or in their rooms. Lunch was a quiet meal, people

concentrated on eating their meals, they told us that they enjoyed their meal. The meals were well presented and hot. We observed staff asking if people had enjoyed their meal and if there was anything else they wanted.

Some people required a pureed diet in line with medical advice. The meals were pureed in separate sections and looked appetising. Staff supported people with their eating and drinking when needed. A selection of drinks were available throughout the inspection and staff made sure people had enough to eat and drink.

There was a four weekly menu; people were encouraged to make suggestions about what they would like to eat. The cook made sure that the meals were low in sugar and suitable for people living with diabetes to eat. The cook was aware of peoples likes and dislikes and these were recorded.

Is the service caring?

Our findings

People said, "The staff are very good". "The staff are very kind, polite and absolutely respect my privacy and dignity". "The staff make sure that we get the daily papers". "I am quite content to sit here at the moment, it's nice and warm here". "You only have to walk into the service and feel the atmosphere to know this is a happy place". "The staff are very helpful". "I like it here, it's not too overcrowded". "The staff are so nice here, you could not get any better".

Relatives said the staff were kind and caring. One relative said, "This is a good home, very caring".

At the previous inspection an area of improvement was noted as people who wanted to share a room had no means to maintain their privacy. At this inspection there was no one sharing the room and it was the intention in the future that no rooms would be shared.

People were not always being treated with respect as the provider had not ensured they were able to enjoy the garden as it was not safe to use. They were not being supported to enjoy the fresh air and good weather. People and relatives told us that it would be nice if they could go into the garden and enjoy the summer weather.

Most of the time staff interacted with people and sat chatting to them about their family or past events in their lives. At other times, staff did not interact as well as they could as there were no planned activities to involve people in pastimes of their choice. One staff member sat next a person and although, at times, spoke with them politely and respectfully, there were times without any conversation.

On other occasions staff chatted and laughed with people making sure they had what they needed. Staff sensitively ensured people went to the bathroom when they requested to do so and maintained their privacy and dignity in a reassuring manner.

Staff knew people very well, their likes and dislikes, and favourite biscuits. However, when refreshments and biscuits were served, staff did not ask people what they wanted, it was taken for granted that they would want their usual drink or biscuits. The staff member just put the tea or drinks in front of each person and said 'here is your cup of tea', they then went on to ask if they wanted a biscuit which was taken out of the packet and put on the table. The staff member made sure people had what they wanted and people were content with this but they were not given the choice to change their mind if they preferred something else. This was an area for improvement.

People told us that the staff promoted their independence. People said they were supported to walk, they said, "staff support me to walk; they keep you on your feet if they can". "I am as independent as I want to be but staff assist me when I ask them to". "I like to walk to the bathroom by myself, but I know the staff will come if I needed them."

One person told us how the staff encouraged them to walk but if they were struggling the staff would then get them a wheel chair. Another person commented that they could wash and dress themselves but staff

were always on hand if they needed further support.

People told us they choose when to go to bed and get up. They said they could sit where they wanted during the day, go to their bedroom to watch their television or sit with people in the communal area.

People's care plans were stored to maintain people's confidentiality. There were details of people's previous lives in their care plans and staff were observed chatting to them about their past. People were encouraged to keep in contact with their family and relatives told us that they were made to feel welcome and offered refreshments.

Some people had made advanced decisions about their care. They had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place. These decisions had been discussed with relatives and other health professionals and the person if they were able. One DNAR form needed to be reviewed and updated and the registered manager told us that they would arrange for this to be completed. There was no one receiving end of life care at the time of the inspection.

Is the service responsive?

Our findings

People told us that staff responded to their calls promptly. They said, "Staff are always around. I press my buzzer at night and they come quickly". "Staff come quickly when I call". "The staff listen to me and pay attention to what I am saying".

At the last inspection an area of improvement had been noted with regard to the lack of activities for people to enjoy. At this inspection improvements had not been made.

There were no details of any plans or forthcoming events for people to take part in. People said they had bingo sessions and use to have music but the music had stopped recently as the person was no longer able to provide this session. Although people's care plans detailed their faiths there was no information to confirm if they wanted to be supported to maintain their religion and/or attend church services. There was no visiting local church representative.

People had not been consulted about what was important to them and what they liked to do during the day. Staff told us that activities were provided on an 'ad hoc' basis but these were not regular events. The registered manager told us that they had, at times, provided reminiscing sessions and played floor games but this had not happened for some considerable time.

People were not able to use the garden as it was not safe and was overgrown. One person said, "We never get to go in the garden, but can open the windows and doors in hot weather". Another person said, "I don't think I have been in the garden for two years". Staff were seen talking to people about their lives but there was no formal activities taking place at the time of the inspection.

People were not being supported to follow their interests and take part in social activities of their choice. This was a breach of Regulation 9 of the Health and Social Care Act 2008.

Some people had been involved in the planning of their care, and had signed their care plan to confirm this. There were pre admission assessments in place but no People told us that staff responded to their calls promptly. They said, "Staff are always around. I press my buzzer at night and they come quickly". "Staff come quickly when I call". "The staff listen to me and pay attention to what I am saying".

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People were not being supported to follow their interests and take part in social activities of their choice. This was a breach of Regulation 9 of the Health and Social Care Act 2008.

Some people had been involved in the planning of their care, and had signed their care plan to confirm this. There were pre admission assessments in place but no one had come to live at the service since the last inspection.

At the last inspection an area of improvement had been noted with regard to the details of people's preferences and choices in their care plans. At this inspection care plans had this information and were personalised to each individual. There were details about what people preferred for their breakfast, what support they needed to help them wash and dress and how they liked 'fluffy' slippers and what jewellery they liked to wear.

People told us that they had been involved in the planning of their care and that staff supported them in the way they preferred. People's care plans included detailed individual information. One person's care plan stated that they liked to get up at 07.30am and have their breakfast at 08.15am. Another explained how the person liked to have their feet soaked each day and liked a blanket over their feet, when sitting in the chair.

The care plans also included details of people's life so that staff were able to use information to build relationships with people. People's health care needs and medicines were detailed together with their mobility needs, skin care and history of falls.

Staff kept up to date with people's needs to ensure they were receiving the care they needed. One person had a catheter (a catheter is a tube that goes into the bladder to drain urine) inserted the day before inspection. Although this information had not been recorded in the care plan, staff knew how to care for the person and the catheter. They knew when the catheter needed to be changed, what the signs of infection were and when to call in the community nurse.

Staff knew people well and the care plans now had sufficient guidance for staff to give consistent care. The plans had been regularly reviewed in line with people's changing needs.

At the last inspection an area of improvement had been noted with regard to the details in the complaints policy as the information about how to complain and who to was not up to date. The registered manager told us that this had been completed however, the policy did not contain the correct details with regard to the current guidance about how to complain about a social care service. This remains an area for improvement.

The complaints procedure was on display in the hall way. People and relatives told us they did not have any complaints. They said if they had any 'niggles' these were sorted and resolved promptly. They told us that

the registered manager was always available if they needed to raise any concerns and were confident action would be taken if they raised an issue. One person said, "I see the registered manager most days and I would always say if something is wrong." There had been no complaints from since the last inspection.

Is the service well-led?

Our findings

People told us that the registered manager did a good job. One person said, "The registered manager is a good boss, when they say something the staff pay attention". "I do like the registered manager, they are very nice". "The registered manager always comes round to ask if we need anything and is everything OK". "I would recommend this service, I am very contented and I enjoy living here".

The service was in a period of transition of ownership.. The long standing registered manager continued to run the day to day service without support from the current owner, therefore the provider did not have oversight or scrutiny of the service.

At the last inspection in November 2016, the provider had failed to take appropriate action to mitigate risks and improve the quality and safety of services. Records were not clear and completed accurately. At this inspection, although some improvements had been made, there remained two continued breaches of regulations, and two new breaches in the regulations. The action plan provided by the registered manager was not robust or detailed to ensure continued compliance of the regulations. The owner of the service had not contributed to the action plan.

The registered manager told us that they had worked hard to improve the service and some improvements had been made with regard to care planning and mental capacity assessments. However, without support and the lack of full knowledge of the regulations it was a difficult task to achieve compliance with the regulations.

Some policies and procedures remained undated and not all reviewed in line with current legislation so staff did not have the most up to date information to refer to. There were systems in place to audit and check the service but as action had not been taken to improve the service there remained continued shortfalls found at this inspection.

The registered manager had not received any support from the provider to run the service. There was no guidance or supervision from the provider to ensure that the quality of care being provided was to the correct standard. Effective systems were not in place to check the service was meeting the regulations.

The management structure of the service had not improved since the last inspection in November 2016. Therefore, the registered manager did not have any other managerial support to help with the management of the service. There were no clear lines of responsibility in the service. The staff structure did not include a deputy manager to assist with the running of the service and implement the required actions to improve the service.

The registered manager told us how they had continued to carry out checks on the premises but there was a lack of action taken as there were no action plans in place to show how these issues were being addressed and when they would be actioned to continually improve the service.

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely, however these had not been reviewed in line with current legislation. The policies did not have a date when they were implemented and there were no review dates. There were two undated safeguarding policies and the complaints procedure had incorrect information about how to contact outside organisations. The registered manager had identified that the policies and procedures needed to be up dated and told us they had started to do this but it was slow progress due to lack of the support from the provider.

There had been no resident or staff meetings since the previous inspection. The registered manager was supporting the staff on a daily basis and said that people were able to raise any issues at any time, but agreed that they had not had the time to have these meetings as there were so many areas of improvement to consider.

At the last inspection it was noted that an area of improvement was to ensure that when quality surveys were sent to people involved in the service they would be analysed and people would be given feedback to show their comments were used for the continuous improvement of the service. At the time of this inspection this had not been completed and the annual quality assurance process was overdue. The registered manager told us that the annual survey was due in February 2017 but this had not been processed yet.

Accurate and complete records in respect of each person had improved but risk relating to people's care and support had not always been adequately assessed and there was a lack of detail to guide staff how to keep people safe.

The registered provider had failed to take appropriate action to mitigate risks and improve the quality and safety of services, including the quality of the experience of people receiving the service. Records were not clear and completed accurately. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the latest inspection report was on display in the entrance hall, the provider had failed to display the CQC rating from the last inspection in November 2016. A provider has a maximum of 21 calendar days to display their rating from the date of the inspection report being. The previous report rating from the inspection on 23 November 2016, published on 2 January 2017 was not on display at the time of the inspection on 29 June 2017.

The provider had failed to display their rating. This was a breach of Regulation 20A (1)(3)(5)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The acting manager notified CQC in line with guidance.

The registered manager attended local forums for support and to network with other providers. Staff said that they felt well supported and that they could go to registered manager with any issues and felt they would deal with any concerns.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not being supported to follow their interests and take part in social activities of their choice.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that medicines were managed safely in line with current legislation and guidance.</p> <p>The provider has failed to ensure that treatment was provided in a safe way. There was a lack of risk assessments to guide staff in relation to the health, safety and welfare of people using the service.</p> <p>This was a continued breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulation 2014</p>
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 had failed to take appropriate action to mitigate risks and improve the quality and safety of services, including the quality of the experience of people receiving the service. Records were not clear and completed accurately.</p>

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20A HSCA RA Regulations 2014
Requirement as to display of performance assessments

The provider had failed to display their rating.