

Yourcare Limited

Kelstone Court Nursing Home

Inspection report

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Date of inspection visit:
13 September 2016

Date of publication:
14 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 13 September 2016. At our previous inspection on 4 September 2014 the service was meeting the regulations inspected.

Kelstone Court provides accommodation and nursing care to up to 30 older people. At the time of our inspection 26 people were using the service.

At the time of our inspection a new manager was in post. They had been in post for four weeks and were in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from risks to their health and safety. Environmental risk assessments had not been completed and the risks to people's safety posed by the environment had not been considered or mitigated. Individual risks assessment were not regularly reviewed and adequate management plans were not in place to mitigate the risks, particularly in regards to the prevention of pressure ulcers, moving and handling and the prevention of falls.

Adequate assessments had not been undertaken to identify people's needs and the support they required. Care plans did not contain sufficient information to ensure people's care needs were met. Care plans were not updated in line with their changing needs, and did not provide accurate information about their current support needs.

Staff were aware of who was receiving end of life care, however, their care records had not been updated to reflect this. We also saw that advanced care plans were not updated, and there was a risk that people's wishes and preferences had changed without this being captured and made available to staff.

There were insufficient processes in place to review and monitor the quality of service, including reviewing the quality of service delivery and ensuring accurate, complete and contemporaneous care records were maintained. Where the current processes had identified that improvements were required this had not always been actioned.

The environment was not being adequately maintained to ensure it was suitable to meet people's needs. There were stains to walls and carpets, and peeling paintwork throughout the service. The provider informed us they were in the process of rolling out a redecoration programme, and we saw that this had been started.

There were sufficient staff deployed to meet people's needs. There had been a high turnover of staff in the last year, and the manager was in the process of rebuilding the staff team. At the time of our inspection there

was a reliance on agency staff, however, the manager ensured as much as possible that the same agency staff were used to maintain consistency in staffing.

Staff had the knowledge and skills to undertake their duties. They were required to complete training considered mandatory by the provider, and attend regular refresher courses. At the time of our inspection the staff were due to refresh their training, and we saw that courses had been booked. The new manager was also in the process of scheduling supervision sessions with staff to review their performance, and identify any support they required to undertake their duties.

Staff adhered to safeguarding adults procedures. They were able to describe signs of possible abuse and escalated any concerns observed to their managers and the local authority. Staff also adhered to the Mental Capacity Act 2005 and ensured people consented to the care and support provided. Where people did not have the capacity to consent, best interests' decisions were made. The manager had organised for everyone with authorisation to be deprived of their liberty to be reviewed to ensure the restrictions were still appropriate.

Safe medicines management processes were in place and people received their medicines as prescribed. Staff were aware of people's dietary requirements and liaised with healthcare specialists where they had concerns about people's nutritional intake or swallowing. Staff organised for people to access healthcare professionals in order for their health needs to be met.

Staff were caring and interacted with people in a polite and friendly manner. They informed people about what support they wanted to deliver, and involved people in decisions about how they were cared for. Staff respected people's privacy and dignity.

A range of activities were made available to engage and stimulate people. People had the opportunity to access individual and group activities, as well as accessing local amenities.

People and their relatives were aware of how to make a complaint. The complaints process had been updated to ensure it was in line with best practice and ensure people and their relatives knew they were able to complain to the home manager. People and their relatives were asked for their opinion about the service through the completion of annual satisfaction questionnaires.

Staff morale was improving and there was good team working. Staff felt able to access the manager and express their views and opinions. Staff felt any suggestions made were listened to. The manager was in the process of reintroducing a staff meeting to further obtain staff's opinions and disseminate information about the changes the manager was making to improve and strengthen service delivery.

The provider was in breach of the legal requirements relating to person-centred care, safe care and treatment, suitability of premises and good governance. You can see what action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Environmental risks to people's safety had not been considered, and risks to people's health and welfare had not been regularly reviewed. Accurate, complete and detailed information was not available to instruct staff how to manage people's individual risks.

There were sufficient staff on duty to meet people's needs. At the time of the inspection there was a reliance on agency staff due to high staff turnover which the manager was addressing. Staff were knowledgeable about safeguarding adult procedures and escalated any concerns to their senior.

People received their medicines as prescribed and safe medicines management processes were in place.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. The environment required updating, with many rooms having stained paintwork and carpets. A programme of redecoration was planned to ensure a pleasant and appropriate environment was provided.

Staff had received training to ensure they had the knowledge and skills to undertake their role, and there was refresher training planned. The new manager was in the process of scheduling supervision sessions with staff.

Staff supported people in line with the Mental Capacity Act 2005, and the manager organised for people who were deprived of their liberty to be assessed to ensure the restrictions were still appropriate.

People were provided with meals that met their nutritional needs, and assistance was provided at mealtimes for people who required it. Staff supported people to access health care services. They liaised with healthcare professionals for specialist advice when required to meet people's needs.

Requires Improvement ●

Is the service caring?

Some aspects of the service were not caring. Staff discussed with

Requires Improvement ●

people their end of life choices but these were not regularly reviewed to ensure they were still reflective of people's preferences. Care records were not updated to reflect the needs of people receiving end of life care.

Staff involved people in decisions about their care, and how support was delivered. They respected people's privacy and maintained their dignity.

People were supported to maintain relationships with their friends and family.

Is the service responsive?

Some aspects of the service were not responsive. An admissions assessment was not in place, and people's care records did not provide a clear and complete record of people's needs.

The manager was in the process of reviewing people's needs to ensure the staff were still able to meet the person's needs, and were liaising with people's families and the funding authority where they felt they could no longer meet people's needs.

An activity programme was in place to provide people with stimulation and enable them to engage with staff and others.

The complaints process had been reviewed and updated. People and their relatives were aware of how to make a complaint.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led. There had been a number of changes to the management of the service, which had led to instability in the team and service delivery.

The manager had plans to improve the robustness of governance and audits arrangements, but these were not in place at the time of our inspection. We also saw that sufficient action was not taken to address concerns identified.

Complete and accurate care records were not maintained and confidential information was not always stored securely.

Staff, people and their relatives were able to approach the manager and express their opinions. They felt their views were listened to and acted upon.

Requires Improvement ●

Kelstone Court Nursing 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 13 September 2016 and was unannounced. One inspector undertook the inspection.

Prior to this inspection we reviewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people living at the home, five relatives representing three families, and seven staff including the registered manager and one of the directors. We reviewed six people's care records and three staff files. We undertook general observations at lunchtime and throughout the service. We looked at medicines management processes and records relating to the management of the service.

After the inspection we spoke with a representative from the local authority. We also received additional evidence from the registered manager in regards to audits and findings of satisfaction surveys.

Is the service safe?

Our findings

People felt safe living at the service, and the relatives we spoke with did not have any concerns regarding the safety of their family member. One staff member told us, "Safety is paramount."

However, environmental risks had not been considered or managed. The fire exit doors on the first and second floor were unlocked and were not alarmed. This meant people were able to leave through these doors without staff knowing. We noted that one fire exit on the ground floor was through the kitchen and another through the laundry room. The internal doors to these rooms were left open due to them being a fire escape route but the risks of people accessing these rooms unsupervised had not been considered. We observed that the gate from the garden to the front of the house was left unlocked, meaning people were able to leave the service without staff's knowledge. We also observed the clinical waste bin was left unlocked meaning people could access clinical waste, and the risk of this had not been considered.

Individual risk assessments and management plans were not consistently updated meaning accurate records were not maintained about the risks to people's health or how staff were to support people to manage those risks. This included risks in regards to moving, handling and transferring, and the risk of falls. For one person we saw the information in the person's risk assessment did not reflect the information in their management plan. This meant staff were given conflicting information about what equipment was needed to support the person with their moving and handling. We also observed that sufficient detail was not included in regards to falls management, particularly in regards to when bed rails should be used.

Staff were knowledgeable about who was at risk of developing pressure ulcers and pressure relieving equipment was provided to support these people. However, people's care records did not contain sufficient information about how to support the person from the risk of developing pressure ulcers and with the recent high staff turnover and current reliance on agency staff there was a risk that staff would not have all the information to support the person appropriately. The manager informed us they had identified that previously a person's pressure relieving mattress was at the wrong setting, and this had been identified and addressed. However, this level of detail was not included in people's care records.

Staff respected a person's decision to smoke, and there were processes in place to ensure this was done safely. This included having the person's cigarettes and lighters stored securely when not in use, staff lighting the person's cigarette for them and staff supervising the person whilst they were smoking to ensure they did not burn themselves. We spoke with a person who smoked and they were happy with the arrangements in place regarding them smoking. This person's care records did not contain sufficient information about the risks and the arrangements in place to manage those risks. We spoke with the manager about this and they updated the care records on the day of our inspection.

Some systems were in place to review the environment including regular water temperature checks and checks of equipment. However, we saw that the water temperature checks had identified that in two bathrooms and one person's bedroom the water was too hot and this had not been addressed. The checks on the equipment, including bed rails, ensured they were in working order, however it had not identified that

some bed rail bumpers were split and therefore not suitable for use.

The five paragraphs above show the provider was in breach of Regulation 12 of the HSCA (Regulated Activities) Regulations 2014.

We observed that some people did have up to date risk assessments, for example in regards to nutrition. There were management plans in place about how to support the person from malnutrition, dehydration and from choking. Food and fluid intake records were maintained for those at risk of malnutrition and dehydration and the records we viewed showed people were provided with regular food and fluids.

In addition to the 16 single rooms, the service had seven rooms which were designed for two people to share. There was not a formal process in place to assess whether the people sharing these rooms were happy to share and whether risks in relation to this had been assessed. The manager informed us they were in the process of reviewing the appropriateness of this arrangement. They had identified that two people sharing a room was not beneficial for either person, and had spoken with the people involved and their family to gain their consent to move one person to their own bedroom.

Staff were aware of their responsibility to safeguard people from harm. Staff had received training on safeguarding adults and were aware of the signs of possible abuse. Staff liaised with their senior or the manager if they had concerns about a person's safety. The provider had worked with the local authority on any safeguarding concerns identified, and reported them to the police as and when necessary.

We observed there were sufficient staff on duty to meet people's needs, and this was confirmed by the staff and people we spoke with. There were higher numbers of staff on duty in the morning to ensure there were sufficient staff on duty to support people with their personal care. Staff were organised in teams to ensure there were staff available throughout the service and on the different floors to care for people. Staff were also allocated according to the risks to people. For example, if a person was at risk of falling or behaving in a way that challenged staff or others additional staff supervision was provided. A system was in place to record staff's response time to people's call bells, and we observed that call bells were answered promptly.

At the time of our inspection there were a number of staff vacancies and there had been a high turnover of staff in the past year. The provider told us they had undertaken a piece of work to establish why there had been a high number of staff leaving, and changes had been made to address the reason. The provider was in the process of recruiting new staff, and whilst this was completed the manager was using agency staff to ensure there were sufficient staff on duty. As much as possible the manager organised for the same agency staff to work at the service to provide consistency in care delivery.

Safe recruitment practices were in place to ensure suitable staff were employed. This included completion of application forms and attendance at interview to ensure staff had appropriate qualifications and experience. Checks were also undertaken including obtaining previous employment references, checking people's eligibility to work and undertaking criminal record checks.

Safe medicines management processes were in place. One person told us, "I get my pills alright." Another person's relatives said, "[The person's] getting their tablets when they need them." Medicines were stored securely and regular temperature checks were undertaken to ensure they were stored appropriately. Accurate records were kept of medicines administered, and stock checks confirmed people received their medicines as prescribed. Systems were in place to check medicines delivered to the service, to ensure these were in line with people's prescriptions. Safe processes were followed in regards to controlled medicines. This included appropriate secure storage and recording. Separate medicine administration records were

kept in people's rooms for topical creams which provided clear instruction to staff about where and when to apply the creams, and enable accurate records of when the creams were applied. Where medicines errors were identified these were dealt with and amended. Processes had been strengthened regarding transdermal patches, including using body maps to ensure staff rotated which part of the body the patches were applied.

Is the service effective?

Our findings

People did not live in an environment that was maintained and suitable to meet their needs. Throughout the building the walls were stained and paint work was peeling. We also observed that many of the carpets at the service were stained. One of the bedrooms on the ground floor had damp around their external door. There was a lack of signage meaning people may find it difficult to navigate around the home and to their rooms. We spoke with the manager and the provider about the environment and they were aware that improvement was required, and told us they were in the process of completing a redecoration programme. We saw that one of the bedrooms that was unoccupied had recently been painted.

There was one main communal lounge which many people used during the day. This included having their meals in the same place, as there was no dedicated dining area. This meant that some people spent a large amount of their day sitting in the same chair and not having the opportunity to experience a change of scenery. The provider had not assessed and reviewed the premises to ensure these continue to be suitable to meet people's needs. We spoke with the manager about this and apart from a couple of small tables, they confirm they did not have the space in the current environment to provide a full dining experience to people.

The two paragraphs above show the provider was in breach of Regulation 15 of the HSCA (Regulated Activities) Regulations 2014.

Staff who were newly employed told us there was a comprehensive induction process, which enabled them to familiarise themselves with the service and the people using the service. The induction process included completion of the provider's mandatory training and shadowing more experienced staff members.

The manager had a training matrix in place to review staff's compliance with the provider's training programme. Staff were required to undertake refresher training annually to ensure they stayed up to date with good practice guidance and refreshed their knowledge and skills. From the training matrix we saw that some staff had not received annual training, but the majority of staff had completed the required training courses within the last two years. We saw that refresher training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, safeguarding adults, moving and handling, infection control and health and safety was booked to take place over the month following our inspection.

Since the new manager had started they had not undertaken any supervision with staff. Supervision sessions were in the process of being scheduled in order to give staff the opportunity to meet with their manager to discuss their performance and their roles. Staff told us they were meant to receive monthly supervision but due to the changes in management this had not taken place. Nevertheless, staff told us they felt well supported in their role, and felt able to speak with the manager if they had any concerns or questions.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. Staff were aware of their responsibilities under the MCA code of practice, and were booked in to receive additional training on the topic. Staff ensured they worked in line with people's preferences and obtained their consent before providing them with personal or nursing care. Mental capacity assessments were undertaken when staff had concerns that a person did not have the capacity to make decisions, and when people did not have the capacity to make decisions these were made in people's best interests. Information was included in people's care records about whether or not they had a lasting power of attorney in place, and we saw these nominated individuals were involved in decisions about the person's care.

DoLS authorisations were in place for those people that required them to remain safe. Since the new manager had been in post they had reviewed people's DoLS status and arranged for renewal assessments to ensure the restrictions in place were still appropriate for each person.

One person said, "The food is good." There was a choice of meals available and the options available were written on the board in the communal room accompanied by pictures so people were able to make a choice about what they wanted to eat. We observed that one person wanted to have both options available and these were made available to them. Another person preferred to have a sandwich at lunchtime instead of the cooked meal and this was provided for them. One person was observed not eating their meal. Staff spent time with the person trying to understand why the person did not want to eat, including whether they were feeling unwell or if they wanted to eat an alternative option. Staff encouraged the person to eat small amounts to ensure they ate something throughout the day.

Staff were aware of people's dietary requirements and provided them with support in line with their individual needs. This included providing assistance at mealtimes when needed. We observed some people being assisted and saw this was provided in a polite manner and at a pace dictated by the person. Staff encouraged people to be as independent as possible with their meals. For example, supporting a person to cut up their food and put the food on their fork, which then enabled the person to eat for themselves. People appeared to enjoy their meals, with the majority of people eating all that was offered.

Staff supported people to access healthcare services, including arranging for them to attend regular hospital appointments and have regular health reviews. A GP visited the service weekly and reviewed people who staff had identified as requiring medical assistance or when there was a change in their health and/or behaviour. Staff liaised with specialist healthcare professionals as required to obtain additional advice and guidance about how to meet people's needs, for example, dieticians, speech and language therapists, physiotherapists and occupational therapists.

Staff were knowledgeable in recognising signs of infection or deterioration in a person's health. Care staff were able to describe signs that a person's skin integrity was declining and what to do if a person had a fall. Guidance was sought from the senior staff on duty who obtained further support from medical professionals when required.

Is the service caring?

Our findings

People told us they liked staying at the service and liked the staff. One person told us, "It's good here – they treat you alright." Another person said there was always a member of staff around to talk to. A person's relative told us, "The staff are pleasant and hard working. Staff have been really caring." Another person's relative said, "The staff are extremely caring and affectionate." They also told us that when their family member had become too weak to join in communal activities that, "Staff would always come and chat [with them]." They said, "The staff had improved [their family member's] quality of life." One staff member told us, "Everybody's working for the same reason – resident's first."

Staff had discussed with people their preferences in regards to end of life care, and staff were aware of who was receiving palliative care. We saw that end of life care plans were in place for the majority of people whose records we reviewed. One person's end of life care plan referred to documentation that was two years old. This included information about their last wishes. There was a risk that the person's wishes had changed since the information was obtained and their current wishes had not been captured. This person's care records had not been updated to reflect they had stopped treatment and were no longer eating. The manager was in liaison with the community palliative care team to obtain further support and knowledge in end of life care. We discussed with the manager the concerns that a person's end of life choices had not been reviewed in the last two years and their current treatment choices were not reflected. They told us they would ensure this was reviewed with the person and their family.

Staff communicated with people in a polite and friendly manner. They supported people to understand what was happening at the service and orientated people to time, for example reminded them it was lunchtime. Staff told us they had taken the time to get to know people and to understand their preferences about how they were supported. Staff communicated with people what they wanted to do and ensured the person was happy before supporting them. They told us, particularly whilst supporting people with their personal care, they ensured people were involved in the care provided and enabled them to remain as independent as possible. They supported people in a way that maintained their dignity. Personal care was provided in the privacy of people's bedrooms or bathrooms. Staff ensured people were covered as much as possible during personal care to maintain their dignity and ensure people were comfortable with the support provided.

Staff were aware of people's preferences in regards to their daily routine and involved them in decisions about their care. Including what activities they wanted to participate in, what they wanted to wear and how they wanted to spend their time.

People were able to maintain relationships with friends and family. We observed many people having visitors during our inspection, and there were no restrictions on visiting times. One person's relative told us the person had dinner at their home once a week and the staff provided the person with a wheelchair to support their mobility during these visits, to reduce the risk of them falling whilst maintaining their relationships and participation in family meals.

Staff supported people to practise their faith, and had organised for those that wished to receive weekly communion. We saw records to show that staff had also considered people's spiritual needs in regards to end of life care and had arranged for these to be met.

Is the service responsive?

Our findings

One relative told us, "[My family member] is really happy – largely down to the care home. Ten out of ten from where I'm concerned – a lovely, little home."

A pre admission assessment was undertaken before people came to the service to review their support needs. At the time of our inspection an admission assessment was not undertaken, and the manager had plans to integrate this. This would enable them to have detailed information about people's needs at the time of admission in order to develop clear and accurate care records and provide care and support that met their needs.

At the time of our inspection the manager was in the process of updating people's care records. This included reviewing their needs to establish whether the current records were up to date. They informed us that the care records were not reflective of people's current needs and this was confirmed from the records we reviewed. For example, one person's personal care plan did not refer to their skin integrity and the current ulcers they had. We also observed that at times more than one care plan was in place in regard to the same need. There was a risk that staff would only refer to one of the care plans for each need and therefore would not have all the information they required to provide the care people required. Care plans were not updated in line with people's changing needs. For example, when a person approached end of life and the impact this had on the rest of their care needs, including their nutritional intake and the medicines they received, or when their health declined and they were nursed in bed and how this impacted on their continence care.

There was a risk that due to care records not providing a clear and accurate account of people's care needs that people would not receive the care and support they required. Particularly with the high number of agency staff being used at the time of our inspection who were less familiar with the people they were supporting.

The three paragraphs above show the provider was in breach of Regulation 9 of the HSCA (Regulated Activities) Regulations 2014.

At the time of our inspection the manager had reviewed one person's care needs and updated their care records. We saw that this person's care records provided a clear and detailed review of their needs and how staff were to support them.

The manager informed us that for some people their needs had changed since they had moved into the service, including progression of a person's dementia. They had identified that the staff were no longer able to fully meet some people's needs and were liaising with family members and the funding authorities to locate more appropriate placements.

Processes were in place to support people with skin tears, ulcers and moisture lesions. Staff completed wound charts and regularly reviewed the condition of the wound. Including measuring the size of the

wound, taking photographs and observing for any signs of infection. Staff also monitored any pain experienced and changed people's dressings regularly. The wound charts we saw showed that the wounds they related to were healing. Staff informed us they would liaise with the tissue viability nurse if wounds began to deteriorate in order to get professional advice about the specific wounds.

One person's relative said in regards to the activities provided, and opportunity for interaction and stimulation, "There's quite a lot going on." Another person told us, "I like to sit and read my newspaper. Every Friday we go to the pub for a meal." A seven day a week activities programme was in place delivered by the activities coordinator and care staff. This programme incorporated a range of group and individual activities. The activities coordinator told us they spent time with people learning about their life histories and used this information when developing the activities programme so it could be tailored to people's interests and experiences. There were a range of activities provided including active sessions, sessions for sensory stimulation and activities for mental stimulation. The staff put on parties to celebrate national events, religious holidays and people's birthdays. Activities were delivered at the service by the staff, and in addition to this outside entertainers were also booked to come to the service, and trips were arranged in the local community. There were two groups of people who visited a pub weekly for a meal, depending on their needs. One of these groups was open for friends and family members to attend so they could also participate in the activity.

People and their relatives felt able to speak with staff and raise a complaint when necessary. The manager had reviewed and updated the complaints process to make clear they were the primary contact if people had complaints to ensure they were made aware of all complaints that were made so they could respond and investigate these appropriately. The new complaints process was displayed in the hallway and was provided in updated 'service user manuals' that were available in each person's room so that people and their family members had access to the information and knew how to make a complaint.

Is the service well-led?

Our findings

One person's relative told us they felt the constant change in management had impacted on the service and they had concerns around the leadership at the service. They also said that communication from the management team had previously been inconsistent, particularly in regards to incidents that occurred involving their family member, but this had started to improve again. Another person's relatives told us, "Since the change in management things are getting better. Everything's settled down now."

There had been a number of changes in the management of the service over the last year, which had led to a period of instability at the service. There had been three different managers over the year with some providing short term interim support. The current manager had been at the service for four weeks and was still familiarising themselves with the service and undertaking a full service review.

Since they had been in post they had reviewed and updated a number of the service's policies to bring them in line with good practice. This included the complaints process, safeguarding procedures and medicines management.

However, at the time of our inspection there were insufficient processes in place to monitor and review the quality of service provision. The manager was unaware of what processes were in place prior to them starting and they had not yet integrated their own views of what governance processes should be in place. They had plans in place to introduce a range of audits to review staff's adherence with the provider's policies and procedures, and also to undertake a range of checks to review the clinical activity and key performance data. Included in these processes would be a review of the incidents that occurred to identify themes and trends, which would enable them to identify if an individual required additional support or if there needed to be additional support available at particular times of the day.

After the inspection we were sent copies of the previous audits that were undertaken, which had been brought to the manager's attention following our inspection. This included audits of infection control processes, medicines management, health and safety. However, we observed that the processes in place did not review all areas of service delivery, and the findings were not always in line with the other checks carried out at the service. This meant that where improvements were required these were not consistently identified and addressed.

The manager had plans to reintroduce the key worker process and the resident of the day initiative to further strengthen and organise the support provided to people, and ensure that people's needs were regularly reviewed and their care records updated. The manager was aware that accurate, complete and contemporaneous care records were not in place at the time of our inspection and they were in the process of updating them. We also observed that some information relating to people's care was stored on a desk in the communal area, meaning that some confidential information was not kept securely.

The four paragraphs above show the provider was in breach of Regulation 17 of the HSCA (Regulated Activities) Regulations 2014.

We spoke with a number of care staff who felt the new manager had integrated well into the staff team, and they felt able to approach them if they had any concerns or needed advice. They told us the manager listened to their concerns and their suggestions to improve service delivery. They also said the manager helped to deliver hands on care. The manager told us since they started working they had worked a couple of shifts as the nurse in charge to enable them to learn more about the service and staff's experiences. The staff told us since the appointment of the new manager and recruitment of new care staff the team was more settled and staff morale was improving.

The manager had been in touch with the manager of the provider's other service to build links, and with the aim of sharing ideas and learning from previous experiences.

The manager had scheduled a team meeting. This was the first formal meeting since they had started to work at the service to meet with all care staff. They informed us they were using this meeting to discuss with staff their expectations and reiterating the provider's values. Staff had also been asked whether there were any issues or topics they wanted to discuss at the meeting, to ensure staff's views were incorporated.

The manager had also scheduled a meeting with people and their relatives to formally introduce themselves and to update them on the changes planned for the service. The manager had an open door policy for people and their relatives to approach them and discuss any concerns they had. The people and relatives we spoke with were aware of who the new manager was and they felt able to have open and honest conversations with them.

The provider asked for people and their relatives views through the completion of annual satisfaction questionnaires. By the time of our inspection a 2016 questionnaire had not been completed, but we were sent the findings from the 2015 questionnaire. These showed the majority of people and relatives were satisfied with the quality of care and support provided.

The manager was aware of the provider's CQC registration responsibilities and submitted notifications about key events that occurred at the service, as required by law.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	<p>The provider did not ensure that care and treatment of service users was appropriate and met their needs, through the completion of an assessment of their needs, and designing care and treatment to meet their preferences and ensure their needs were met.</p> <p>Regulation 9 (1) (3) (a) (b)</p>
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<p>The provider did not ensure that care and treatment was provided in a safe way for service users, through an assessment of the risks to the health and safety of services users, mitigating such risks, and ensuring the premises were safe to use.</p> <p>Regulation 12 (1) (2) (a) (b) (d)</p>
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	<p>The provider did not ensure the premises were suitable and well maintained.</p> <p>Regulation 15 (1) (c) (e)</p>
Treatment of disease, disorder or injury	
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not ensure that processes or systems were established to; assess, monitor and improve the quality and safety of services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of services users; and maintain securely an accurate, complete and contemporaneous record in respect of each service user.

Regulation 17 (1) (2) (a) (b) (c)