Cranford Care Homes Limited

Alma Green Residential Care Home

Inspection report

Alma Hill, Hall Green
UpHolland
Skelmersdale
Lancashire
WN8 0PA

Tel: 01695622504

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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?	Requires Improvement

Summary of findings

Overall summary

We last inspected this service on 10 September 2015, when we found the service to be in breach of four regulations.

During this inspection we reviewed the action taken by the provider to meet the requirements of the regulations, these included; medicines management, environment safety and infection control. Person-centred care, Need for consent, Meeting nutritional and hydration needs and good governance.

At this inspection we found the provider was still in breach of Regulation 12 safe care and treatment, in relation to medicines management and Regulation 11 Need for consent. The provider was no longer in breech of the other regulatory requirements highlighted at the last inspection. However, we found the provider to be in breach of other regulations at this inspection, these included; Person centred care and Safeguarding service users from abuse and improper treatment. .

Alma Green is located in the village of Upholland. It provides accommodation for up to 29 people, who require help with their personal care needs. All bedrooms are of single occupancy with en-suite facilities, consisting of a wash hand basin and toilet. A wet room is available and there are a variety of bathrooms located throughout the home, which provide assisted bathing facilities.

There are a variety of amenities within the village itself, such as public houses, shops, a library, a church and post office. The surrounding areas of Southport, Ormskirk, Liverpool, Wigan and Skelmersdale are all within easy reach by public transport. The bus stops very close to Alma Green and there is a railway station nearby. Some parking spaces are available at the front of the premises.

At the time of the inspection there were 26 people who lived at the service. There was a registered manager in place. The registered manager assisted throughout the inspection.

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

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found that staff had received training in safeguarding adults and demonstrated a good understanding about the meaning of abuse. However, we found that the service had not always made safeguarding referrals in line with their policy and procedure. For example, one person's care records showed that they had been physically assaulted by another person who lived at the service. A safeguarding referral had not been made, risk assessments had not been reviewed in relation to the incident and the registered manager told us that they had not been informed about the incident.

We looked at people's care records in relation to the prevention of accidents and injuries. We found examples of when people who lived at the service had fallen. However, their care plans and risk assessments for falling had not been updated to show how the service had assessed and mitigated the risk for further accidents to prevent injury.

During the inspection we observed staff using a hoist for a person who had fallen in their bedroom. We asked staff if the person had been assessed for the use of a hoist and staff could not confirm if an assessment had taken place. Staff assisting the person were unable to clarify what size hoist sling the person needed. This placed the person at risk of injury. We informed the registered manager who took immediate action.

Risk assessments were in place for the premises and these were audited on a regular basis.

We found variances in stocks of medicines. This suggested that medicines had not always been administered as prescribed. The service did not have a robust monitoring system in place to highlight when medicines had not been administered. We found that the service did not have protocols in place for the administration of medicines prescribed on an as needed basis. This meant that person centred medicine administration was not always provided for people who lived at the service. We observed medicines being administered at lunch time. Medicines were left with service users and the staff member responsible for administering medicines did not ensure that the person had taken their medicines as prescribed.

When employing fit and proper persons the recruitment procedures of the provider were robust in ensuring suitable people had been employed.

We found there were sufficient numbers of suitable staff during the day time to meet people's needs and promote people's safety. However, staff told us that night duty was not staffed according to people's individual needs. We made a recommendation about this.

Improvements had been made around environmental cleanliness and infection control. We found the environment to be warm, comfortable and pleasant smelling. The premises were generally clean and some areas had been painted, decorated and flooring had been replaced. However, some improvements were still needed, particularly in the bathrooms and communal toilets.

We noted that the bed of one person was unsafe for use. The mattress was longer than the bed. Therefore, if the person sat on the end of the bed it was possible they could have fallen on the floor. We informed the registered manager that a new bed was needed straight away. We were told that this had been arranged.

The turnover of staff at Alma Green was extremely low. The last person to be employed started to work at the service in May 2011. This helped to promote good continuity of care.

Staff told us that they felt supported in their roles and had received training to help them understand their role and responsibilities. We looked at the training records and found that staff were provided with a wide range of training courses.

We found that the service had implemented consent care plans and mental capacity assessments since our last inspection. However, these had not always been completed in line with the principles of the Mental Capacity Act 2005. People who lived at the service and their representatives were asked to sign consent and agreement documents. The service had not always effectively recorded consideration of the person's mental capacity or evidenced sight of a Lasting Power of Attorney document, to show that the person's

representative had legal status to make decisions about the person's welfare on their behalf.

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 of the service supported this practice.

We looked at three staff supervision records, these showed that two staff were last supervised in 2015. The third staff member did not have any supervision records on file. Staff told us they felt supervised by the registered manager.

Annual appraisals were available on one of the staff records we looked at. The most recent one being dated March 2016. Two further staff records did not evidence that appraisals had been undertaken.

People were assessed against the risk of malnutrition, however nutritional care planning was not person centred to show people's preferences and individual needs. We looked at diet and fluid intake records and found gaps in recording. This meant that the service did not always monitor how much people had eaten and drank when they were at risk of malnutrition or dehydration.

People had access to external health care professionals including dieticians, occupational therapists and the speech and language team. During the inspection a visiting GP provided positive feedback about the standard of care and support provided for people who lived at the service.

During the inspection we did not see people being offered recreational activities, we asked to see the activity time table and we were told that this was not available. A notice board had information about a singing group and their schedule for visits. We made a recommendation about this.

We observed staff interact with people in communal areas. Some staff approached people in a caring way. However, we also observed two instances when staff disregarded people's questions. For example, one person asked what medicines they had been handed, but the staff member walked away. When the staff member said what the medicine was, the person was unable to hear them. Another staff member mocked a person when they expressed that they were thirsty, the staff member replied, "No it is Friday".

People told us they felt involved in their care and making decisions. However, when we looked at people's care records we did not see that people had been involved in the care planning process. We asked the registered manager if resident and relative meetings had been undertaken; the manager confirmed that meetings had not been held.

We found that people's care plans were not written in a person centred way. The provider had recently implemented a new electronic care planning system; staff told us they had received little training about the system. Care plans had been generated from the system and were generic in content. This meant that care plans did not describe the person as an individual.

Audits and quality monitoring systems were in place and completed on a monthly basis. The audits undertaken had not highlighted concerns found at this inspection. For example care plan audits showed 'all care plans up to date'. This meant that quality assurance systems were not robust.

During this inspection we found several breaches of the HSCA 2008(Regulated Activities) Regulations 2014 otherwise known as the fundamental standards of care. Two of these were continued breaches from our previous inspection in September 2015.

We will ensure action is taken and report on this in due course.

Further information is in the detailed findings below.

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 consistently safe.

We found that people were not always effectively safeguarded against abuse. However, staff knowledge was efficient in regards to what abuse meant.

We found that effective record keeping was not always maintained to ensure that individual risks to people using the service was care planned and monitored in relation to accidents and incidents.

We looked at people's care plans and found that information regarding medicine regimes was limited and required development, to ensure that people received their medicines in a person centred way.

Medicines management required improvement to ensure that safe systems were embedded.

Staff were suitably recruited.

The service was clean and we found improvements had been made throughout the environment.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received training in various subjects which helped them undertake their job role.

The rights of people who did not have capacity to consent to certain elements of their care or support were not always promoted because staff were not working in accordance with the Mental Capacity Act 2005.

Staff told us that they received good standards of support. However, we found that records of staff supervision and appraisal were not always available.

We saw that people were supported to maintain a healthy

lifestyle and people told us that they enjoyed the meals provided. People were assessed against the risk of malnutrition, however person centred care planning for nutritional needs was not always undertaken.

Is the service caring?

Requires Improvement

The service was not consistently caring.

We observed some kind and caring interventions between staff and people who lived at the service. However, we also observed some less positive interventions and also found some negative report writing in people's care records about their behaviours that challenged the service.

We saw that people were not always provided with opportunities to engage in social activities. The service did not have a schedule in place or records to show how they supported people to maintain recreational activity.

People felt involved in decisions made about their care. However, care records were not signed by people who lived at the service and or their representatives.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

We looked at people's care plans and found that person centred information was limited, however this was being developed at the time of our inspection.

We saw that the service was not always responsive to people's needs.

People were supported to maintain an independent life style when possible.

We saw that people had access to information about how to complain.

We looked at complaint management. People told us the registered manager was responsive to their concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager had worked at the service since 2005

and showed knowledge about the needs of people who lived at Alma Green.

We found that the service had systems in place to monitor quality assurance. However, the auditing system was not robust and had not highlighted concerns found at this inspection.

Staff and stake holder meetings were not held on a regular basis.

Staff told us that they enjoyed working at the service and felt supported by the registered manager.

Alma Green Residential Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 20 February 2017.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

During the inspection we spoke with the registered manager, three care staff, six people who lived at the service and 11 relatives. We looked at all the records relating to the requirements and actions we had asked the provider to take following the last inspection in September 2015. We observed how staff supported people who used the service, we looked at medication records and care records of three people who lived at the home, this included a full pathway track for each individual. Pathway tracking enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We looked at three staff personnel files. These included details of recruitment, induction, training and personal development. We looked at the training records, records of maintenance and repair, the fire safety

records, food safety records and quality monitoring documents.

Requires Improvement

Is the service safe?

Our findings

We asked people who lived at the service if they felt safe. People told us; "Absolutely, I feel I have all the support I need". "Yes I have my Zimmer frame, and there is always staff around to help". And "Yes the front door is secure, I feel safe in my room".

At our last inspection in September 2015 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to infection control, environment safety and medicines management. At this inspection we found that improvements had been made around environment safety and infection control. However medicine management remained in breach of Regulation 12.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found that staff had received training in safeguarding adults and demonstrated a good understanding about the meaning of abuse. However, we found that the service had not always made safeguarding referrals in line with their policy and procedure. For example, one person's care records showed that they had been physically assaulted by another person who lived at the service. A safeguarding referral had not been made, risk assessments had not been reviewed in relation to the incident and the registered manager told us that they had not been informed about the incident.

During the inspection we asked the registered manager to raise a safeguarding alert in relation to this incident, the registered manager agreed. We have since been informed by the local safeguarding authority that a safeguarding alert was not made. We have raised a safe guarding alert with the local safeguarding authority.

We looked at care records for another person who lived at the service. Their falls record showed the person had fallen 10 times in January 2017. Safeguarding referrals had not been made. After the inspection we received feedback from a safeguarding social worker who told us that the person was recently admitted to hospital and had sustained serious injuries. The service had not made a safeguarding referral in respect of the incident.

The above failings constituted to a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that staff had received training in safeguarding adults and demonstrated understanding about the meaning of abuse. However, it was evident that further training was required to ensure that staff understood how to effectively raise safeguarding alerts and to care plan against known risks to individuals.

A staff member told us, "We have training in safeguarding. I wouldn't stand for anyone being abused. I would report it immediately, because people should be treated, as you would want your own mother to be treated".

We looked at how the service identified and managed risks for people on an individual basis. We found that the service completed risk assessments for many areas of care and support for example; nutrition, falls and moving and handling. However, identified risks were not always included in care plans, to ensure that management of known risk was undertaken.

We looked at people's care records in relation to the prevention of accident and injury. We found examples of when people who lived at the service had fallen and their care plan and risk assessment for falling had not been updated to show how the service had assessed and mitigated the risk for further accidents and to prevent injury. For example, one person had fallen 10 times in January 2017. Their care plan and risk assessment in relation to falling had not been updated to reflect how the risk of injury would be monitored and prevented. After the inspection we received information from the local safeguarding team, to inform us that the same person had sustained serious injuries following a fall, and that on examination of the person's care records a falls risk management plan had still not been written.

During the inspection we observed staff using a hoist for a person who had fallen in their bedroom. We asked staff if the person had been assessed for the use of a hoist, staff could not confirm if an assessment had taken place. We checked the person's care records and found that an assessment for the use of a hoist had not been completed. Staff assisting the person were unable to clarify what size hoist sling the person needed. This placed the person at risk of injury. We informed the registered manager who took immediate action.

The above failings constituted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place for the premises and these were audited on a regular basis. Environment safety had improved since the last inspection. The provider was no longer in breach of Regulation 12 in relation to environment safety.

We found variances in stocks of medicines. This showed that medicines had not always been administered as prescribed. For example, one person's stock of medicine for stomach spasms had not been administered for seven doses, another person had not received their calcium tablet for four days.

We looked at how the service provided the safe administration of medicines as this had been one of the areas in breach at our last inspection in September 2015. We found the service did not have a robust monitoring system in place to highlight when medicines had not been administered. We found that the service did not have protocols in place for the administration of medicines prescribed on an as needed basis. For example a person living with dementia was prescribed a laxative and pain relief on a when required basis, there was no protocol in place to indicate how the person would communicate if they needed the medicines. This meant that person centred medicine administration was not always provided for people who lived at the service.

We observed medicines being administered at lunch time. Medicines were left with service users and the staff member responsible for administering medicines did not ensure that the person had taken their medicines as prescribed.

The above failings showed a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to medicines management.

The management of controlled medicines was well maintained. The medicines store room was clean and

organised. Only senior staff had access to this area Fridge and room temperatures were recorded on a daily basis, this meant that medicines were being stored at the correct temperature.

When employing fit and proper persons the recruitment procedures of the provider were robust in ensuring suitable people had been employed.

We found there were sufficient numbers of suitable staff during the day time to meet people's needs and promote people's safety. However, staff told us that night duty was not staffed according to people's individual needs. We looked at staffing rotas and saw two care assistants were deployed at night time. This meant that if staff were assisting a person who required two staff for care intervention, then the communal areas were not supervised. Also, if a person needed to be transferred to hospital at night time they had to go without a member of staff to accompany them.

We asked to look at the providers dependency assessment, a tool for calculating staffing against the needs of people who lived at Alma Green. The registered manager told us that a dependency tool was not used.

The turnover of staff at Alma Green was extremely low. The last person to be employed started to work at the service in May 2011. This helped to promote good continuity of care.

We would recommend that the provider reviews procedures in place for deployment of staff at night time, and considers the use of a recognised dependency tool.

Improvements had been made around environmental cleanliness and infection control. We found the environment to be warm, comfortable and pleasant smelling. The premises were generally clean and some areas had been painted, decorated and flooring had been replaced. However, some improvements were still needed, particularly in the bathrooms and communal toilets.

We noted that the bed of one person was unsafe for use. The mattress was longer than the bed. Therefore, if the person sat on the end of the bed it was possible they could have fallen on the floor. We informed the registered manager that a new bed was needed straight away. We were told that this had been arranged.

Requires Improvement

Is the service effective?

Our findings

People we spoke with and their relatives provided mixed feedback when we asked if they thought the staff were sufficiently trained to meet people's need. A relative told us; "On the whole, yes, but the staff don't seem to know how to meet [person's] needs, if [person] sit's in the lounge. [Person] can't talk to anyone because of hearing loss and the hearing aid doesn't help much, but they [staff] don't seem to think about that and where best to sit [person]". A person who lived at the service told us; "They seem to; I've no complaints". And another relative told us that staff did not seem to understand their loved ones physical disability and how to make life easier for them, for example staff had put the bedside table at their weakened side, so the person had to reach across to access food and drink.

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection we found the provider to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was because the registered person had not always taken in to consideration the wishes of people who lived at the service in relation to consent for their care and treatment.

During this inspection we found the service had implemented consent care plans and mental capacity assessments, however these had not always been completed in line with the principles of the Mental Capacity Act 2005. People who lived at the service and their representatives were asked to sign consent and agreement documents.

The service had not always effectively recorded consideration of the person's mental capacity or evidenced sight of a Lasting Power of Attorney document, to show that the person's representative had legal status to make decisions about the person's welfare on their behalf. For example, one person's care plan detailed; '[names] advocate has given consent to the use of photographs for medical or care records, property and affairs LPOA has been granted'. A copy of the person's Lasting Power of Attorney document had not been checked and a copy was not held on their care file.

Another person had been admitted 26 days before the inspection. Their care records included a basic admission assessment. However, no further risk assessment or care planning had been undertaken. The

person was recorded to have 'confusion' and no mental capacity assessments had been undertaken in relation to; agreement to placement, living in a locked door environment, photography or any other areas needed for consent to care.

The above failings constituted to a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that one person was subject to a DoLS in relation to living in a secure environment. Staff on duty during the inspection were aware of the person's restriction and told us they felt confident in supporting this person.

We looked at three staff supervision records, these showed that two staff were last supervised in 2015. The third staff member did not have any supervision records on file.

Annual appraisals were available on one of the staff records we looked at. The most recent one being dated March 2016. Two further staff records did not evidence that appraisals had been undertaken.

We would recommend that the provider undertakes staff supervisions and appraisals in line with the service policies and procedures.

Staff told us that they felt supported in their roles and had received training to help them understand their role and responsibilities.

The staff training matrix showed a high percentage of staff had completed a range of training in 2016. The learning modules included, moving and handling, safeguarding, MCA and DoLS, fire safety, medicines management, first aid, diet and nutrition, dementia awareness and end of life care.

Some of this learning was supported by knowledge checks. Medication training for one of the care workers, whose records we looked at was completed in 2015 and a well-documented competency and practical assessment had been conducted following the training.

Staff training records showed additional training courses had also been completed, in relation to the needs of those who lived at the home, such as dementia care and sensory deprivation, but these modules were not recent. Some staff had completed the Qualifications and Credit Framework [QCF] in 2016, which covered areas, such as moving and handling, DoLS, MCA, first aid, medicines management, diet and nutrition, dementia awareness and communication.

At the last inspection the provider was found to be in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to poor completion of fluid balance records.

At this inspection we found people had been assessed against the risk of malnutrition, however nutritional care planning was not person centred to show people's preferences and individual needs. We looked at diet and fluid intake records and found gaps in recording. This meant that the service did not always monitor how much people had eaten and drank when they were at risk of malnutrition or dehydration. For example, one person's nutritional care plan included; 'Thick and easy in all fluids'. This information was not specific and did not indicate the exact amounts of fluid thickener as prescribed. This meant that the person was at risk of choking. We discussed this with the registered manager who agreed to update care records and request specific directions to be added to the prescription label by the GP.

Another person's nutritional care plan showed they had been assessed for the risk of malnutrition, however their care plan did not include how the risk of malnutrition was to be managed or if this affected the person.

The above failings constituted to a continued breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We joined people who lived at the service for lunch. They observed people being offered a choice of two hot meals or sandwiches. We reported that the food looked and smelt appetising. People who lived at the service told us they enjoyed the food provided. They commented, "The food is lovely". "Lunch has been very good". And "The food is quite good, I like the biscuits".

People had access to external health care professionals including dieticians, occupational therapists and the speech and language team. During the inspection a visiting GP provided positive feedback about the standard of care and support provided for people who lived at the service.

We also spoke with two visiting occupational therapists. Both professionals told us that the service was well managed and that staff members were knowledgeable about people in their care. Staff sought advice when it was needed and took on board any feedback which was given. They both said that the manager was visible around the service, staff were always available and staff followed instructions in day to day practice, such as exercise programmes.

During our inspection we toured the premises. We found that refurbishment had taken place across the service since the last inspection and improvements had been made. We informed the registered manager of areas we had noticed needed attention for example; communal areas such as the dining area and reception were tired looking and needed painting.

We also informed the registered manager of two areas for urgent action; The door of bedroom 9 closed suddenly and could have caused entrapment and the metal external fire exit was rusty and a hole had formed in the back riser of one of the steps. The registered manager assured us that urgent action would be taken.

We looked at signage throughout the service and this needed improvement to assist people who lived with visual and cognitive impairment.

We recommend that the service explores ways to improve environment orientation for people living with dementia.

Requires Improvement

Is the service caring?

Our findings

All the people we spoke with told us that the staff were always polite and willing to listen, and help, if they had a problem. A person who lived at the service told us; "I've never known anyone to be nasty. I have no complaints at all about the staff, or the whole place". Another person told us, "It is nice here; all the staff are nice".

A relative told us, "The staff are smashing".

We observed staff interact with people in communal areas. Some staff approached people in a caring way. However, we also observed two instances when staff disregarded people's questions. For example, one person asked what medicines they had been handed, but the staff member walked away and when they said what the medicine was, the person was unable to hear them. Another staff member mocked a person when they expressed that they were thirsty, the staff member replied, "No it is Friday".

People told us they felt involved in their care and making decisions. However, when we looked at people's care records we did not see that people had been involved in the care planning process. We asked the registered manager if resident and relative meetings had been undertaken, the manager confirmed that meetings had not been held.

People who lived at the service told us that they were allowed visitors at any time. We observed visitors come into the home and staff offered them refreshments.

Procedures and information were in place about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

We observed staff helping people to maintain their independence. The service had a designated smoking room, a person who used this area told us; "It is a safe place for me to smoke and it means I can still do something that I enjoy".

We observed staff knock on bedroom doors before entering and people's dignity was maintained throughout our observations.

Requires Improvement

Is the service responsive?

Our findings

Everyone we spoke with said they knew how to make a complaint and would feel comfortable in doing so should they need to. A relative told us, "We have voiced our opinion to the manager. We only need to ask and it gets sorted". Another person told us if they had a problem they felt happy to raise it directly with the registered manager.

We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Admission records detailed people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

The provider had recently implemented an electronic care planning system. We looked at the care of three people who lived at the service. We found electronic records were generic and not person centred. For example, one person's moving and handling care plan stipulated what monitoring should be undertaken in relation to the moving and handling risk assessment outcome. However, their plan of care was not person centred and did not detail how the person had been involved in the creation of their care plan.

Another person's care plan we looked at was admitted to the service 26 days prior to the inspection. They had been assessed on admission, however no further assessment of their needs and preferences had been undertaken. This meant that the service had not ensured that the person had care plans in place that reflected their needs and preferences.

During the inspection we did not see people being offered recreational activities, we asked to see the activity time table and we were told that this was not available. A notice board had information about a singing group and their schedule for visits, but no further information was displayed.

People's care records showed information about their life story. This information included what pass times they enjoyed. However, we did not see how this information was being transferred to daily life for those of who lived at the service.

We recommend that the service considers ways to improve plans of care and activities to ensure they are more person centred.

The complaints procedure was displayed in the reception area of the service. We suggested that contact details for the local authority be added, should someone wish to make a direct complaint. The registered manager agreed to add this information.

We looked at complaint records and the last complaint recorded was in April 2016, we saw that the registered manager had issued a response letter to the complainant, along with the outcome of the internal investigation.

We asked people who lived at the service and their representatives if they had been asked to provide feedback in relation to quality surveys. People told us they had not been asked for this information. We asked to look at survey results, we saw that staff had completed surveys on behalf of people who lived at the service. We discussed this with the registered manager who agreed that people who lived at the service or their representatives should be provided with the opportunity to complete surveys independently where possible. This would encourage people to express their views both anonymously and independently.

Requires Improvement

Is the service well-led?

Our findings

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 registered manager had worked at Alma Green since 2005.

People who lived at the service and their representatives told us; "Yes, the manager is approachable, all of the staff are". "Yes the manager is lovely and very good". "The manager is organised, authoritative, diplomatic, and does a fantastic job. She always phones back if we ring and will take the phone to my relative if we ring". And "You can ask the manager anything and it gets sorted. They're on the ball here".

All the staff we spoke with told us that they enjoyed working for the provider. Staff spoke highly of the registered manager and told us that they felt supported. We asked staff if they were invited to attend staff meetings. Staff told us that meetings were held on a regular basis. We looked at staff meeting minutes and saw that the most recent meeting was held in November 2016. Staff meetings were held routinely. This enabled relevant information to be disseminated amongst the staff team and enabled workers to discuss any areas of interest within an open forum, should they wish to do so.

We looked at systems in place for assessing the quality and safety of the service provided.

A general risk assessment had been conducted in August 2016. This included stress, fire, food hygiene, electricity, violence to staff, power failure, legionella, moving and handling, infection control and hazardous substances.

The area of infection control within the general risk assessment provided evidence of further action taken to mitigate risk. For example, it showed that one member of staff had sensitivity to latex gloves and so disposable vinyl gloves were used instead. Information was also provided about action needed in the event of an outbreak of infections, such as vomiting and diarrhoea.

A fire safety risk assessment and environmental risk assessment were also in place, which staff had signed to show they had read and understood the information provided.

An audit for medicine administration observation had been completed in January 2017, for those staff members responsible for the administration of medications, including night senior care workers.

A monthly workplace inspection was conducted, which covered fire, first aid, and the premises. We saw the one completed in January 2017, which had not identified areas noted by the inspection team. For example, one question asked, 'Is the general appearance of the building acceptable?' The answer was 'Yes'. Another question was, 'Are the floor coverings in good condition'. The answer to this question was, 'Yes'. Other

information showed that floor surfaces became slippery when wet. However, no action to mitigate risks were recorded.
There was also a monthly quality audit conducted, the last one being done in January 2017. This covered areas, such as staffing, health and safety, care planning and cleanliness. This audit showed that all plans of care were up to date.

Areas highlighted at this inspection had not been identified throughout the provider's own internal auditing system. This meant that quality assurance systems were not robust.

At the last inspection we highlighted the provider was in breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was because the assessment and monitoring of the quality of service provided was not always effective. The above failings show a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were a wide range of policies and procedures in place at the home, which had been reviewed and updated during 2016, which included safeguarding adults, complaints, whistle-blowing, MCA and DoLS, advocacy, infection control and fire.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured care and treatment was always provided with the consent of the relevant person and that the care and intervention provided was not in line with current legislation nationally recognised guidance and good practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not demonstrated that all that was reasonably practicable had being done to assess, mitigate and review the risks to the health, welfare and safety of people living at the service and had not ensured that appropriate arrangements were in place to ensure the proper and safe management of medicines within the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered persons had not made sure that the procedures and processes within the home were effectively safeguarding people from abuse and avoidable harm.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The registered provider did not always ensure that people who lived at the service were assessed and monitored against the risk of malnutrition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not made sure systems were in place to ensure an appropriate governance structure for all aspects of care being provided and seek too continuously improve the welfare and safety of people living at the service.