

# Mr Robert Lambert and Mrs Brenda Lambert

## Balmoral Care Home

### Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This inspection took place on 9, 10 and 19 May 2017 and was unannounced on the first day.

We last inspected Balmoral Care home on 27 June 2016 when we rated the service as requires improvement overall and identified breaches of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person centred care, dignity and respect, need for consent, good governance and staffing. This inspection was to check improvements had been made following the last inspection and to review the ratings. At this inspection we found improvements had not been made and the service remained in breach of the regulations.

At this inspection we identified continuous breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which were in relation to, safe care and treatment, Deprivation of Liberty safeguards, good governance and staffing. We have made a recommendation about staffing levels and arrangements in place to ensure the laundry room and ventilation equipment are fit for purpose. We are currently considering our options in relation to enforcement and will update the section at the back of this report once any enforcement action has concluded. The overall rating for this service is inadequate which means it will be placed into special measures.

Balmoral Care Home is situated in the Mottram-in-Longdendale area of Tameside. The home is registered with the Care Quality Commission to provide care, support and accommodation for up to 32 people who require personal care without nursing. At the time of the inspection 30 people were living at the home. The home is a large detached house with an extension. The home has 32 single rooms with either washing facilities or an en-suite. Bedrooms are located over two floors and are accessible using a passenger lift or staircase. There are several communal bathrooms and toilets. The first floor has a lounge, small dining area and kitchenette. The ground floor has a dining area, main kitchen, administration office and a quiet room. There is a steep driveway leading to the car park and the main entrance door is at the rear of the building.

We found medicines were not being managed safely. We also raised our findings with the National Health Service (NHS) Clinical Commissioning Group (CCG). The CCG made arrangements with the provider to carry out medicines management audit at the home following this inspection.

Staff training in some areas had not been kept up to date to ensure best practice.

People's care records had been regularly reviewed, and were reflective of their current support needs.

People's daily records showed particular attention was paid to their dietary requirements and indicated the type and amount of food people had eaten and what they had drank.

Some risk assessments did not always fully identify strategies to manage and minimise any risks found.

Auditing systems in place to monitor the quality of services provided were not robust and effective.

We observed care worker interactions with people living at the home were caring, patient, and empathetic. Care workers had developed a good rapport and understanding of the people who used the service and treated people with kindness and respect.

A registered manager was in place at the time of 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.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Medicines were not always stored and managed safely.

Risks assessments in place did not always record action to mitigate risks.

Some areas of the home required additional cleaning.

Arrangements were in place to help protect people from the risk of abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Care workers had not received refresher training to ensure their practice was current and up to date.

Care workers had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support.

Peoples nutritional and hydration needs were being monitored, recorded and met.

### Is the service caring?

**Good** ●

The service was caring.

Care workers had developed a good rapport and understanding of the people who used the service however we saw their belongings were not always treated with respect.

People told us they felt care workers knew them well and we saw caring interactions between care workers and people who used the service.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

We observed that care workers knew people well and were responsive to people's needs.

Accurate records of peoples care were not always maintained.

A complaints procedure was in place to ensure complaints were managed appropriately.

**Is the service well-led?**

**Inadequate** 

The service was not well-led

Systems in place to help monitor the quality and safety of the service had not always been implemented effectively.

The provider had failed to ensure there was sufficient and sustained improvement following our last inspection.

The provider was displaying their rating from the last inspection.

# Balmoral 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 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.

This inspection took place on the 9, 10 and 19 May 2017 and was unannounced on the first day. The inspection was carried out by one adult social care inspector on the 9 and 10 May and two adult social care inspectors on the 19 May.

Before the inspection we reviewed information that we held about the service and the service provider. This included the previous Care Quality Commission (CQC) inspection report and safeguarding and incident notifications which the provider had told us about. This information can help the CQC assess if appropriate action had been taken relation to certain incidents such as the death of service user, a safeguarding alert or a serious injury.

Following the inspection we sought feedback from the local authority adult social care contracts performance team who confirmed they had moderate confidence that the needs of the resident's terms of the contract were being met. Feedback from the National Health Service (NHS) Clinical Commissioning Group (CCG) highlighted concerns about medicines management in the home.

During the inspection we spoke with four care workers, four people who used the service, three visiting relatives, one housekeeper, the cook the registered manager, the office administrator and the registered providers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other impairment.

We reviewed four employee personnel files, records of staff training and supervision and the care records that belonged to four people who used the service. We also reviewed the medicine records of five people,

records relating to how the service was being managed such as safety audit records, servicing and maintenance, and a sample of the services operational policies and procedures.

# Is the service safe?

## Our findings

At the last inspection in June 2016 we identified there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe management of medicines and we issued the provider with a Warning Notice. At this inspection we found improvements had not been made and the service remained in breach of the regulations.

People we spoke with told us that they received their medicines on time unless the care workers were very busy. One person said, "It isn't often that we get our medicines late, just now and again, but we generally get them on time".

We reviewed the medication policy and procedure, medication administration records (MARs) and observed designated care workers administer medicines to people who used the service.

The medicines policy in place reflected current legislation about the safe management of medicines was in place; however we found that this wasn't being followed.

We saw medicines were mainly stored in a locked medicines trolley which was stored within a locked clinic room. Most medicines were administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person to be administered at specific times of the day had been dispensed by the pharmacist into individual trays in separate compartments. This helps to ensure that people receive their medicines as prescribed by their General Practitioner (GP).

We saw that a small quantity of medicines received from the pharmacy on 8 April 2017 had been left on work surface in the clinic room and had not been stored away safely. We observed that the clinic room was cluttered and disorganised. We found a controlled drug (CD) had been left on top of the medicines trolley along with a number of bottled medicines, eye drops and various skin creams. We also saw that two tablets had been left on the clinic room floor. Although the clinic room was locked and not accessible to people who used the service, we raised concerns about the storage of these medicines with the registered manager.

We looked inside the medicines refrigerator we found that a person's prescribed eye drops that had been dispensed in March 2017, had not been discarded after four weeks as advised by the pharmacy and were still being stored inside the refrigerator. When we raised this concern with the registered manager they told us that the eye drops should have been discarded and that they would address this issue with the care worker responsible for checking the medicines stored in the medicines refrigerator.

On examining a sample of medication administration records (MAR) we found there were gaps in the signatures on some of the MAR's which showed that medicines had not been signed as given by the care workers. When we raised this concern with the registered manager they told us that the medicines had been given but the care workers had forgotten to sign to confirm this. When we checked the CD cabinet we found the CDs stored could be accurately reconciled with the amounts recorded as received and administered.



However when we checked the CD record book we saw that the administration of the CD's and the balance remaining for some CD's had not been checked by two trained care workers and only one care worker signature was present. Controlled drugs are prescribed medicines frequently used to treat conditions such as severe pain. These medicines are liable to abuse and for these reasons there are legislative controls for some drugs and these are set out in the Misuse of Drugs Act 1971 and related regulations. These controls require services to make entries of any controlled drugs stored and administered in a separate register as well as on the MAR sheets. The registered manager was unable to tell us why some signatures were un witnessed.

When we checked the medicines monthly auditing records, we saw that the registered manager had signed the auditing form to confirm that medicine auditing checks had been carried out and all CD's had been recorded by designated care workers as required.

Records to show that care workers had undertaken a staff medicines competency assessment to ensure they could safely administer medicines were not in place. This meant people received their medicines from care workers who may not have the appropriate knowledge and skills to administer medicines safely.

We raised our concerns with the Clinical Commissioning Group (CCG) about the way medicines were being managed in the home. Following this inspection the CCG carried out a medicines management audit at the home and have provided the registered provider with a report detailing action required.

The above examples demonstrate a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe management of medicines.

Following the inspection the provider contacted CQC to confirm action being taken to ensure improvements in the safe storage and management of medicines.

We examined the care records that belonged to four people. Whilst care records showed that risks to people's health and well-being had been identified we found that people's individual risk assessments did not fully identify how risks would be managed and where possible, minimised.

We saw that environmental risk assessments had been undertaken and health and safety audits were carried out on a regular basis by the home's maintenance person. These checks were completed on electrical equipment, portable appliance testing. Records we examined indicated that fire equipment, moving and handling equipment, passenger lift checks, water checks and flushed the water system and the fire alarm system had been completed. These checks helped to make sure that any environmental risks to people were minimised. However we observed the carpet in the large lounge was fraying at the seams which presented a potential trip hazard. We also saw that a broken toilet roll holder had not been repaired and there was no privacy lock on the toilet door, this was despite regular checks.

This meant that the provider was not ensuring that potential risks to people were being managed to keep people safe.

The above examples demonstrate a breach of Regulation 12 (1) (2) (b) of the Health and Social care Act 2008 (Regulated Activities 2014 in relation to the mitigating risk.

The registered provider confirmed following the inspection that the carpet in the main lounge was to be replaced with a hard floor surface in order to address risks identified.

At the last inspection in June 2016 we found that the provider had not protected people against the risks of cross infection and people were exposed to the risks associated with poor infection control. At this inspection we found improvements had not been made and the service remained in breach of the regulations.

Whilst we saw care workers using the personal protective equipment (PPE) such as disposable gloves and aprons, hand towels and soap to help control the risk of spread of infection. We found that there were no hand-washing facilities in the clinic room for care workers to use prior to or after administering medicines to people who used the service. Some areas of the home were not clean. We found that the small kitchenette on the first floor of the home, used to prepare snacks and drinks for people who used the service, was unclean and used crockery and cutlery had been left soaking in the sink and the bin was stained with food and required emptying. We found that the kitchen was untidy and food was not being stored appropriately. We asked to see records of cleaning activities we found that key worker room checklists had not been completed on a weekly basis as required to make sure room maintenance and hygiene was maintained.

In the laundry room the floor was dirty and cluttered with laundry baskets and an ironing board. We saw that people's clean/ laundered clothing were being stored on dusty wall shelves and some clothing was hung on hangers on an old clothes airer which was dirty and required cleaning. The laundry room system in use was unable to safely facilitate a dirty to clean laundry process and presented a risk of cross infection to people who used the service.

The above examples demonstrate a continued breach of Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 assessing, preventing, detecting and controlling the spread of infection.

We observed that the ceiling extractor fan was not working within the laundry room. When we spoke with the laundry assistant they told us that they felt the laundry room was too small for the size of the home and it was a busy working area. They told us that the ventilation had stopped working some time ago and had not been repaired despite telling the registered manager on several occasions.

We recommend that the provider review arrangements in place to ensure the laundry room and ventilation equipment are fit for purpose.

People and a visiting relative who we spoke with said, "There always seems to be enough staff when I come to visit" and a person who used the service said, "Sometimes the staff are very busy and you have to wait for assistance, but it's never a long wait". A care worker we spoke with said, "We're always short staffed".

On the first day of the inspection we found that the inspection was being continually interrupted because the registered manager was carrying out a variety of duties such as administering medicines to people who used the service, conducting an unannounced face to face visit with a prospective service user and their relative and general management of the home. It was apparent that the registered manager was unable to focus on the inspection due to the many other obligations associated to their job role and our access to them was limited. The registered manager told us there was not always sufficient staff to meet the needs of the people using the service. They said, "We could do with more staff, sometimes there's just not enough of us especially when I'm in the office doing the paperwork". On the third day of the inspection the registered providers were present throughout the inspection and we saw that additional care workers had been drafted into the home to increase staffing levels.

The registered manager told us that a dependency tool was not used to determine staffing levels for the

home and that staffing levels had remained the same following our last inspection of the service. They told us that during the night shift one care worker and one senior care worker were rostered to provide care and support to people and there was an extra care worker on the twilight shift between 5pm and 11pm. We saw care workers were visible around the home and people were attended to promptly when they required assistance.

When we examined the staff duty roster on the first and second day of the inspection we saw that the ratio of care workers to people who used the service was maintained at a minimum level to meet the support and dependency needs of people who used the service.

We recommend that the provider considers a systematic approach to determine the number of staff required in order to meet the needs of people using the service.

A recruitment and selection procedure was in place. We reviewed the personnel files of the two most recently recruited care workers. We found that both care workers had been recruited following the completion of a disclosure and barring service (DBS) pre-employment check and had provided appropriate proof of identity in line with the regulations. However we saw that the provider had obtained only one reference for one care worker which meant they had not been recruited in line with the regulations. Such checks help the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults. This showed that this staff had not been properly checked to make sure they were suitable and safe to work with people. The registered manager told us they thought they had obtained two references for the person, but was unable to locate the second reference when asked to do so.

We found environmental and equipment risk assessments had been completed for people who required assistance using equipment such as hoists and wheelchairs. Records to show people had a Personal Emergency Evacuation Plan (PEEP) were in place. These plans detailed the level of support a person would require in an emergency situation such as fire evacuation.

When we walked around the home we saw that the service maintained a homely environment to enable people's planned activities and routines to be supported effectively by care workers. However we saw that overall the home lacked investment and required general maintenance and redecorating in most areas. For example we saw that corridor's, furniture and armchairs showed signs of wear and tear and required replacement.

## Is the service effective?

### Our findings

At our last inspection in June 2016 we found that care workers had not received refresher training and found the service to be in breach of Regulation 18 the Health and Social Care Act 2008 (Regulated Activities). We checked to see what improvements had been made since our last inspection.

People we spoke with told us they felt they were being looked after by hard working staff. They made positive comments such as, "They [care workers] look after you" and "All of the staff are nice and know what our needs are".

We examined the staff learning and development plan and found the majority of care workers had not undertaken refresher training in moving and handling and infection control. It is important that staff receive appropriate training to ensure their practice and knowledge is up to date and reflective of current best practice.

We reviewed the arrangements in place that the service had to provide staff with supervision and appraisal. Supervision and annual appraisal meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work to support them to provide safe and effective care to people. The registered manager told us that they had been unable to carry out supervision and appraisals with all staff due to their current workload in managing the service.

The above examples demonstrate a continued breach of Regulation 18 (1) (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Staff receive appropriate support, training and professional development.

At the last inspection in June 2016 we found that the provider was not working within the requirements of the Mental Capacity Act (MCA) and Best interests meetings were not always held for people who did not have capacity to make decisions about their care and treatment. We checked to see what improvements had been made since our last inspection.

The registered manager and care workers we spoke had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support. The staff team knew that where consent from people could not be sought they would need to hold a best interests meeting and consult with the people's relatives who had a lasting power of attorney (LPA) or arrange for a best interests meeting to be held with appropriate health care professionals in attendance. LPA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

We found the breach in regulation found at the last inspection had been satisfactorily addressed.

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 registered manager told us that DoLS applications were required for some, and had been submitted for some people living at the home. We saw a tracker was in place to monitor when applications had been made to the supervisory body (the local authority) and when any applications had been authorised. We saw two people had an authorised DoLS in place that had expired, this meant that people may have been deprived of their liberty unlawfully. The registered manager confirmed they had not notified the Care Quality Commission of any authorised DoLS at the home, this is reported on further in the Well Led domain of this report.

The above example demonstrates a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People must not be deprived of their liberty without lawful authority.

Care records we examined showed people had access to external healthcare professionals, such as specialist nurses and general practitioners (GP's). Notes of such visits were included in people's care records, in addition to this records that recorded people's weight, dental and optical checks were also in place and reflected the care being provided to people.

We observed one mealtime on the third day of our inspection and saw that the meals served were well presented, looked appetising and nutritionally balanced. We saw that people had choices about what they wanted to eat and where required they were assisted or supported to eat their meals with prompts from care workers. Dining tables were set for each meal time and where people preferred to eat in their rooms they were supported to do so. We saw people were offered a variety of drinks to maintain their hydration and snacks throughout the day. We examined the menu and saw that a variety of meal options were available at different times of the day. Care records and daily records we examined showed attention was paid to people's dietary requirements and what they ate and drank. We examined people's daily observation and weights records which indicated the type and amount of food people had eaten. This meant people's nutrition and hydration was monitored to ensure their nutritional needs were being met. Care workers that we spoke with and the cook were knowledgeable about people's dietary and nutritional risks. They were aware of the need to follow the speech and language therapist (SALT) instructions. For example making sure that people at risk of choking received a pureed diet. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing. People we spoke with made positive comments about the meals served and said, "The food is good" and "You get a good choice".

## Is the service caring?

### Our findings

At the last inspection in June 2016 we found that the people were not always treated with dignity and respect during care delivery. These findings resulted in a breach of Regulation 10 HSCA RA Regulations 2014 Dignity and respect.

We checked to see what improvements had been made since our last inspection.

People we spoke with told us they were happy living at Balmoral Care Home. They made positive comments about the care they received. People said, "Staff are polite, kind and caring" and "It's a very good place and I'm comfortable here" and "Staff are kind, caring and jocular. They are very friendly and know me well enough". A visiting relative said "Staff are lovely, very caring. They keep me informed about [Person's name] and I know there have been no changes in [Person's name] recently. It's a home from home for [Person's name]. They are really settled here".

We saw that care workers had developed a good rapport and understanding of the people who used the service and treated people with dignity and respect.

Care records we examined had been written with understanding of people's individual needs. For example information about a person's daily routine and giving detailed instructions about people's personal care needs. Care records clearly stated where two care workers were required to support people with their personal care needs and how to maintain people's privacy and dignity.

People's daily records were detailed and had been completed at specific intervals during the day and night to show their identified care needs had been addressed and met. Care records showed and we saw people were encouraged to remain as independent as possible, and staff supported people within the person's capabilities to manage their routines such as using the toilet independently.

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These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

At the last inspection in June 2016 we found that the provider was not meeting the regulations in relation to ensuring the security and confidentiality of confidential information and there was a breach of Regulation 17 HSCA RA Regulations 2014 Good governance.

At this inspection we found that the provider had made improvements in this area and was meeting security and confidentiality requirements of this regulation. We found that the office door had been replaced with a new door and key coded lock and could only be accessed by authorised staff. The office was kept locked when not in use. We found that the provider was adhering to the Data Protection Act 1998. People's care records and documents were kept securely in a locked cupboard in the main office. This ensured confidentiality of information was maintained.

We observed many positive interactions between care workers and people who used the service which showed that care workers knew people well. For example we saw that care worker interactions were carried out sensitively and in most cases carried out in a timely manner when people requested support or required additional drinks or snacks.

Where people had difficulty communicating staff remained patient and took time to listen, acknowledged what they were saying and responded appropriately. For example, we saw a care worker kneeling down to speak to a person on their level whilst gently touching the person's hand to provide reassurance and communication. We saw that this had a positive impact on people as they responded to the care workers with smiles and laughter.

Conversation between people who used the service and care workers was respectful and demonstrated their friendship and interest in people's daily routines. The registered manager told us that people's cultural and religious backgrounds were always respected, and when we spoke with care workers they were able to demonstrate a basic understanding of people's specific or diverse needs.

The registered manager told us that nobody at the home was receiving end of life (EoL) care or support and nobody living at the home had an advanced care plan (ACP) in place. An ACP explains what staff should do and who to contact in the case of an emergency. It also provides people with the opportunity to have a structured discussion with their families and the service about their thoughts and wishes for the future. The registered manager told us that when people required end of life care the service would always contact the person's general practitioner and the district nurse services to support and advise them when necessary. We looked at the home's end of life care policy and saw that it was centred on the individual person and was geared towards helping the person to have full control about decisions relating to future care and end of life needs.

Whilst nobody was using an advocate at the time of the inspection discussion with the registered manager confirmed they were aware of how to access advocacy services for people. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.



## Is the service responsive?

### Our findings

At the last inspection in June 2016 we found that people were not actively involved in their care. This resulted in a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Person centred care.

We checked to see what improvements had been made since our last inspection.

We observed that care workers knew people well and whilst we spoke with a person who used the service in their room, a care worker knocked on the person's door to check if the person was alright and whether they needed a drink or assistance. This showed that care workers were responsive to and aware of people's immediate comfort and needs.

Care records we examined indicated people's abilities, needs and desired outcomes in relation to a range of areas including mobility, food and nutrition and sleep were assessed before moving into the home. We found care plans recorded people's preferences in relation to the care they received. For example, one person's care plan noted where the service aimed to maintain their weight following the dietician and general practitioner instructions to minimise the risk of weight loss.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

However, in one of the care files we reviewed we found that information was out of date and in another file some records were incomplete. The registered manager told us that people's care plans were reviewed monthly and whilst they had tried to keep on top of the care plan reviews they had not been able to do so due to their current workload.

This was a breach of Regulation 17 (1) (2) (c) of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance – maintaining accurate records of care provided to people.

At the last inspection in June 2016 we made a recommendation that the provider increase the amount of activities taking place for people.

At this inspection we observed a lot of laughter throughout the home and people told us they were happy with the service provided to them. We observed people watching television, reading newspapers or generally chatting amongst themselves in small groups. During each day of our inspection we saw that the atmosphere in the home was lively and active. We saw that there was a continuing flow of people's visiting relatives and friends at the home and some people were taken out for the afternoon by their relatives or friends. The registered manager commented, "It's always like this. People have a choice in what they want to do and if some people don't want to get involved in the activities then we won't push them. We are a very busy home and we like to make people and their visitors feel at home".



People we spoke with told us that there were a small variety of activities such as quizzes, and a visiting entertainer, on offer at the home and we saw these details were displayed on a notice board on the corridor wall. People we spoke with said, "They [care workers] don't force you to get involved in activities if you don't want to" and "I'm not an activities person and I'm happy reading the newspaper or watching television".

The home's part time administrative assistant also provided a craft session on Monday afternoons, which we were told people enjoyed. On the third day of our inspection we saw that flower wreaths had been brought to the home by a local funeral service. The home's administrative assistant explained that the funeral service provide flowers which and a flower arranging session is held. We later saw a small number of people who used the service taking part in the flower arranging activity.

When we looked at how the service managed complaints we saw that the registered manager logged any complaint made and these were saved in a complaints file and shared with the provider. When we examined the provider's complaints policy and complaints log we found that the procedure included a complaints acknowledgement and timescales in which the complaint would be addressed. The policy allowed for a full investigation and allowed for complaints to be escalated to the Local Government Ombudsman if the complainant remained dissatisfied with the provider's response. However we saw that an out of date complaints procedure was located on a notice board in the homes foyer. The procedure directed complainants to a person who was no longer employed at the service and included out of date contact details for the Care Quality Commission and the Local Government Ombudsman (LGO). When we raised our findings with the registered manager the notice was immediately removed from the notice board and they updated the complaints notice in line with their current policy and procedure during the inspection.

The LGO are a final stage for complaints about organisations providing local public services such as adult social care services. It is a free service and they may investigate complaints in a fair and independent way.

## Is the service well-led?

### Our findings

A registered manager was in place and was present on each of the three days of 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.

Care workers and staff told us they felt supported in their role and recognised the registered manager had a 'difficult job'. One care worker said, "They [registered manager] tries really hard to manage the home. There isn't enough of [registered manager] to go round". People who used the service and their relatives made positive comments about the registered manager. One person said, "[Registered manager] is very kind caring and easy to talk to".

At our last inspection in June 2016 the registered manager told us that the manager position was not their full time role, they had been allocated 10 management hours each week and there was no deputy manager in place. The remaining hours were spent undertaking senior care worker duties. At this inspection we found that the registered manager's role and responsibilities were unchanged. Whilst the registered manager had an in-depth knowledge of the needs and preferences of the people they supported because they spent so much time delivering care this was impacting on the governance and oversight of the service.

At the last inspection we found that the provider did not have sufficient and effective systems in place to regularly assess and monitor the quality of service that people received. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We checked to see what improvements had been made since our last inspection.

The registered manager told us they carried out periodic checks and audits to help make sure good care was being delivered at all times during the day and night. However, these checks were not formally recorded and when we examined records of checks that were completed for care plan reviews, people's risk assessments/ monthly care reviews, staff records, cleanliness of the building and medicines management we found that these checks had not been consistently recorded. We found that systems and processes in place were not used effectively to address breaches found at our last inspection in June 2016 and had not identified the issues we had found during this inspection.

When we asked the registered manager to share with us copies of the services policies and procedures we were provided with out of date policies which referred to obsolete care standards and regulations. The registered manager had signed each policy in October 2016 to confirm they had been reviewed and were up to date. We raised this concern with the registered manager who confirmed that they had not carried out thorough policy checks and had not accessed the new policies that had been supplied by an external company. During the first and second day of the inspection, the registered manager obtained contacted the

external company and copies of the most recent policies and procedures were supplied.

Services need to have up to date policies and procedures to help them guide the actions of all individuals involved in the service. They ensure the wellbeing of people who use the service, staff and visitors to the service. They also support the provider to achieve compliance with the regulations and appropriate legislation.

Following the last inspection the provider sent us an action plan that identified deadlines for completion of actions by January 2017 that related to person-centred care, dignity and respect, need for consent, safe care and treatment, good governance, and staffing. However at this inspection we found some of these actions had not been completed within that timescale.

The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. However during this inspection we identified that CQC had not been notified of all DoLs application as required.

The above examples demonstrate a continued breach of Regulation 17 (1) (2) (a) (b) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The registered provider had been notified of our inspection and we met with them at the home on the third day of our inspection. We spoke to the registered provider about our findings and they told us that they recognised they needed to make significant changes.

Following the inspection the registered provider contacted CQC and confirmed that action had been taken to address environmental and cleanliness identified and the Registered Manager's hours had been increased.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not taking adequate steps to control the spread of infection.</p> <p>Medicines were not managed safely.</p> <p>The provider had not taken reasonably practicable steps to assess and mitigate risks to people using the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Two DoLs applications had expired and the provider had not submitted new applications to ensure that these people were being deprived of their liberty lawfully.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were being cared for by care workers who had not received the required and appropriate training and supervision to carry out their duties safely and effectively.</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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to monitor and improve the quality and safety of the service were not implemented effectively.</p> <p>Accurate and complete records of care provided were not kept.</p>

### The enforcement action we took:

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