

Mrs M Newland

Welcome Care Home Limited

Inspection report

26-28 Fordel Road
Catford
SE6 1XP
Tel: 020 8697 5024

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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?

Good



Overall summary

This inspection took place on 5 November 2015 and was unannounced. Welcome Care Home Limited is a residential care home that provides accommodation for people who require personal care and support. The service accommodates up to 15 people, some of whom were frail or had dementia. At the time of the inspection there were 13 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last time we inspected this service in May 2015, they were rated inadequate. There were a number of breaches in regulations including, person centred care, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, meeting nutritional and hydration needs, premises and equipment, good governance, staffing and fit and proper persons employed.

Summary of findings

During this inspection, we saw evidence of some improvements. One of the key factors of change we observed was in the daily management of the service. The provider had employed a new home manager. The manager had put actions in place to develop the service, but further action is required to meet the regulations. Some of the improvements we found included safeguarding service users from abuse, meeting nutritional and hydration needs, premises and equipment, good governance, staffing and fit and proper persons employed.

Staff had safeguarding processes and guidance in place to support them to protect people from harm. Staff could demonstrate their awareness of the signs of abuse and the actions to take to report them.

People had access to health care services when necessary. Referrals to health care services occurred when people's health care needs changed or for further investigation. Health care professionals became involved in the care needs of people and developed professional guidance for staff as required.

People's care needs were assessed and their care planned and delivered to meet them. Care plans provided guidance for staff to ensure that care delivered met the needs of people. Staff provided appropriate care to address and manage people's changing care needs. People gave staff consent to care and support to meet their needs.

People had food and drink available to them, which met their needs. Staff were aware of people's nutritional needs and foods, and how this affected their health. People enjoyed their meals and staff supported them to have meals of their choice.

People, relatives, and staff provided feedback to the provider. The manager analysed these and actions taken to improve the service. The manager completed regular monitoring and reviews of the service to ensure the care delivered was safe. There was a complaints process for people and their relatives if they wanted to raise a complaint. People gave positive comments about the care and support they received.

Recruitment processes were effective and safe to ensure the employment of suitable people to work at the service.

Staff had appropriate checks completed before they worked with people. Training, supervision, and appraisals were available to support staff in their roles. They were sufficient numbers of staff cared for people.

People lived in a service that was clean, and free from unpleasant smells. There was an effective cleaning schedule in place at the service. Risks of infection were reduced for people because staff used appropriate cleaning equipment and they followed the guidance for cleaning. The provider had a process in place to record, manage, and promptly resolve repairs required at the service. The service was in good state of repair and maintenance work took place when required.

However, we found the provider had not made enough improvements and some standards of the 2014 regulations were still not met. The breaches in regulations are related to person-centred care, need for consent and safe care and treatment.

People and their relatives were not always involved in making decisions on their care needs. Staff did not routinely involve people or their relatives in the review of their care. Risks to people were identified and a plan in place for staff to reduce them. However, staff did not always follow this guidance to reduce their recurrence. We found the risk assessments were not robust enough to give staff that were unfamiliar with people's needs, enough detail for them to reduce risks effectively.

People were not always treated with dignity and respect or their privacy valued. We observed some examples where staff engaged well with people and spoke with them with kindness. However, we observed other occasions where this did not happen, and staff had not respected and promoted people's dignity.

People did not have their care managed in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager did not always make prompt referrals to the authority to consider an application for Deprivation of Liberty Safeguards (DoLS).

Medicines were not managed safely. There was no 'when required' PRN medicine protocols in place for people. Medicines were not stored safely in a suitable pharmaceutical fridge. There was a risk that medicines

Summary of findings

were not stored at the correct temperatures. The provider had not taken into account guidance from the Royal Pharmaceutical Society: The handling of medicines in social care.

We had previously rated this service as 'inadequate'. In recognition of the improvements that have been put in place after our inspection in May 2015, we have now rated this service as 'requires improvement'.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of 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?

This service was not safe. Assessments identified risks to people, but management plans were not clear and detailed to give guidance for staff on how to manage risks.

Medicines were not managed and stored safely.

Recruitment processes were effective and appropriate checks taken up before staff worked with people.

There were sufficient levels of staff care for people.

The service was well cleaned and free of odour. The service was in good state of repair.

Requires improvement



Is the service effective?

The service was not effective. People did not have their care managed in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager did not always make prompt referrals to the authority to consider an application for Deprivation of Liberty Safeguards (DoLS).

Training, supervision, and appraisals were available to support staff in their roles.

People's health needs were met. People received meals that met their needs and preferences.

Requires improvement



Is the service caring?

The service was not always caring. Staff did not always promote people's privacy and treated them with dignity and respect.

People were cared for in a way that respected their cultural needs.

Staff that knew them well supported people.

Requires improvement



Is the service responsive?

The service was not responsive. People were not involved or contributed to the assessment or review of their care.

Staff acted on people's changing needs and people were involved in the development and review of their care.

People were encouraged and supported to access services and social activities.

People, relatives, and staff gave feedback to the provider. The manager acted on those responses to improve the service.

Requires improvement



Summary of findings

Systems were in place for people to make a complaint. There was a complaints process to guide staff.

Is the service well-led?

The service was well led. Daily management of the service had changed since our last inspection.

A new home manager managed the service and a registered manager application submitted to CQC.

Good



Welcome Care Home Limited

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 5 November 2015 and was unannounced. An inspector, a pharmacist inspector, a social work specialist professional advisor, and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in care homes for older people.

Before the inspection we looked at information we held about the service, including notifications sent. During the inspection, we spoke with five people using the service, one relative; we spoke with four care staff and the team leader, director of the service, the home manager, and a visiting pharmacist. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people in the communal areas and the general environment of the service.

We reviewed six care records, three staff records, resident and relative satisfaction survey, and six medicine administration records. We looked at health and safety records and other records for the management and maintenance of the service.

After the inspection, we contacted a commissioning officer from the local authority.

Is the service safe?

Our findings

At our previous inspection on 15 May 2015, we found that the service was not safe. Risk assessments and management plans were not accurate and up to date. People did not have their medicines safely. The provider's recruitment processes and staffing levels were not safe. The provider had not maintained a standard of cleanliness of the service. This put people at risk from infection. These issues were a breach in Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had made some improvements. People told us that they felt safe living at the service. One person told us, "I have felt safe and I am very happy here," A relative told us, "my relative was not safe at home, but they are fine here." However, the provider had not taken sufficient action to improve the service to meet the regulations.

At our previous inspection on 15 May 2015, we found that risk assessments and management plans were not effective to keep people safe from harm. Medicines were not managed safely. These issues were a breach in Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that staff followed current guidance to administer and dispose of medicines safely. Medicines were disposed in the appropriate tamper proof container, and the supplying community pharmacist confirmed that they took unwanted medicines away on a monthly basis. This was further evidenced by observing the 'medicines return' folder with the pharmacist's signature. There were no expired medicines found.

People had their medicines as prescribed. There were no gaps in the MAR records and they excluded people's topical medicines. The manager and staff confirmed that people received their topical medicines as prescribed and were in the process of recording this on the newly installed topical MAR sheet. In addition, we observed a care worker administering medicines in a safe and caring way. They followed the procedure for a person as outlined in their medication care plan. The care worker was also able to demonstrate individual preferences and needs of people

when asked. We spoke to two people who confirmed they were happy with how their medicines were administered by the provider. People had access to pain relief when needed.

However, people's medicines were still not always managed in a safe way. The provider did not follow current and relevant professional guidance about the management and review of medicines from the Royal Pharmaceutical Society. We found three people did not have 'when required' (PRN) protocols for the use of pain-relieving medicines. Existing members of staff gave people their PRN medicines appropriately; there is a risk that new members of staff will not be able to determine if a person needed PRN in accordance with their care plan. When we asked the manager and staff, they confirmed that none were currently present but were looking to rectify this following training with the supplying pharmacist. The manager confirmed their plans to develop and implement people's PRN protocols. The records did not provide detailed guidance for staff to follow increasing the risks to people's health and well-being.

Medicines were not stored safely. An appropriate pharmaceutical fridge used to store medicines was not in place in the service. Medicines were at risk of being stored at an unsafe temperature because the temperature used did not accurately measure the temperatures in line with guidance from the Royal Pharmaceutical Society: The handling of medicines in social care. People were at risk of receiving medicines, which were unsafe for use.

People were not protected against the risks associated with unsafe care. Risk assessments were in place and identified risks; however, staff did not always follow this guidance to reduce the recurrence of risks. For example, we observed that one person with reduced cognitive impairment was left alone with small plastic letters on the table. The person put one of the letter tiles in their mouth. Another person in the room shouted, "take that out of your mouth." This alerted the staff in the room who tried to remove this.

Staff did not recognise the risk related to leaving the person unattended. We checked the person's care records, which stated, "they should not be left unattended." There was guidance for staff to follow but staff did not use guidance available to manage risks. We discussed this incident with the manager and they confirmed staff should have followed guidance to manage risks for the person. We checked people's risk assessments and found they were

Is the service safe?

not robust enough to give staff that were unfamiliar with people's needs, enough detail for them to reduce risks effectively. Management of risks were not effective. For example, one person was on medicines for osteoporosis and dementia. They were at risk of falls due to the side effects of medicines taken. However, their risk assessment did not identify the risk from falls because of the medicines they were taking. This risk was not identified so was not managed appropriately.

At the last inspection, we found that five people did not have a personal emergency evacuation plans (PEEP) in place. At this inspection, we found some improvements; however, one person did not have a PEEP plan in place. This person was at risk in the event of a fire because they did not have a plan in place. Staff did not have guidance to support them to keep the person safe in an emergency. The person's fire safety risks had not been identified or managed effectively.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 15 May 2015, we found that the provider did not safely manage people's money. This issue was a breach of Regulation 13 safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that people were protected from harm and staff were aware of how to safeguard people from abuse. People had access to their money when they wished. Their income, out-going money and balance was correct and matched up with what was available to people. We saw the financial records for people including receipts and they were correct. Senior members of staff were able to provide people access to their money. Processes in place provided guidance to staff to keep them safe from financial abuse.

Staff were able to demonstrate that they were aware of the signs of abuse. They told us how they would raise an allegation of abuse to their line manager and to the local authority. One care worker told us, "If I saw anything unsafe, I would speak to the person and then to the management." Staff understood the provider's whistle-blowing policy and procedures of the service. Staff told us that they were confident to raise a safeguarding allegation with their line manager.

At our previous inspection on 15 May 2015, we found that people lived in a service, which was not properly maintained or clean. These issues were a breach of Regulation 15 Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that people lived in a service, which was clean and in good repair. A person told us, "The place is kept quite clean." Staff had access to and wore personal protective equipment sufficient cleaning materials were available. Staff undertook training on Control of substances hazardous to health (COSHH) and implemented the principals learnt. For example, colour coded buckets were used for cleaning in designated areas. The provider completed repairs to the home promptly and requests made for repair recorded in the maintenance log. The provider arranged for the decoration and maintenance of the service throughout.

At our previous inspection on 15 May 2015, we found that people were at risk of receiving care from staff that was unsuitable to care for them safely. These issues were a breach of regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that recruitment of staff was improved and suitable staff cared for people. Important checks on staff's suitability to work at the service occurred before they worked with people. Staff had completed an application process and had an interview with criminal records checks and references followed up before staff worked with people.

Sufficient numbers of staff cared for people. There was three care staff on duty on each shift to provide care for people. The home manager was on duty each day to provide support to staff and carry out care tasks. People were supported with meals and with activities by staff as required.

People had access to call bell pull cords or alarm buttons to call for help in an emergency. Staff had training in fire safety and records reflected this. Regular fire drills and alarm tests happened on a regular basis and the results recorded. People had access to call bell pull cords or alarm buttons to call for help in an emergency. Staff carried out checks and completed tests in alarm call bells. People were able to call for help in an emergency because they were able to alert staff when needed.

Is the service effective?

Our findings

At our previous inspection on 15 May 2015, we found that the service was not effective. We found people did not always have access to healthcare when required. People did not have meals, which met their healthcare needs and preferences. Staff did not have regular induction, training, supervision or an appraisal to support them. The manager was not aware of their roles and responsibilities within the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

At this inspection, we found that the provider had made some improvements. We found that staff acted promptly on people's health needs and they used health care professional's recommendations to care and support to people. People had meals, which met their needs and gave consent to staff. However, the manager had not applied the principles of DoLS and MCA to people they supported. The provider had not taken sufficient action to improve the service to meet the regulations.

At our previous inspection on 15 May 2015, we found that people were at risk of not receiving appropriate health care to maintain their health when required. Staff had not taken action to mitigate risks. This issue was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that people had access to health care services when their care needs changed. People's nutritional and hydration needs were met to maintain their health and meet their preferences. People received appropriate health care to maintain their health when required. Staff had taken action to mitigate risks. Staff sought advice from health professionals when people were unwell and needed specialist health advice. For example, staff made referrals to the GP, District Nurse, and SALT for advice. The district nurse visited regularly to give insulin injections to people. People with diabetes had regular monitoring checks and actions taken when needed to manage any concerns raised. Staff had an awareness of people's health conditions and accompanied them to hospital and other health care appointments.

People had access to health care services to manage and maintain their health. People told us, "For a hospital appointment an ambulance collects me" and "The manager takes me to the GP" and "Someone came to do my toenails last week." Another person told us, "If I needed

the doctor, they would get one for me" and "Once a month we get a chiropodist". A person we spoke with complained of pain in their hand. A staff member explained to us that they had arthritis and arranged for a GP review when they next visited. We checked the GP's records and saw a healthcare visit arranged for the person.

People were cared for in line with professional recommendations. Staff followed professional guidance for a person with diabetes to maintain their health. For example, a diabetic clinical specialist advised that the person needed access to food and drink, which would regulate their blood sugar at a safe level. We checked the food stores and found this recommendation in place. Their care records detailed what actions staff should take to support the person's health condition. Staff recorded actions they took or discussions they had with the district nurse or diabetic clinical specialist. Staff had taken actions to reduce the risk of the deterioration in health for the person.

At our previous inspection on 15 May 2015, people did not always have meals, which met their preferences and health needs. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that people had access to food and drink to maintain their health. People had a menu provided to them so they could choose the meal they wanted for lunch and their evening meal. Changes to the menus occurred every four weeks. For example, people were able to request meals not provided on the menu. We saw the cook make the requested meal. People had access to fresh fruit, fresh vegetables, and food to meet their preferences and health needs. One person told us, "The food's OK. It's usually quite quick" Another said, "The food is good", "I get fish and chips on Fridays," and "They make omelettes for me if I ask." People chose which room they wanted to sit and have their meal. One care worker told us, "people eat in here, it's more spacious. Some people like to eat in the other (dining) room." We observed people chose to eat in the conservatory or the dining room, as they wished.

People had meals, which met their cultural needs. For example, people were offered foods they enjoyed eating before coming to live at the service. Staff provided these

Is the service effective?

meals for people at their request and this was included on the menu so people could choose them. Staff supported people to make choices in the meals, which met their needs and preferences.

At our previous inspection on 15 May 2015, we found that staff did not gain knowledge and skills to equip them to provide adequate care for people. These issues were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection, we found that trained and skilled staff supported people. People were cared for by staff that were supported with their training, supervision, and appraisal to equip them in their caring roles. Staff received supervision on a regular basis. Staff told us that they had supervision from their line manager and were able to discuss their training needs and any concerns they had in their caring role. Staff skills and knowledge improved with guidance available to them. For example, staff completed training in person-centred dementia care. Records showed that staff received supervision on a regular basis. Appraisals were due in December 2015. Training records showed that staff had completed mandatory or refresher training when required. Staff records held copies of certificates of completed training. People were supported by staff that had the opportunity to identify their training and professional development needs to enhance their caring role.

At our previous inspection on 15 May 2015, we found that people were not supported to consent to care. The provider did not act within the principles of the Mental Capacity Act 2005. These issues were a breach of Regulation 11 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. At this inspection, although the provider had made improvements to the service, we found that there was a continued breach in the need for consent.

The manager had an understanding of DoLS however did not always make prompt referrals to the authority to consider an application for Deprivation of Liberty Safeguards (DoLS). We observed a person was trying to open the locked front door. A staff member said that there was a history of them of absconding from services. We asked the staff member whether a MCA assessment happened, a best interests' meeting held, and DoLS application in place for them. Staff told us that an assessment, best interests' meetings, or a DoLS application had not taken place for the person. This increased the risk that people be deprived unlawfully of their liberties. We found that this person did not have their care managed in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave their consent to receive care and support. Staff provided explanations to people before supporting them to meet their care and health needs. Records showed that people gave verbal and written consent, which were decision specific. For example, people gave permission and consent for staff to manage their medicines that and signed by them. People made choices on the care received and gave informed consent to staff that supported them. People mental capacity assessment to ensure they were able to provide informed consent.

Is the service caring?

Our findings

At our previous inspection on 15 May 2015, we found that the service was not caring. Staff did not treat people with dignity and respect or cared for in line with their care plan. Staff did not act to relieve people of distress. These issues were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made some improvements. All people spoken with said the care delivered was good and most thought the staff were kind, caring, and respectful. One person told us, “The staff are kind. I get on with all the staff.” Another person told us, “The staff are all very nice to us.” However, the respect for people’s dignity and privacy did not always happen. The provider had not taken sufficient action to improve the service to meet the regulations.

At our previous inspection on 15 May 2015, we found that people were not always treated with dignity and respect. Staff did not act to relieve people of distress. People were not always cared for in line with their care plan. Staff did not have an understanding of people’s communication needs. These issues were in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although we found that some improvements were made at this inspection, people were not always treated with dignity and respect. We observed that staff treated residents with kindness and compassion. Staff responded quickly to assist people when required. For example, a person was attempting to get out of their chair but their table tray was blocking their way. Staff acted quickly to help them by moving the table out of the way. We also saw caring interactions between staff and people. Staff chatted and laughed with people and engaged well in conversations. However, in an incident we observed, respect for a person’s dignity did not occur. A care worker called across the room to a person and said, “[Person’s name] would you like to use the toilet?” This did not show

respect for the person’s dignity or valued their privacy. This issue was a breach of Regulation 9 Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s assessments identified their strengths. Assessments took into account the person’s likes, dislikes how they would like their care provided and what was important in their lives. For example, care records detailed that a person was an engineer. We spoke with a care worker about this person and they told us, “They were an engineer and [liked] to take things apart.” Staff provided a person with a small table so they could take it apart and rebuild the table, with staff supervision. We observed that the person enjoyed this activity because they were relaxed and showed that they were familiar with the tools they were using. Whilst carrying out this activity, the person discussed the actions they were taking to rebuild the table, with staff. Staff observed this activity to make sure it happened in a safe way and that the person was safe using the tools. These plans in place ensure there was no risk to other people.

People were cared for in a way that respected their cultural needs. One person living at the home did not have English as their first language. They regularly attended a daycentre, which supported their cultural needs. They were able to socialise with people and had meals, which met their needs. People were supported to take part in activities, which met their interests and needs.

People had the privacy that they needed. For example, people were cared for in their rooms when they needed assistance. Some people preferred to stay in their rooms during the day. We saw that people’s care records indicated that people preferred that staff knocked and waited for a response before entering their rooms. We observed staff following people’s wishes.

People maintained contact with people that mattered to them with the support from staff. Relatives were encouraged to visit when they wished. One relative told us, “Staff are welcoming and my relative’s family visit anytime we want.”

Is the service responsive?

Our findings

At our previous inspection on 15 May 2015, we found the service was not responsive. People and their families were not always involved in the development and review of care records. We also found that staff did not act on people's changing needs. These issues were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made some improvements. Assessments of people's care needs took place and staff delivered care to meet them. The provider acted on people's feedback to improve the service. People participated in activities that interested them and they enjoyed. People and their relatives were encouraged to make a complaint if they were unhappy with the care. However, staff did not always respect people's dignity and privacy. The provider had not taken sufficient action to improve the service to meet the regulations.

Before coming to live at the service, the provider completed an assessment with the person to ensure that appropriate care and support was in place for them. Following the initial assessment people had regular reviews by the provider. These took place to ensure that the service was able to continue to meet the person's care and support needs.

People's care needs were assessed and a plan put in place to meet their needs. People had monthly reviews of their assessments and care plans. However, we found people's care records were not personalised. Assessments focussed on tasks to be completed and staff did not gain people's views. For example, care records stated that a person was not involved in decision making due to the mental health condition. Decisions regarding people's care needs did not use their strengths to identify them.

People took part in activities they enjoyed. One person said, "I like drawing, there's enough to do" and "I get the care I need." Another person said, "I enjoy the music", "Every Sunday I go to church to sing", "I get out sometimes

with a carer." The conservatory was the main activity area. There were books and magazines available to people. Staff engaged with people in playing cards and games. Staff encouraged people to play games, quizzes, read newspapers and magazines. People participated in a dancing and from the laughed, we heard; people were enjoying this. One care worker told us, "[Person's name] loves music and [another person's name] loves dancing and chatting." We observed these people were taking part in this activity.

People gave their feedback on the quality and choice of meals. People made suggestions to improve the variety of food provided. For example, to included more availability of fish on the menu. We spoke to people about the quality of their meals. Most people said that they enjoyed their meals and could have meals of their choice.

People were encouraged to make comments and complaints. One person told us, "I have not had to complain about anything" and "If I had a complaint, they would try to sort it out." People had a copy of the complaints form so they could make a complaint if needed. The complaints procedure was displayed around the home. There were no records of complaints made.

People were not always involved or contributed to the assessment or review of their care. One person told us, "I'm not aware of my care plan." A relative told us, "I'm not aware of [my relative's] care plan." We did see one care record, which showed that the relatives were involved in their care plan review in July 2015. It was recorded that they were happy with the care and support their relative received. However, care records showed that people and their relative or their advocate were not involved or contributed to assessment. Staff told us that they had contacted relatives to be involved in care reviews; however, we asked for but did not receive evidence of this, as it was not always recorded. People did not always have an opportunity to discuss their wishes and opinions or how they wished to have, their care needs met. These issues were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

At our previous inspection on 15 May 2015, we found that the service was not well-led. The registered manager in post was not managing the service. People and their relatives were encouraged to feedback on the service; but not acted on. There were no effective quality assurance systems in place. These issues were in breach of regulation 18 (CQC Registration) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made some improvements to the service. The management structure of the service had changed since our last inspection. People gave feedback on the service and suggestions made acted on. Regular monitoring and reviews of the service improved the quality care for people. However, the provider had not made sufficient improvements to meet our standards.

The registered manager was not managing the day-to-day operation of the service. The registered manager resigned from their post in June 2015. At that time, the day to day management of the service was managed by the director and team leader. At the time of the inspection, a permanent home manager was in post. They have submitted a registered manager application to the CQC.

There were quality assurance systems in place. The staff team undertook internal audits on the quality of care and support, food, activities and the home environment. These identified areas of concerns and developed an action plan from this. People provided feedback to a food audit in May 2015. People provided feedback on the quality and variety of the meals provided. The audit identified areas for improvement for the service. The menus were changed and updated to reflect people's needs and wishes and the food ordering system improved. This led to an improvement in quality and variety of meals provided for people.

People received a service, which, was regularly monitored and reviewed. There were audit procedures and processes in place to protect people from future harm of medicines. For example, there were opportunities to learn from medicine errors and near misses. The manager held monthly medicines meeting where staff can openly discuss errors, seek advice, and share from disseminated learning. Meeting minutes recorded issues found with the management of medicines. We spoke with staff who confirmed that they were able to contribute to these

regular meetings and learnt from them to improve their practice. Accurate recording on the MAR was identified as an issue, staff responded by improving their recording skills on MARs. Audits of medicines helped to reduce the number of errors and staff administered medicines safely to people.

Audits of care records occurred on a regular basis. The service identified that the quality of care records did not meet the needs of the service and took action. For example, implementation of a new care records system. These improved the quality of care that people received because these captured the changing care needs of people appropriately. Reducing the risks associated with unsafe care.

People and their relatives were encouraged to feedback to staff and the registered manager regarding the quality of care for people. The manager analysed the response people and their relatives made. The analysis showed that the majority of people were satisfied with the quality of care, cleanliness, meals, and environment. An action plan was developed to make improvements to areas where people were not satisfied. For example, people commented that they did not know who was managing the service. In response, the provider developed an organisational chart, which identified the names and roles of staff in the service. The service had a copy displayed.

Staff had an awareness of their role. Staff told us that there were aware of the management of the service. They told us that following the resignation of the registered manager, there was uncertainty with who was managing the service. Staff told us that they felt more involved with the development of the service and their opinion and views were listened to. For example, the rotation of care worker shifts on the weekends to ensure equity. Staff we spoke with and the rota we looked at reflected this.

Staff were encouraged to participate in team meetings. They offered their opinions and suggested changes to improve the quality of the service. The notes from the meeting were in place. Suggestions made were actioned. For example, the provider clearly demonstrated the differences between an induction and probation. Policies and guidance were developed and made available to staff. Staff gave feedback on how the service could improve.

The manager had reviewed and identified areas for concern at the service. The home manager developed a

Is the service well-led?

plan of action to ensure staff improved their attitudes, values, and behaviour whilst delivering care and support to people. A review of the plan helped to monitor and develop the service.

People's records were stored securely. A filing cupboard held people's records safely. Staff were aware of the need of confidentiality and keeping people's personal and private information safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People who use services were not involved in the assessment of their care. People were not protected against the risks associated with unsafe care because risk assessments did not give staff guidance to reduce risks. Regulation 9 (3) (a) (b)-(h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People were at risk of receiving care that was not managed within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Regulation 11 (3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People's medicines were not managed and stored safely. Regulation 12(1) (2) (g)