

Cranford Care Homes Limited

Montgomery Care Home

Inspection report

38 Blue Bell Lane
Liverpool
Merseyside
L36 7XZ

Tel: 01514890868

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06 December 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 29 November 2017, 1 and 6 December 2017. The visits on 29 November and 6 December were unannounced. This was the first inspection of the service since it was registered with the Care Quality Commission in November 2016.

Montgomery Care Home 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. Montgomery Care Home accommodates 25 people in one adapted building and specialises in providing care to people living with dementia.

The registered manager had recently left their role and therefore there was no 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.

During this inspection we identified areas which required improvement that resulted in a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. People were seen to have medicine creams and patches applied within communal areas.

We identified areas of improvement that resulted in a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) 2014. The registered provider did not have effective systems in place to ensure that people's consent was sought appropriately in relation to the installation of CCTV within the communal areas of the service.

We identified areas of improvement that resulted in a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014. People's medicines were not always managed appropriately. People's care and treatment was not always planned effectively and improvements were needed as to how the service planned and mitigated risk for people.

We identified areas of improvement that resulted in a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014. The registered provider did not have effective quality monitoring systems in place. Records relating to people's care and the management of accidents and incidents were not always appropriately maintained or accurate.

We have made a recommendation that improvements are made to the environment to promote people's orientation and stimulation around their living environment.

Sufficient staff were on duty to meet the needs of people throughout the day.

People were protected from the risk of abuse. Staff had a clear understanding of what action they needed to take if they had a safeguarding concern. Procedures were available within the service to support staff in raising any concerns they had.

People and their relatives spoken with felt that the service was safe, clean and tidy and provided a pleasant environment for people to live. Systems and equipment were in place for the prevention of transfer of infection.

People were supported to make everyday choices in relation to what times they got up and went to bed, their meals and where they wanted to be around the service.

Positive relationships had been developed between people using the service and the staff that supported them. People engaged in conversations and laughter and relatives commented on the friendliness of the staff team.

Sufficient staff were on duty to meet the needs of people. Visiting relatives told us that there were always staff available when visiting the service. In addition, relatives felt that staff kept them updated with any changes to their relative's health and wellbeing.

A formal complaints procedure was available. Both people using the service and their relatives knew who to speak to if they had a concern about the service.

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.

People's medicines were not always managed effectively.

Accident and incidents were not managed effectively.

Recruitment procedures did not always demonstrate that appropriate checks had been carried out.

The environment was clean and hygienic.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were needed as to how people's consent and information was recorded in relation to the Mental Capacity Act 2005.

People were happy with the food that was available.

People had access to health care services on a regular basis.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Improvements were needed as to how people's privacy and choice were offered.

Positive, caring relationships had been formed between people and the staff who cared for them.

People were supported by staff who knew them well.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans and records needed improvement as they did not fully demonstrate people's needs or the care that had

been delivered.

Family members were aware of their relatives care plan.

People and their relatives had access to the registered provider's complaints procedures.

Is the service well-led?

The service was not always well led.

The registered provider did not have an effective quality assurance system in place.

A registered manager was not in post.

CQC were notified as required about incidents that had occurred at the service.

Improvement plans to make positive changes to the service had been developed and implemented.

Requires Improvement 

Montgomery 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 over three days. The visits on the 29 November and 6 December 2017 were unannounced. The visit on the 1 December 2017 was announced as we needed to ensure that people we needed to speak to were available. The inspection was carried out by one adult social care inspector and a specialist pharmacist advisor.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures; recruitment records of six recently recruited staff, and rotas. In addition we spent time looking around people's living environment and spent mealtimes with people using the service.

We spoke and spent time with 15 people using the service, four visiting relatives, six staff members including the deputy manager and two managers representing the registered provider.

Prior to the inspection we assessed all of the information held about the service. This information included concerns and complaints received from people, their relatives and members of the public and information sent to us by the registered provider. We spoke with the local authority who commissioned services and the local fire and rescue service to gather any information they had about the service. In addition, we contacted Health Watch Knowsley. Health Watch is the consumer champion for health and social care throughout England.

Is the service safe?

Our findings

People told us that they felt safe living at the service. Their comments included "I'm safe here. I wasn't when I was at home but I'm ok here", "I feel safe, the girls [staff] look after me well" and, "I like it here, warm and comfortable."

People's medicines were not always managed safely. A designated locked medicines room was available with cupboards and a fridge to store medicines appropriately. We found medicine that was no longer in use and not requiring refrigeration being stored in the fridge. It is important that medicines no longer needed are destroyed to prevent their inappropriate use. The medicines fridge had a build-up of ice and required defrosting to ensure it worked effectively. Temperature checks of the fridge were taken, however, no maximum or minimum temperatures were being recorded. It is important to ensure that medicines required to be stored at specific temperatures are done so in order for them to remain effective.

The date of opening on one medicine with a limited life was undated and therefore required disposal as there was no record regarding how long it had been in use. Each person had a medication administration record (MAR) that detailed what medicines people were prescribed and when these was to be administered. A number of medicines were found not to have been included on people's MARs. For example, prescribed creams and gels, a vitamin injection for one person and fluid thickening agents for two people. A number of MAR sheets were illegible due to poor photocopying. Whilst this had not had an impact upon people, it is important that records are legible to minimise the risk of medication being administered wrongly."

Three people MARs had not been signed to demonstrate that their medicines had been administered. Three different formats of MAR were in use all of which had different codes to demonstrate areas of administration. For example, for coding for refusal of medicines on one record was different to those on the other MARs. The use of three different codes could result in confusion and records not being accurate.

One person was prescribed a medicine that was to be given early morning for the person to receive optimum benefit. We saw during the inspection that this medicine was administered at 10:45am. However, the records for this administration stated that the person had received all of their medicines as required. We found that no records were being maintained when a medicine error had occurred. Failure to administer and maintain accurate records may result in a person not receiving their medicines as they were prescribed.

A medicines management policy was available, however there was no information contained in this policy in relation to self-medication. This showed that the information in the medicines management policy was not specific to the service and did not contain the operational details relevant to the service. Self-medication is where people take control of their own medicines administration. Two people had been assessed for self-medicating, however one of these people had also been assessed as requiring supervision. The level of supervision required had not recorded. This meant that clear information was not available to staff regarding this person's level of need, which may result in the correct level of support not being provided. Immediately after the inspection a representative of the registered provider developed an action plan to

address the improvements needed to the management of people's medicines.

Improvements were needed in relation to planning and mitigating areas of risk in relation to people's care needs. Risk assessment had been completed for some people in relation to falls and moving and handling. However, risks people faced had not always been assessed and where required care plans did not reflect the actions staff needed to take to minimise risks to people and others. For example, the use of bedrails. Failure to consider and plan for identified risks could result in people being exposed to unnecessary harm. At the time of the inspection senior staff members were in the process of developing people's care plans to ensure that appropriate information to minimise risk was included.

The service had introduced an electronic care planning system several weeks prior to this inspection. The system gave the opportunity for care plans to be completed, identify and minimise risks to people. We saw that a number of risk assessments had been completed in relation to moving and handling people safely and for minimising falls experienced by people. Not all of the documents on this system had been completed and on occasions, care planning documents and risk assessments had been generated when they were not required for specific people. No risk assessment or care planning documents were available prior to the new electronic system being introduced. This lack of information meant that it was not possible to assess or track people's needs prior to October 2017. Failure to maintain up-to-date records in relation to people's care and support needs could result in a person not receiving the care and support they required. The registered provider was in the process of ensuring that people's care planning and assessments of risk were up to date and effective.

Systems in place for the recording and monitoring of accidents and incidents were not always effective. Accidents were recorded on an accidents record. Not all of these records had been completed in full and there was no other information available to demonstrate that accidents were being monitored. Failure to assess, monitor and learn from accidents and incidents could result in situations re-occurring unnecessarily, therefore putting people at unnecessary risk. A number of accident records stated that the person had been "checked over" by a staff member who had received first aid training. However, there were no records or certificates available during this inspection to demonstrate that staff had received training to assess for injury.

Each member of staff had a file that contained information relating to their recruitment. Not all of these files contained detailed information and procedures aimed to ensure the safe recruitment of staff. Information contained on staff files failed to demonstrate that extensive checks had been carried out prior to them starting their employment. For example, a reference for one member of staff had been completed by their family member and there was no employment history recorded for another member of staff. The registered provider was in the process of carrying out a full audit of the recruitment files.

This is a breach of Regulation 12 and 17 of the Health and Social Care Act (Regulated Activities) 2014.

Safeguarding procedures were in place. Staff were aware of what constituted abuse. There were no records or certificates available to demonstrate that all staff had received training in relation to safeguarding people. CQC had received information from the registered provider when concerns had been raised. However, during the inspection we were made aware of safeguarding concerns that had been reported to the local authority but not to CQC. Once this was identified the appropriate information was sent to CQC immediately.

Sufficient staff were on duty to meet people's needs. People told us that they never had to wait for any length of time to get the support they required. In the event of staff absence, agency staff were used to

ensure that sufficient staff were always available to meet people's needs. Staff were allocated a list of tasks to complete within their role. For example, the list identified which member of staff was responsible for supporting specific people with their morning routines.

The service was clean and tidy. Personal protective equipment (PPE) including paper towels, hand sanitizers, disposable gloves and aprons were available throughout the service. Staff wore PPE when providing personal care and handling soiled laundry. Information was readily available as to how to manage an infection outbreak. For example, a 'Flu Pack' was available to staff which gave advice and safe protocols to follow when managing an outbreak of flu.

A handy person was employed to carry out routine checks around the environment. Records showed that checks and tests of equipment and systems such as fire alarms and emergency lighting, had been undertaken. A personal emergency evacuation plan (PEEP) was in place for each person. A PEEP gives information as to how a person needed to be supported in the event of an emergency, for example, when having to evacuate the building urgently.

Is the service effective?

Our findings

People told us that they had enough to eat and drink. Their comments included "The food is ok, you can always have something else if you don't want what's on offer" and "You can ask for more if you want". One person explained that they required a soft diet due to having swallowing difficulties. They told us that they always received suitable foods to eat.

Visiting relatives spoke positively about the service people received. All spoke about their relatives gaining much needed weight since moving into the service. One relative told us that staff were supporting their relative to obtain a new wheelchair and another told us how pleased they were that their father's health had improved greatly since moving into the service.

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 found that improvements were needed to ensure that people's rights were adhered to under the Act. During the inspection a DoLS assessor from the local authority visited the service to carry out an assessment in relation to a DoLS application made on behalf of a person who used the service.

A representative of the registered provider had submitted DoLS application forms on behalf of people to the supervisory body, in this instance, the local authority. However, these applications did not include all of the continuous supervision and control restrictions in place within the service. For example, the service had recently installed close circuit television cameras (CCTV) in the communal areas on the ground floor, the kitchen and the office. This restriction had not been included in the DoLS applications.

Policies in relation to surveillance and data management were in place and contained good practice guidance as published by CQC, however, we found that these had not been implemented. There was no evidence that privacy impact assessments had been completed in relation to the installation of the CCTV. In addition, no guidance or training had been delivered to staff who had access to the CCTV, nor were there any procedures in place for the secure retention and destruction of the images caught on CCTV.

A letter had been sent to relatives of people requesting their consent to the use of the CCTV stating that the CCTV was for the purpose of 'health and safety'. However, during the inspection we were informed that the installation was of the result of a request of visitors. The letter had included a consent form for relatives to sign to give consent on behalf of their relative living at the service. A relative is able to consent on a person's

behalf if they have been granted Power of Attorney or where an application has been and granted by the Court of Protection. Insufficient information was available to demonstrate which people living at the service had arrangements in place for giving consent. Once this was identified, a representative of the registered provider made immediate arrangements for the information to be obtained and made available. Following the inspection we received information from the registered provider stating that the CCTV would be turned off until the registered provider was satisfied that people had received appropriate information in order to consent to its use.

This is a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) 2014.

The environment did not promote orientation for people living with dementia. On the first day of the inspection we found that people's names, or any other means of identification were not displayed on their doors which could have posed difficulty in people orientating themselves to their bedrooms. Failure to provide orientation around the building to people may add to confusion and individuals' not being able to locate where they want to be.

We recommend that the registered provider refers to best practise guidance on dementia friendly environments.

Staff training and induction records failed to demonstrate what training staff had received. Staff told us that they had received training which included First Aid, moving and handling and safeguarding people, however there were few records available to demonstrate when training had been delivered. Representatives of the registered provider had identified prior to the inspection that there were a lack of records and certificates to demonstrate that staff had received an induction into their role and the training they required for their role. To address this issue contact had been made with the training organisations that had been commissioned previously to deliver training to obtain the appropriate certificates for the staff team. In addition, the registered provider had arranged further training for all staff in relation to First Aid, health and safety, the Mental Capacity Act 2005, dignity and care, diet and nutrition, equality and diversity, falls, safeguarding and dementia. Having a staff team that receives regular up to date training and awareness for their role, helps ensure that people receive safe care and support.

People had differing opinions about the meals they were served. Several people told us that they enjoyed their meals but others told us that there was little choice. A set menu was in use, however, during this inspection new menus were introduced to offer more selection of foods available to people at mealtimes. Staff were aware of those people who required a special diet, for example, a soft textured diet. Staff also knew people's preferences as to what they liked to eat. For example, one person chose not to have a meal from the menu. This person was offered an egg sandwich as an alternative. Staff explained that eggs were the person's favourite food and on days when they didn't have much of an appetite they would always enjoy an egg sandwich.

People spoke positively about the amount of food and drinks they were served and staff were seen to offer extra portions to people during mealtimes. Systems were available within the new electronic care planning system to assess, plan and record people's needs in relation to nutrition. For example, assessments were available to measure if people were at risk of dehydration and malnutrition. Relatives spoke positively about the nutrition their family members received. They told us that their family members had all put on much needed weight since moving into the service.

People had access to support from external health care professionals. People and their relatives told us there was access to a podiatrist, optician, memory clinic staff, GP and district nursing staff. During the

inspection we observed an optician visiting people. People told us that if they felt unwell staff would always contact the GP on their behalf. Having access to local health care professional helps ensure that people's health needs are met in a timely manner. Records relating to health care visits were limited. A representative of the registered provider was in the process of ensuring that all relevant information was recorded on the newly installed electronic care planning system. Visiting relatives spoke positively about the support their relatives received to keep well. For example, one relative told us that staff had noticed their relative had a small pressure ulcer developing. They told us "Staff are very receptive. Staff noticed it and a referral was made", this referral had resulted in the person having regular visits from the district nurse to treat the ulcer. Another relative described their partner as "Coming on leaps and bounds" since moving into the service.

Is the service caring?

Our findings

People told us that staff were kind to them. Their comments included "Staff are very kind, they will always make me smile if I am down" and "They know me well and look after me".

Visiting relatives told us positive things about the service. Their comments included "We can sleep at night knowing [Relative] is well cared for", "[Relative] is happy, they never ask to go home which is a good indication that they are settled" and, "The staff are brilliant, they go above and beyond".

We identified that improvements were needed to ensure that people received a service that promoted their choice, privacy and dignity. On the first day of the inspection we saw that due to the layout of the dining tables the dining room appeared cramped at one end. This resulted in little opportunity for people to move freely around the dining room. Following a discussion with staff the dining tables were moved around the room which created more space for people to have freedom of movement.

During lunchtime on two occasions we saw members of staff standing up and crouching at the side of people whilst offering support with their meals. It was evident, and staff told us that there were insufficient dining chairs available for staff to sit whilst supporting people with their meals. We discussed this with a representative of the registered provider who took action and arranged for more dining chairs to be made available immediately.

On the first day of the inspection we saw that tables were not set with cutlery and no condiments were made available to people during mealtimes. In addition, there were no menus available to show people what meals were available. Staff were seen to ask people if they wanted a particular meal, however there were no menus visible to people to promote their choice of foods or to orientate people to the foods available. During the second day of the inspection we saw that dining tables had been set with cutlery and condiments to enhance people's dining experience.

We saw that people's dignity was not always promoted. For example, we observed a member of staff applying a prescribed cream to a person in a communal area. In addition, another person was seen to have a medicine patch applied by a member of staff in the communal dining room. A health care professional visited the service and was observed fitting and adjusting a number of people's new optical glasses in the presence of others including visitors. These practices failed to demonstrate that people's privacy and dignity were being promoted.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Throughout the inspection we observed some good practice and examples of person centred care and support offered by the staff team. We saw on many occasions' staff supporting and encouraging people to eat their meals and have drinks. Many conversations were seen to take place between people using the service and staff. It was evident that strong positive relationships had been built between people and the staff that supported them.

Staff knew people's needs, their likes and dislikes and how they liked their care and support to be delivered. One member of staff explained how they communicated with one person who was not always able to verbally say what they wanted. The staff member explained that when asking what they would like to eat they held the person's hand. When staff suggested something they would like to eat the person would squeeze their hand. This demonstrated that alternative forms of communication had been developed to help ensure that people were able to express their personal choice.

We saw lots of laughter and banter between people and staff. People told us that they always liked to have a laugh with staff. When needed, staff offered comfort and support to people. For example, if a person became upset. Staff were seen on to offer kindness and compassion and a comforting arm around a person's shoulder and the holding of a hand which people responded positively to.

People told us that they were able to choose when they got up in a morning and when they went to bed. In addition, people told us that they could choose to have their meals in the lounge area or their bedroom if they wished. Relatives told us that people were offered choices. One relative told us "[Relative] is always asked when they want to go to bed and what time they get up. They [Relative] have gone off certain foods but staff know what to offer them so that they continue to eat well."

The newly installed electronic care planning system gave the opportunity to record people's choices in relation to their end of life. Where a decision of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) had been made by or on behalf of an individual under the appropriate legislation, there was an opportunity to record this. At the time of this inspection the service representatives of the registered provider was in the process of developing people's care planning documents in relation individual's wishes.

Information relating to the service was posted on the communal notice board and was written in a standard typed format. Other information around the service, for example, the service user guide and complaints procedures were also seen only in standard written format. We discussed with staff about the need to consider documents in alternative formats to help make the information more widely accessible to people.

People's personal information was stored safely. Lockable filing cabinets were in use to store paper documents. Electronic records were maintained safely with only staff needing access to the information having password protected access.

Is the service responsive?

Our findings

People told us that they received care and support in a way that wished. Their comments included "They [Staff] know me well and how I like things done" and "Staff look after me well. They are very good at knowing what I want."

Visiting relatives spoke positively about the care and support their relative received. Their comments included "[Relative] always looks fresh and their teeth are always cleaned, their eyes are sparkling" and another stated. "Another relative told us that "There is always a member of staff to speak to if you need to. They are brilliant. Ten out of ten." Other comments included "They [Staff] are very caring" and "He [Relative] is very well looked after".

Improvements were needed regarding the planning and provision of care to ensure it was delivered in a safe way. Improvements were also required to ensure that accurate information was held in respect of people's needs. An electronic care planning system had recently been implemented within the service. The system gave the opportunity to record and plan for people's assessed needs. For example personal care, physical and psychological support needs relating to dementia, religion, language, tissue viability, people's environment and person lifestyle choices. Care planning documents had been completed in detail for some people; however improvements needed to be made to the content of individual care plans. For example, one person's care plan stated that they were at high risk of pressure ulcers, however related risks in relation to nutrition and hydration had not been completed. Representatives of the registered provider were in the process of carrying out assessments and planning people's care with the use of the care planning system. Up to date information as to how a person needed to be supported helps ensure they receive the service they required.

The newly installed care planning system was updated several times a day by staff by using a small portable tablet style computer. We looked at the daily records for people and found that improvements were needed in relation to the content and continuity of records. For example, one person's records stated "[Name] been unsettled at night sitting on end of bed. No problems." This record failed to demonstrate what support the person had been offered during this time. Another person's records inaccurately stated that they had had a cup of tea and biscuits, however other records demonstrated that the person was in hospital at that time. Care records for people recorded their dietary intake and night time checks, however, there was little information recorded as to what activities and social interactions the person had experienced or been offered. Failure to maintain up to date records of people's care and support may result in them not receiving the care and support people required. Inaccurate recording of information can also undermine the integrity of information being documented. The registered provider had made arrangements for staff to receive further training in relation to using the electronic care planning system effectively.

This was a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff were allocated daily tasks of supporting people with activities. An activities programme was displayed, however staff told us that this was flexible due to the needs of the people using the service. We saw staff

supporting people with board games and reading newspapers. A senior member of staff explained that a volunteer was being recruited to support people with stimulating activities and to prevent people experiencing social isolation. Lots of chatting and discussions were seen to take place between people using the service and their visitors, both with the lounge area and the dining room.

People and their relatives knew who to speak to if they had any concerns about the service. One relative told us "I would have no problem if I needed to raise a concern. I know I would be listened to." The registered provider had a complaints policy and procedure that was available within the communal area. The procedure informed people and their visiting relatives of how to raise concerns relating to the service. Records of people's complaints and concerns had been recorded in people's electronic care planning files. There was no centralised record of complaints being maintained. This could limit the registered provider's ability to monitor complaints for any trends of repeated concerns, which could be used to ensure appropriate steps were taken. We discussed this with a senior member of staff who recognised the need to develop a register in which to record any complaints received to enable the service to monitor complaints information for any trending and repeated concerns.

Is the service well-led?

Our findings

A registered manager had been in post. However, prior to this inspection they had left their post and therefore the role of registered manager was vacant.

Interim management arrangements had been put in place which included the recruitment of a deputy manager and support from a registered manager and senior staff from another service operated by the registered provider. These actions had provided staff with a clear line of accountability within the service.

No formal 'on call' arrangements were in place to inform staff of who to contact if they required support or advice out of general office hours. Once identified, this was addressed immediately and appropriate contact numbers were displayed for staff to access.

Prior to and during this inspection representatives of the registered provider had identified that improvements were needed in relation to the management and oversight of the service. No formal systems were in place to regularly monitor the service that people received. This had resulted in areas of improvement not being identified or actioned in a timely manner. The lack of formal oversight of service delivery had resulted in areas of improvement identified by the inspection process not being addressed. For example, inconsistencies in recording people's care needs, the improvements needed to ensure that that people's care plans and records were appropriately maintained, that accidents and incidents were not routinely monitored and that people's rights under the Mental Capacity Act 2005 were fully supported.

The lack of regular monitoring had also resulted in improvements needed to records management, recruitment information and the management of people's medicines not being identified or acted upon. During this inspection immediate action was taken to develop a detailed action plan to make improvements to the service. A copy of this action plan, along with subsequent updated action plans had been sent to the Care Quality Commission. The action plans included the introduction of a weekly quality audit and a monthly health and safety audit.

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

The registered provider had policies and procedures in place. The documents had been developed to assist staff to use the correct legislation and best practice when delivering care and support to people. Not all of the policies and procedures were specific to the service being provided to people at Montgomery Care Home. As part of the current changes within the service, representatives of the registered provider were in the process of reviewing all of the procedures in place to ensure that they contained up to date best practice guidance to support the staff team.

Staff told us that they felt supported in their role. Two staff told us that recent changes within the service implemented by the current management team had improved the service. Staff knew who to speak to if they needed support or guidance whilst carrying out their role. Staff meetings had recently commenced with one taking place on the first day of the inspection. Senior staff explained that meetings were held at different

times to ensure that as many staff as possible could attend. Minutes of the meetings were made available to the staff team.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

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 10 HSCA RA Regulations 2014 Dignity and respect This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as people's right to respect and dignity were not always respected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent This is a breach of Regulation 11 as the registered provider did not effective systems in place to ensure that people's consent was sought appropriately.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014. People's medicines were not always managed appropriately. People's care and treatment was not always planned effectively and improvements were needed as to how the service planned and mitigated risk for people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

The registered provider did not have effective quality monitoring systems in place. Records relating to people's care and the management of accidents and incidents were not always appropriately maintained or accurate.