

West Villa Residential Home Limited

West Villa Residential Home

Inspection report

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West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our inspection of West Villa Residential Home took place on 2 May 2018 and was unannounced. At the last inspection in January 2017, the provider was in breach of legal requirements concerning good governance; effective systems or processes were not always in place to assess, monitor and mitigate risks to people who used the service. At this inspection, we found some improvements had been made to the governance and quality assurance systems in place, which enable the service to identify and improve where quality, and safety was being compromised. However, these had not been maintained.

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

West Villa is a private care home. It is a large detached building. West Villa is registered to provide care and support for up to 32 people who have mental health needs or physical disabilities related to the aging process. At the time of our inspection there were 29 people living at the home.

A registered manager was not in place. However, a new manager had been appointed and had submitted an application to become registered with the Commission. 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.

People told us they felt safe and staff knew how to recognise and report any concerns about people's safety and welfare.

Overall, there were enough staff deployed. Not all the required checks were done before new staff started work to help to protect people. Staff were trained to meet people's needs.

Medicines were managed safely.

Individual risks to people's health and welfare were not always identified and managed. Their care plans were not always detailed enough and this created a risk they would not consistently receive appropriate care which met their needs.

The home was clean and well maintained. Plans were in place for refurbishment to make the home more dementia friendly.

We found people's capacity to consent to their care and treatment was assessed. However, when people lacked capacity the correct processes were not always followed to ensure those making decisions on their behalf had the legal powers to do so.

People told us they liked the food. People were offered a variety of food and drink, which took account of their likes and their medical, cultural and religious needs.

People were supported to meet their healthcare needs and had access to a range of healthcare professionals. People's needs were assessed. However, care plans were not always in place and this created a risk they would not receive appropriate care, which met their needs.

People were treated with respect and kindness and were supported to maintain their independence. People were given the opportunity to take part in a variety of social activities.

Information about complaints was displayed in the home. Most people told us the manager and provider was approachable and listened to them. People were supported to share their views about the service.

We found the providers quality-monitoring systems were not always working as well as they should be. We were assured of the provider's commitment to making the required improvements.

We found four breaches of regulations in relation to the management of consent to care and treatment, fit and proper person employed and good governance. We are considering the appropriate regulatory response to our findings.

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 always safe.

Medicines were managed safely.

There were enough staff available to meet people's needs.

The provider did not always follow robust recruitment procedures; some checks such as satisfactory references had not carried out before new staff started work.

People were not always protected from harm, as risk assessments were not always completed. Staff knew how to recognise and report concerns about people's safety and welfare.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service was working in accordance with the requirements of the Mental Capacity Act. This helped to protect and promote people's rights.

Consent was not sought correctly for some people.

People's healthcare needs were met. The home worked alongside a range of health care professionals.

Staff received the training they needed to deliver effective person centred care safely.

Is the service caring?

Good ●

The service was caring.

Staff knew people and their care and support needs. Staff respected people's dignity and treated them with respect.

People were comfortable in the presence of staff and good relationships had developed.

Is the service responsive?

The service was not always responsive.

People's needs were assessed. When people moved into the home care plans were not always put in place quickly enough to make sure staff knew about their needs. People were not always enabled to take part in planning how their care needs should be met.

People were supported to take part in a variety of activities.

People knew how to make a complaint if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

People were very complimentary about the service and everyone we spoke with said they would recommend it.

Most people, relatives and staff told us they felt the provider was approachable and acted quickly in response to any concerns or issues.

Improvements were needed to the processes for checking the quality and safety of the services provided.

Requires Improvement ●

West Villa 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 the 2 May and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we reviewed the information we held about the home. This included information from the local authority commissioning and safeguarding teams and statutory information we had received from the home. The provider had submitted a provider information return (PIR). A PIR gives the provider the opportunity to tell us about the service, what they do well and any planned improvements they intend to make.

We used a variety of methods to gather information about people's experiences at the service. During the inspection, we spoke with six people, five relatives and one visitor of people who use the service.

We reviewed four people's care records and other records relating to the management of the service such as maintenance records and quality checks. We looked at the way medicines were managed for people. We looked at four staff files, supervision records and staff training records.

We looked around the home at a selection of people's bedrooms and the communal areas. We spoke with seven care staff, the cook/activities co-ordinator, laundry assistant, domestic, handyman, the manager and the provider.

Is the service safe?

Our findings

From our review of records and observations made, we concluded this home was not always safe.

We spoke with the provider about recruitment procedures. They told us they were in the process of appointing new staff, two of whom we saw completing shadowing shifts during the inspection. From our review of staff files, we found recruitment was not robust. Staff had attended interviews however; the interview record was very sparse. For two members of staff we saw there were gaps in the employment history, which had not been fully explored, and explanations were not recorded.

We also identified concerns about some references. For example, one person did not have a reference from their previous employer, and no exploration of the reason they left their last job. For another member of staff there was no evidence of discussion around information on their Disclosure and Barring Service DBS check. This meant people were not always protected from the risk of being cared for by staff who were unsuitable to work in the care setting.

The provider was unable to demonstrate they consistently followed safe recruitment procedures. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people had moving and handling care plans we saw there was detailed instruction for staff. This included how to support the person, which sling type to use and step by step repositioning instructions.

Staff were observant of people's safety in the daily routine of the home. We heard staff reassure people to move at their own pace and take their time to move around safely. One member of staff supported a person who had removed their footwear, to put it back on again. We saw people had their walking frames within reach and staff were quick to respond if a person needed help with their mobility. For example, one member of staff went to walk alongside a person who got up from their chair suddenly and was unsteady on their feet.

Individual risk assessments were contained within the care records. However, there was conflicting information about people's safety in care plans and the assessment of risk was not always accurate. For example, one person's risk assessment for pressure ulcers stated they were at low risk, when the factors determining this were calculated incorrectly. In another person's records, the pre-admission assessment showed they were at high risk of falls, but there had been no risk assessment carried out. We saw from the records this person, had fallen whilst at the home, yet there had been no action taken to ensure the risk was assessed or mitigated.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider explained they used a staffing tool to ensure staffing levels met people's needs. They told us, and staff confirmed, there were usually five staff on duty in the morning, four in the afternoon and three overnight. On the day of our inspection, there were enough staff on duty to meet people's needs. However,

the duty rotas showed these staffing levels had not been maintained consistently over the past month. Staff and relatives confirmed this. One relative told us, "Sometimes when I visit I might not see a staff member." The provider assured us this had been a temporary issue due to vacancies and would be resolved when the new starters completed their induction training. This was supported by the planning rota for the coming month.

We saw there were safeguarding policies and procedures in place. The staff we spoke with confirmed they had received safeguarding training. Staff knew how to recognise abuse and how to report any concerns about people's safety and welfare. One staff member said, "I feel confident to raise any concerns or issues with the manager or the director". Another staff member told us they understood the signs of possible abuse and would always report this, first to managers but to the local authority and CQC if necessary. Staff said they knew the whistleblowing procedures and would immediately report poor practice if a person was at risk of harm.

People we spoke with told us they felt safe overall. One person said, "I'm better in here than I was at home. It was my decision to come here, I like to know there's always someone around if I fall." Another person said, "I feel safe knowing I can press my thing [call bell] and someone will come." Another person said they felt safe on the whole, although they told us about an incident in which they had not felt safe. We discussed this with the provider and asked them to take appropriate action.

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff. We found medicines were stored securely. We looked at the medicine administration records (MARs) and found these were well completed. We checked the stock of four medicines against the MARs and found they were correct. Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to enable this to happen. Audits of medication took place however; these had not been completed since December 2017. Staff received medication training and regular competency checks.

The fire officer had made a recent visit to the home and had made some recommendations, which we found the provider had begun to address. The provider agreed to send us a copy of their action plan and keep us informed of their progress in completing the recommended actions.

We spoke with the maintenance staff who told us how they checked safety within the premises and equipment. They showed us records to show what checks they had carried out so far, having only recently come to work at the home. They said they checked fire safety equipment, window restrictors, water temperatures and showerheads. We inspected records of gas safety, electrical installations, water quality, fire detection systems, and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required.

From the records we reviewed, we concluded accidents and incidents were recorded in detail and accurately. Handovers were used to keep staff up to date with incidents and any changes to practice. This demonstrated the home used lessons learned and made improvements when things went wrong.

The home was visibly clean with few malodours and we saw cleaning staff on duty as well as laundry staff. We spoke with cleaning and laundry staff who were able to explain the systems in place for minimising the spread of infection, such as colour coded mops and cloths for separate cleaning tasks. We saw cleaning schedules, which were up to date. There was a good supply of cleaning materials and personal protective equipment (PPE) which staff used appropriately. On the day of the inspection there was an independent IPC

audit being conducted by a consultant commissioned by the provider.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. The registered manager had a list of the DoLS applications, which had been made, and this showed when the authorisations were due to expire. We saw applications for renewals had been submitted to the local authority.

People's consent was not always obtained, such as for the closing of bedroom doors. We saw people's doors were locked from the outside and there were three people who would be unable to open the door from the inside. Two of these people were continuously in bed with bedrails and behind a closed door and there was no evidence of their consent for this. However, to ensure people were safe hourly observations are completed.

In some of the care files we looked at we saw relatives had signed consent forms in relation to care and treatment. However, there was no evidence in the care files to show these relatives had the legal authority to make these decisions. For relatives or representatives to make decisions on someone else's behalf they need to have Lasting Power of Attorney (LPA) orders in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you are no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. If these are not in place the 'best interest' process needs to be followed to support the decision making process.

This was a breach of the Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knowledge of the MCA and DoLS and the impact this had on people's day to day lives varied. The manager told us they had already identified this and arranged for senior staff to attend training with the local authority. Senior staff would then cascade this training to the remainder of the staff team. The managers response gave us confidence this would be completed.

There was a training matrix in place, which showed where training had been completed and was due. The matrix showed the majority of staff were up to date with training on safe working practices. Staff confirmed training was provided by a mixture of e learning and face to face sessions.

We spoke with a member of staff who was new to the home and was shadowing staff that were more experienced. They told us they would be receiving training and until this had taken place they would not be allowed to support people with, for example, their moving and handling needs. They said their practice was observed as part of their induction until they were seen to be competent.

We saw evidence of a staff induction checklist and an example of how staff competence was checked. The manager had observed staff practice in areas such as infection control and moving and handling. Staff new to care or those that did not have a qualification in health and social care were enrolled on the care certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. We saw a supervision matrix. This showed some supervision had taken place, although not all staff had had a recent supervision.

Staff we spoke with said they felt they had enough support through supervision and training, to do their work effectively. They said there was always a manager to approach if they needed to discuss any issues. Staff told us training and support from the provider was good. One said, "I have completed my diploma level 2 and now I'm completing level 3. It has been so helpful the training I've had. It has helped me understand more about dealing with people with dementia".

People's healthcare needs were assessed and plans of care put in place to meet their needs. Care plans were reviewed by staff to ensure they remained appropriate to people's needs.

Care records showed people had access to a range of health and social care professionals such as GP's, district nurses, opticians and dentists. One of the people we spoke with said they knew their GP and felt comfortable asking the staff to call the GP if they felt unwell. Where required, we saw appropriate equipment such as hoists and bed sensors was in use. We saw people had been assessed for equipment appropriately. The manager told us they had recently developed links with the NHS vanguard team to help reduce unnecessary admissions to hospital. The team consisted of physiotherapists, dieticians and a designated consultant.

Staff communicated well with one another to meet people's needs. We observed part of the morning handover and saw staff were given clear directions about people's support needs. The manager told us they had developed the handover to include specific information to each person so that staff were consistently updated.

People told us they enjoyed the meals and one person said, "Oh it's lovely food, I look forward to it". Another person said, "Most of the time I enjoy what's available, although they can't please everyone all the time". One family member told us, "The food is good; since my mum has gone in to West Villa she has gained weight". Another relative told us "My [relative] has piled on weight since going in, it's good, my [relative] loves the food".

We saw people were offered choices at mealtimes and staff made every effort to give people what they wanted. One person said they did not know what to have for their breakfast and staff patiently explained what was available, suggesting what the person might like. We spoke with one person who liked to get up especially early and they told us staff brought them a cup of tea first thing.

We spoke with the cook who showed us a whiteboard with people's dietary needs listed. They said staff liaised with them every day about what people wanted and alternatives could be provided if people did not want what was on the menu. They told us they fortified food where people were at risk of weight loss. We saw menus for four weeks and these were varied overall, although snacks usually consisted only of biscuits

and cakes. We saw snacks of biscuits were offered when the tea trolley came around and people had access to biscuits and juice/water in communal areas. The cook told us staff could ask for other snacks such as fresh fruit, and these were available on request.

Where people needed their food and fluid intake monitored, we saw staff kept records. Team leaders checked the records at the end of every shift to make sure people had received the food and fluid required. When people needed to have their weight checked on a weekly basis we saw this was done.

The manager informed us they had recently been liaising with the Speech and Language Therapy (SALT) team to arrange additional training for staff. This showed they were working with other professionals to make sure staff had the knowledge and skills they needed to deliver effective care and support.

We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs. There was a plan in place for redecoration and new carpets throughout the property. The manager explained the decoration plan would ensure the property was more dementia friendly as currently many of the carpets were highly patterned. They explained when the decoration took place they are going to use more dementia friendly signage. From our discussions, we had confidence this would take place. The service had an enclosed patio area that people could access safely through the conservatory. This meant the service had incorporated the needs of people who enjoyed spending outside whilst maintaining a safe environment.

Is the service caring?

Our findings

During our inspection, we found the service was caring. Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment.

People had developed positive relationships with the staff supporting them. They knew the staff supporting them and we saw a good rapport had been developed. Staff related well to people and there were kind and caring interactions throughout the day. Staff were smiling and friendly with people and we saw people gave spontaneous hugs, which staff responded warmly to. The atmosphere at the home was calm and relaxed and staff spent time with people.

Staff spoke with respect to people and with one another and there was regard for people's privacy and dignity. We saw staff knocked on people's doors and consulted with people before supporting them with any care tasks. Staff communicated well with people to provide comfort and reassurance. Through our conversations with staff, they were able to explain how they maintained an individual's dignity whilst delivering care. Staff told us they always ensure doors and curtains were closed when delivering personal care. We saw and staff told us they explained to people what was happening at each stage of the process when delivering personal care.

Staff said they cared about the people who lived at West Villa and acknowledged this was people's home. Minutes of a team meeting reflected that treating people they cared for and each other with respect was discussed. For example, we saw staff had discussed that at the end of a shift they should make sure they said goodbye to both residents and team members. This was because West Villa was the resident's home and should be treated that way. All staff we spoke with said the care would be good enough for their relative.

People's room had locks on bedroom doors, which could only be opened by a key. All doors were closed once people left their room. People did not have their own keys. A relative told us, "Not all staff carry a key, so they have to go and find another staff that does. I feel awful asking." Other comments included, "[Relative] doesn't want a key to her room. She likes that her door is locked and people cannot just open it. She is scared of things going missing." "It's a good thing that the doors are locked, [relative] can't spend all day in their room. They are better when they are with other people. Plus no one can get into [relative] room either."

People we spoke with said they were all well cared for and well looked after. One person said, "Oh I do feel cared for, I really do" and another said, "Give these lasses 100% please, they're angels, all of them. They do a grand job.". Another person said, "The staff are really good, always checking to see if I'm alright." The relatives/visitors we spoke with were complementary of the staff and felt their loved ones were well looked after. One relative we spoke with said staff had 'been marvellous'. They told us, "They have been really good, I am really happy with the care [my relative] is getting here." Other comments included, "I visit regular, staff are not bad. Some of them have been there for a while [staff] and [staff] are really nice and they have been there for a while." "They do a good job."

One member of staff said they had left and returned to work at West Villa and said they would not have done so if they didn't think people had good care there.

We observed one person saying they did not like watching television. Staff asked them what they liked. The person told staff they liked to listen to the radio. Staff discussed with them where they would like to listen and what channel. Staff then helped them to their room to listen to the radio.

A person centred approach to care and support was evident. People were able to get up and go to bed at a time that suited them and have breakfast when they were ready. For example, one family member told us, "[my relative] often doesn't go to bed. Staff sit with [relative] and watch television. They help [relative] to bed when [relative] is ready. The next day they will let [relative] sleep until [relatives] ready to get up, no strict routines". A staff member told us about the same person, "[person] will go to bed when ready. [Person] will get angry if you mention bed when [person] is walking round. Once [person] sits and settles [person] will go to bed then." One person told us "I can have my meals in my room if I choose, I just need to let staff know and they will arrange it."

We saw the provider had policies and procedures in relation to protecting people's confidential information. This showed they placed importance on ensuring people's rights to confidentiality, were respected. All confidential records and reports relating to people's care and support were securely stored in locked cupboards to ensure confidentiality was maintained. We saw when staff were discussing people using the service they completed handover in a confidential setting.

However, some people commented that it was difficult to have private conversations when they visited their relatives. Comments included, "There is nowhere to sit down when I visit, no privacy. We don't even get offered a drink." "When you go there is nowhere to go and sit with your relative. There is a quiet room but it is bare and there is a risk of [relative] getting out the front door if it's open. However, we observed the front door had a key code pad fitted which would prevent someone from leaving without knowing the code. The quiet lounge had plenty of furniture along with tea and coffee making facilities. The manager informed us this was available at all times for family and friends and people only needed to ask for milk so they could make their own drinks whilst in the quiet room.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We did not see any evidence of discrimination during our inspection and people were treated with respect.

Is the service responsive?

Our findings

A pre-admission assessment was carried out to make sure the home had the right resources to meet the person's needs. When people moved in a more detailed assessment of their needs was carried out and this information was used to develop their care plans.

For two people who had recently moved into the home we found the initial assessment had been completed. However, there were no care plans or risk assessments in place to guide staff on how to support the people. The absence of care plans and risk assessments informing staff how best to support the people created a risk people would not receive appropriate care and treatment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, mobility, sleep, skin integrity, communication, mental health and social care.

Staff we spoke with knew people well along with their personal histories, personal preferences for care and support and other individual needs such as dietary requirements, likes and dislikes. We saw this was detailed in people's care records. Records contained information about people's religious, spiritual and cultural needs. However, care records did not always reflect people's current needs. Advice from other professionals was not always evident in people's care records. For example, one person had involvement from a physio, yet there was no reference to this in their care records.

We looked to see how the service supported people who required different means or assistance to communicate. People had communication care plans setting out how staff were to communicate effectively with them. The manager had an understanding of the Accessible Standards and was aware of their responsibilities in this area.

An activities co-ordinator was employed four days a week. For the other days, the staff team demonstrated a commitment to supporting people to engage in activities within the home. People who used the service were asked what activities they would like to do and their preferences were listened to and acted upon. One person's care plan said they like to play dominos and cards. On the day of inspection, the person had a box of dominoes with them and was playing cards at the table.

One person told us, "They are always trying to get us involved in activities. The activities lady is very nice. It is quite good, but I like to watch television". We observed people had newspapers, crossword books and colouring. We saw staff engaged people in activities, such as floor games and they spent time chatting with people on a one to one basis. One person went out for a short walk and another person chose to stay in their room. The activities programme includes armchair exercises, baking, movie afternoon and manicures.

We saw one person was collected by transport for a visit to a local community centre and staff made sure

the person had had their breakfast and was ready to go on time.

We did not see evidence of people or their families' involvement in care planning or reviews. However, one family member told us "I have not been involved in the actual care plans or their reviews, but I have been involved in the annual review with West Villa and the social worker".

Prior to January 2018 care plans had been reviewed monthly. However, these had not been reviewed recently. We spoke to the manager who informed this she had already highlighted this and had started work to consult with people and families to ensure their views are included in care plans. A family member told us "I have recently been asked for my [relatives] history for her care file, however, when I asked whether this had been added I was told the information I had given had been miss placed".

We saw one person in their room, who staff had told us could not hear. We saw they had a white board and pen by their bed and staff used this to communicate with the person.

Complaints and compliments were recorded and we saw responses made by the previous registered manager. The complaints procedure was clearly displayed. One person said they had raised a complaint via their relative to 'the management' but they did not know what had happened about this.

The provider told us no-one at the home was receiving end of life care at this time. We saw care records required more information to reflect people's end of life wishes. The provider informed us this is something they are currently working on with people, their families and GP.

Is the service well-led?

Our findings

When we inspected the service in January 2017, we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because although there were some quality assurance systems in place designed to continually monitor the service, they were not sufficiently robust. This was discussed with the provider at the time of inspection who confirmed they would address this matter.

However, on this inspection we again found some shortfalls in the service, which had not been identified through the audit and quality assurance monitoring systems in place.

Throughout the inspection, we found the provider's governance and record keeping systems had not been operated effectively. For example, the audit system had failed to identify issues such as; information was missing from staff recruitment files, care plans missing from people's files and consent and care planning.

A range of audits and quality assurance processes were in place with actions and analysis to drive service improvements. These included monthly medication audits, mattress audits, bedroom audits, pressure cushion audits and IPC. Where external audits had taken place, such as the food safety and fire officer inspections, we saw there was an action plan the provider was working to in order to address some of the issues raised. However, some of the monthly audits had not been completed since September 2017. This meant that systems were not sufficiently effective.

We were concerned about the repeated breach found at this inspection. Robust governance and quality assurance processes should have ensured the service was compliant with Regulations.

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

There was a manager in post but they were not available at the inspection, we completed a telephone conversation with the manager after the inspection. The registered provider told us they had interviewed seven applicants and was confident the new manager was a strong leader for the home, having replaced the previous registered manager who left the service in March 2018. There had been a handover period between the two managers.

The provider told us they were in the process of enlisting help from a consultancy firm to be able to offer objective oversight of the service. They told us there was a relative, who was previously the provider, who did some of the quality assurance visits to the home.

The relatives we spoke with said they were not aware of the change of managers. They had not received any communication informing them of the change and some relatives did not know the new managers name. One relative we spoke with said the provider was good at communicating with them and they were frequently visible in the home. However, other relatives told us, "I'm not informed about changes. I have

asked for updates via email, but do not receive them."

The atmosphere at the service was welcoming and open. Staff morale was good and staff said they felt confident in their roles. All staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident the culture within the service was open and positive and people came first. People were supported by a staff team who were proud to be part of the service. One staff said, "I love my job, I love working here."

Staff we spoke with were positive about their role and the management team. Comments included, "I can go to the management about anything, the provider is very good and always listens." "The management always give me feedback on my ideas." The manager told us, "[Person] is a great provider, I am well supported, I feel listened to and valued."

We saw people living in the home and their relatives were asked for their opinion of the service through an annual customer satisfaction questionnaire. Letters had been sent to family from the new activity co-ordinator inviting relatives and friends to a meeting. Relatives we spoke to stated that they attended family meetings. We looked at the last survey questionnaires which had been returned in September 2017 and they indicated people were happy with the standard of care and facilities provided.

We saw staff meetings were held regularly and these were well attended. Meetings were held for care staff, night staff and senior staff both on days and nights. We reviewed the minutes from the meetings and saw discussion items included safeguarding, infection control, competencies, spot checks and training. Staff told us they felt able to voice any concerns during these meetings.

Information and actions from audits were discussed at meetings with the provider, senior staff and then in staff meetings. This meant all staff were involved in driving service improvement and lessons learnt.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The manager told us they attended local provider meetings to keep updated and share best practice. They informed us they work in partnership with Wakefield contracts team and the NHS. The manager and staff work in partnership with other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's consent was not always obtained. Care and treatment of service users was not always provided with the consent of the relevant person.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not robust. Not all information had been gathered to ensure people were of good character.</p> <p>Where the provider considers that an applicant was suitable, despite them having information on the contrary, the provider's reasons should be recorded for future reference. This did not always happen.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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>Individual risk assessments were contained within the care records. However, there was conflicting information about people's safety in care plans and the assessment of risk was not always accurate. For example, one person's risk assessment for pressure ulcers stated they were at low risk, when the factors determining this were calculated incorrectly. In another person's records, the pre-admission assessment showed they were at high risk of falls, but there had been no risk assessment carried out. We saw from the records this person, had fallen whilst at the home, yet there had been no action taken to ensure the risk was assessed or mitigated</p>

The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Throughout the inspection, we found the provider's governance and record keeping systems had not been operated effectively. For example, the audit system had failed to identify issues such as; information was missing from staff recruitment files, care plans missing from people's files and consent and care planning.</p> <p>A range of audits and quality assurance processes were in place with actions and analysis to drive service improvements. These included monthly medication audits, mattress audits, bedroom audits, pressure cushion audits and IPC. Where external audits had taken place, such as the food safety and fire officer inspections, we saw there</p>

was an action plan the provider was working to in order to address some of the issues raised. However, some of the monthly audits had not been completed since September 2017. This meant that systems were not sufficiently effective.

The enforcement action we took:

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