

Mr & Mrs D Boulton

Goodwood Orchard Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 7 December 2016 and was unannounced. We returned on the 8 December 2016 announced to complete the inspection.

Goodwood Orchard Residential Care Home is a care home that provides residential care for up to 18 people and cares for older people and those living with dementia. At the time of our inspection there were 16 people in residence.

A registered manager was 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.

We inspected the service in January 2016 and found the provider had made improvements to the quality of service but further action was needed to ensure the improvements had been sustained.

At this inspection we found there was a lack of leadership and management of the service. The registered manager had not kept their knowledge up to date with regards to their legal responsibilities as a registered manager to ensure the service was safe.

The system to monitor and assess the quality of the service remained fragmented and was not effective in identifying some of the shortfalls we found during this inspection. Records relating to people, staff and the management of the service were not always kept up to date, accurate or easily accessible.

The system to monitor and assess people's ongoing needs was not effective. Care plans and risk assessments were not always reviewed in line with the provider's policy. The guidance in the care plans for staff to follow was not always updated. Staff relied on the information shared between staff teams during handover. This meant people were at risk of receiving care and support that did not meet their needs.

We found people's health, safety and wellbeing were put at risk because the provider and registered manager had not maintained a safe environment for people to live in. Improvements were needed with regards to the hygiene and cleanliness to prevent the risk of spreading infection. Repairs were needed to make safe some parts of the building. People were not able to access all bathrooms and toilets. Equipment was not stored safely.

Staff told us they received training and were supported and supervised by the deputy manager on a day to day basis to ensure people received effective care. We found no record of staff's induction training completed. The deputy manager's induction training was not planned. Staff's training records were inaccurate or up to date. The system to monitor staff's knowledge, skills and competence was fragmented. Staff were not supported to develop their confidence, knowledge and personal development.

People's medicines were administered in a safe way by trained staff. To ensure medicines were kept secure at all times staff should keep the medicine trolley locked when left unattended.

People's safety was promoted because the staff were trained in safeguarding adults, understood their role to report concerns or if they suspected that someone was at risk of harm. The provider had made referrals to the safeguarding authority and notified us when people's safety was of concern.

People's safety was promoted through the employment of staff. Whilst the provider continued to recruit staff agency staff had been used to ensure there were enough staff to provide the support people required.

People's needs were assessed and their safety and wellbeing was promoted through risks being managed. Staff were provided with information to support people and equipment was used to enable people to move around safely.

People spoke positively about the choice of meals provided that met their dietary needs. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

The deputy manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people to make informed decisions about their care. Records showed people and where appropriate their relatives were involved in making informed decisions about all aspects of their care.

People were involved and made decisions about their care and support needs. People told us that staff were kind, caring and respectful of their privacy and dignity. People told us that the staff were responsive to their needs and requests for assistance.

People maintained contact with family and friends. They took part in social activities of interest to them and activities organised by the staff.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement ●

The service was not always safe.

Improvements were needed to hygiene, cleanliness and the premises to make sure the environment was safe for people.

The registered manager and staff were trained and systems were in place to ensure people were protected from harm. Risks assessments were in place which staff followed to maintain and promote people's safety and independence. People received their prescribed medicines at the right time.

Staff were recruited safely and there were enough numbers of staff to ensure people's individual needs were met safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were trained but there was no record of their induction training and the training matrix was inaccurate and not up to date. Staff told us they felt supported and communicated with each other to meet people's needs.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff sought people's consent. Care plans showed people were involved in making decisions about their care and support.

People's dietary needs were met and they were supported to access healthcare as required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring. Staff had developed positive relationships with people and spent time to get to know them.

Staff encouraged people to make decisions about their day to day lives and the support they received. Staff respected people's

privacy, dignity and promoted their independence.

Is the service responsive?

The service was not always responsive.

People's assessed needs were met when they moved to the service. However, when people's needs changed risks were not always reviewed and their care plans were not amended to ensure staff knew how to meet people's needs.

People maintained contact with family and friends; spent time doing activities of interest with them.

People knew how to complain and were confident that their concerns would be addressed. People and relatives told us that the staff and registered manager were approachable.

Requires Improvement 

Is the service well-led?

The service was not well led.

The registered manager in post did not ensure the service was well managed. Their knowledge and training was not up to date and they did not provide clear leadership or support to staff. Quality monitoring systems recently developed were fragmented and not used in order identify and make the improvements.

Inadequate 

Goodwood Orchard Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 December 2016 and was unannounced. We returned on 8 December 2016, announced to complete the inspection. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service. We considered the improvements planned by the provider following our last inspection of the service on 5 January 2016. We contacted commissioners for health and social care responsible for the funding of some people's care that use the service and the dispensing pharmacy that supplies the prescribed medicines and asked them for their views. This information was used to plan this inspection.

We spoke with two people who used the service and six visiting relatives and friends. We also used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in the lounge in the morning and afternoon, and at the lunch time meal service.

We spoke with the registered manager, deputy manager, a senior carer and one care staff involved in the

care provided to people. We spoke with the nominated individual (provider) and the maintenance person.

We looked at the records of five people, which included their risk assessments, care plans and medicine records. We also looked at the recruitment files of three members of staff, training records, meeting minutes, a range of policies and procedures, maintenance records of the building and equipment and records relating to how the provider monitored the quality of the service.

Is the service safe?

Our findings

We found there were risks to people's health and safety. We saw a number of examples of poor practices with regards to infection prevention and control and the premises not being maintained to ensure people were safe. For instance, we saw two staff assisting someone to be seated on a pressure cushion which was stained and the cover torn. This put the person's health at risk of injury and the spread of infection. When we raised our concerns with one member of staff they apologised, discarded the cushion and replaced it.

The small lounge where people were seated had a strong offensive odour. The room was warm and there was no ventilation. After raising the concerns with the registered manager the lounge had been cleaned by the following day, this demonstrated systems to maintain a safe and clean environment for people was not effective.

We found seven walking frames, a commode and a shower chair left in the shower room. The toilet was still stained after someone had used it. The lower wall tiles were missing or cracked and the floor was sticky. The laundry basket kept in this shower room was full and it was unclear if the items were clean or dirty. That showed the provider had not maintained the premises safely which increased the risk to people's health.

We found the liquid soap dispensers in the bathrooms and toilets were empty, therefore people were using soap bars to wash their hands. We saw a number of bedrooms were not cleaned. We bedroom units were stained. Bars of soap, combs full of hair and a hoist was stored in a shared room which no one used. This increased the risk of spreading infection.

A hoist was stored outside a toilet blocking the door, which meant people could not use it. One bathroom had a bath fitted with a seated hoist but this was kept locked so people had to ask to use it. Another bathroom was kept locked also. We found this was being used to store old mattresses and equipment that were no longer required. That showed people were not able access all facilities as part of their daily needs.

We shared our findings with the registered manager and the provider. Both were not aware of the state of the premises and went to check for themselves. Records showed checks were not carried out routinely to monitor the hygiene and cleanliness of the premises, and that equipment was stored safely. Records showed staff had reported issues with regards to the premises but these had still not been addressed. For example, a faulty wheelchair that had been reported by staff was put in the garden rather than having it repaired. This demonstrated that the registered manager and provider had put people's health and safety at risk.

This was a breach of Regulation 15 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the premises, equipment and the environment were not safe, clean or properly maintained, which put people's health and safety at risk.

The deputy manager administered medicines safely and completed the medicine records correctly. They were able to explain to one person what the medicine was for before taking it. This helped the person to

maintain their health. The medicine trolley was secured to the wall, but it was not locked when left unattended. Although the deputy manager was close by, the medicines could be accessed easily as these were not kept secure. When we raised this with the deputy manager they ensured the medicine trolley was locked each time it was left unattended.

People spoken with confirmed that they received their medicines regularly. A relative said, "I've got no concerns about [person's name] medicines, she will take them and if the doctor changes anything I'm told about it."

The deputy manager and senior staff had received training on the safe management of medicine from a pharmacist. They told us that the registered manager had assessed their competence to administer medicines safely. We found medicines that needed to be refrigerated were stored safely in the fridge. There were appropriate arrangements in place for the ordering and disposal of medicines. This meant medicines were administered safely and kept secure.

People told us that the risks associated to people's physical health and safety had been assessed. A relative told us that their family member's needs had been assessed and with the help from staff they had regained their strength. They said, "When [person's name] came here she was drinking using a beaker, not eating and not mobile. Now she's has tea in a cup and is more mobile." Another relative told us that staff ensured their family member had the walking frame left close by which they used to move around. They said, "[Person's name] uses a walking frame and is moving around all the time. She knows when I'm coming and will be ready to go out." This showed staff managed risks and promoted people's independence with the support provided.

Care plans provided staff with guidance as to how to support people safely. For example, staff were to offer a cup of tea to one person living with dementia when they became upset or agitated. We observed this to be the case and the person became visibly settled.

People told us they felt safe with the staff that looked after them. When we asked one person how staff helped them to stay safe, they said, "I do feel safe because the staff come round to check you're ok. I can do most things to look after myself but they do help me if I'm feeling unsteady on my feet." They went on to say staff would walk with them for support. Their relative also said, "She's safe and happy here. Staff do know what help she needs." Staff were able to describe how they supported each person and shared information when someone's needs had changed.

People visiting a friend told us "She's happy to be here where she feels safe and told us she's decided to move in permanently." This was an example of someone's safety and wellbeing being improved through the way the staff supported them.

Staff had received training in the safeguarding procedure and knew how to protect people from harm. Staff were confident to raise concerns with the deputy manager, who would report the concerns to the relevant external agencies such as the local authority or the Police. Staff understood the 'whistleblowing policy' and gave examples of when they may be required to whistle blow.

A member of staff was able to describe the action they would take in an emergency or if someone was to have a fall. One person's care record showed that staff had called the paramedics and reported the incident to the local authority and to us. An incident form was completed; the risks were re-assessed and their care plan amended to reflect the support required to maintain the person's safety. This showed that staff had followed procedures in order to maintain people's ongoing health and safety.

The registered manager had referred safeguarding concerns to the local safeguarding authority and notified us, which they must do. These were made in a timely manner and detailed what action had been taken to ensure the person was safe. This showed that the safeguarding procedures were followed. The registered manager told us that as a result of the recent safeguarding incident people's personal information included their medicines was kept up to date in an emergency file in the office so it was easily accessible.

People looked after their own finances or were supported by the service. Procedures were in place and records were kept of people's expenditure and receipts, which were signed and helped to ensure people that their finances were safe.

People's safety was supported by the provider's recruitment practices. Staff recruitment files contained relevant checks that had been carried out including an enhanced Disclosure and Barring Service (DBS) check. A DBS is a criminal record check which may affect their working with people and helps employers to make safer recruitment decisions. That meant people could be confident that caregivers had undergone a recruitment that ensured they were to be suitable to work with them.

People told us that there was enough staff to meet their needs. One person said, "There's usually two or three staff on with [deputy manager's name] in the day and probably two at night. I use a buzzer to call for help at night if I need to." A relative said, "I've got no concerns about the staff, they're always around. When [person's name] came here she got the help she needed from staff to regain her confidence and strength." Staff were responding to people's requests for assistance and seen spending time with them in a meaningful way. This showed that staff were meeting people's needs in a timely manner.

People's assessed needs took account of the number of staff required to meet people's needs and maintain their safety. The registered manager told us that whilst they continued to recruit staff agency staff had been used to ensure there were enough staff to meet people's care needs. The registered manager told us that they were at the service every day to support staff if required.

We saw the staff on duty reflected the staff rota. A staff member said, "There's enough staff to meet everyone's needs because the deputy and senior help too." The deputy manager told us that they supported staff to ensure people's needs were met. The deputy manager or a senior carer managed the staff because the registered manager's working times varied from day to day.

Is the service effective?

Our findings

People told us that they found staff were able to meet their preferred and individual needs. Relatives and friends visiting people told us they felt staff were trained to look after people. A relative said, "I've watched the staff helping [person's name] by encouraging her to do as much as she can and they [staff] will help her if needed." Another relative said "Although she is mobile she needs a lot of encouragement and she gets that from staff." We saw staff assisted people to move around safely which showed that staff's training helped to ensure they provided effective care.

A new member of staff told us the induction training completed included working alongside experienced staff to understand and providing care, reading people's care plans, policies and procedures. There was no record of the induction training completed by staff. There was no record of how the registered manager had assessed staff's knowledge and competence to assure themselves that staff understood their role in supporting people. When we raised these issues with the registered manager they told they had observed staff's practices and issues would have been addressed at that time but no record was kept. Further action to monitor staff's practice would help assure people received effective care.

Staff told us that they had received training. These related to health and safety, well-being of people and covered specific health conditions that affected people who used the service such as dementia. The training certificates found in staff's file showed staff had received some training this year. However, the training matrix was not up to date. New staff were not included and detailed the training completed by staff up to the year 2015 and included staff who no longer worked at the service. Although the registered manager told us that they assessed staff's competency and practices, there was no evidence to support this. That meant systems to monitor staff's knowledge, skills and training was ineffective and difficult monitor which could put people at risk of receiving ineffective care. The deputy manager assured us they would update the training matrix and contact the external trainer to ensure refresher training has been planned.

The registered manager and staff were not aware of the 'Care Certificate' training. This is a set of standards for staff that upon completion should provide them with the necessary skills, knowledge and behaviours to provide good quality care and support. The registered manager told us the external trainer provided all the training for staff, who they would contact in order to access the training required. We will continue to monitor this.

Staff told us that they had individual supervision meetings with the previous deputy manager which had enabled staff to reflect on their work. Staff told us they were supported by the deputy manager on a day to day basis and were confident to approach them for advice and support. Daily handover meetings were used to update staff on people's wellbeing.

The registered manager and staff told us that staff meetings were held every four months. However, no one could tell us what was discussed and whether the meetings were beneficial. The deputy manager found two sets of staff meeting minutes, one was held in February 2016 and notes from another meeting but no date as to when this meeting took place. This showed the registered manager did not follow the provider's policy to

support staff and encouraged them to be involved in the development of the service in a meaningful way.

The registered manager told us that with the support of the deputy manager they would plan individual and staff meetings to ensure staff received the support they required.

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 are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager understood the MCA and DoLS and their role to meet the requirements. We found that people had restrictions applied to their freedom for example, where people were not able to leave the building on their own. Referrals made to DoLS team were still pending which demonstrated that the service was working within the principles of the MCA.

Care records showed that people's choices and decisions had been recorded within their care plans. Wherever possible people had signed their care plans to indicate their consent to the level of care they needed. This ensured people's human and legal rights were respected.

People told us that staff sought their consent before helping them. One person said, "They [staff] will ask if they can help me." Relatives told us they had observed staff gaining consent from their family member before being helped. Staff we spoke with demonstrated they were aware of the importance of seeking consent and respecting people's right to decline their care.

People told us they enjoyed the meals. One person said, "I've only got a small appetite so I don't like to have too much on my plate. I can ask for more if I'm still hungry." A relative told us that their family member liked the choice of meals provided. Another relative said, "She enjoys the traditional meals and is looking forward to having fish and chips for lunch. She's started to eat and drink on her own since she's been here."

People's nutritional needs had been assessed and care plans detailed the support people required to maintain good health and appetite. People's dietary needs related to their health and individual preferences and the level of support people required was recorded in their care plan. Staff were aware of people's individual needs with regards to their nutrition. For example, we saw staff encouraging one person to eat by cutting the food into smaller pieces.

A staff member said, "We have people that like to graze and drink lots of tea, which is fine. However, if they didn't do that then I'd be concerned and would let the deputy know." Staff told us that they measured people's weights and they would share any concerns with the relevant health care professional, to ensure people's care and support remained effective.

People's care records showed they were supported to access a range of health care services for routine and ongoing health needs. People's relative or a staff member accompanied people to appointments with their consent. Staff told us that the GP and district nurses would visit people when requested to meet their health and information would be shared with the staff team to help maintain the person's health.

A relative told us that when their family member became unwell the staff had acted promptly and sought

medical advice. This person's care records showed that a GP had visited and had prescribed a course of antibiotics. This meant people's health needs were met.

Is the service caring?

Our findings

People and their relatives told us that staff were caring and people were happy to be supported by the service. One person said, "Staff are quite nice and helpful."

A relative said, "Staff are great. We know they [staff] are busy but they will offer us a cup of tea whenever we visit. [Person's name] gets on well with all of them. This place and the staff have made such a difference that she'll be ready to go home soon." Another relative whose family member had used the service said, "We only have praise for the girls [staff]; they loved him and have been absolutely brilliant. I can't thank them enough."

We saw staff had developed positive relationships with people and their family and friends. For instance, staff had prepared light refreshment for relatives of someone who was celebrating their birthday. We saw people were confident to approach staff who spent time with them in a meaningful way. For instance, one person was discussing an article in the daily newspaper with staff whilst another person reminisced on their early years spending Christmas with their young family whilst watching movie. We saw staff made people's visitors feel welcome.

One person became upset at lunchtime because they remembered someone who used to sit them at meal times. The deputy manager consoled her and whilst remembering the conversations she used to have she became a little happier. The deputy manager assured the person and offered to have a chat after lunch, which the person said they would like.

People's needs had been assessed and care plans provided staff with information about the support people needed. Staff told us they did not always read people's care plans even though these were accessible. A staff member told us they spent time with people to get to know their individual needs, preferences and how they wished to be supported. Another staff member told us any changes to people's needs was shared through the handover meetings. Staff were able to describe people's individual needs, routines and the support people required despite staff not always reading people's care plans.

People told us that they were involved in making decisions about their care and support needs when they started to use the service. One person told us that their appearance was important to them and that they chose what to wear and their care plan confirmed this to be the case. That showed this person's wellbeing was promoted as they continued to make their own decisions which staff respected.

People's care records reflected people's decisions made about their care needs and had information about people's life histories, interests and their spiritual needs. Records showed where the person was unable to make certain decisions about their care needs, their relative or health care professionals had been involved.

People told us that staff respected their dignity and privacy. A relative said, "[Person's name] is clean and dressed how she likes to. It's important for her to look and feel good."

People's care records detailed the role of staff to help support people to maintain their dignity. For example, one person's care plan stated that they needed staff assistance to have a daily wash and shower. The care plan included what the person was able to do for themselves, what they liked to have around them and what tasks they needed staff to help them with. Staff we spoke with were aware of the importance of respecting people's choices.

Staff understood the importance of maintaining people's privacy and dignity. They told us that people's bedrooms were respected as their own space. We saw staff knocked and sought permission before entering the person's room. We saw staff offered to assist people with personal care before they went to the dining room for lunch. One person liked to wear an apron to protect their clothing at meal times. This showed staff were proactive in maintaining people's dignity.

Staff told us that privacy screens were available to use in the shared bedrooms. A privacy screen was also kept on the ground floor and would be used to maintain someone's dignity if they had a fall or were receiving medical treatment in an emergency in the lounge.

We found that confidential information about people who used the service and staff was kept secure. Staff were aware of their responsibility to maintain people's confidentiality and when information could be shared with the relevant relative and health and social care professionals. That showed people's information was managed securely.

Is the service responsive?

Our findings

At our inspection of 5 January 2016 we found the provider had developed new care plans and involved people and where appropriate their relatives. The deputy manager at that time was responsive by acting on changes to people's need by reviewing and amending the care plans. Staff were involved in this process, which helped to ensure they were aware of how to meet people's current needs.

At this inspection we found that people had made an informed decision to move to the service. People's needs had been assessed and the care plan provided staff with guidance about the support people required. People we spoke with were not always aware of their care plan; however they told us that staff were responsive and met their needs in a timely manner.

A relative told us that they supported their family member who moved from a hospital setting to the service at short notice. They told us that although the discharge from hospital was not well managed the family member's was settled at the service. The relative was involved in the assessment process to make sure staff were aware of that their family member's needed support to regain their independence.

We found that people's care needs were not regularly reviewed or re-assessed which resulted in care plans being out of date and not reflective of people's current needs. Records showed that people were not always involved in the review of their care needs. In some instances care plans had not been reviewed in line with the provider's expectations of people's care plans and risk assessments to be reviewed monthly. For example, the care plan for someone living with dementia had not been reviewed or amended since April 2015 despite there being significant changes to this person's needs including their medicines. Although staff were aware the person's needs had changed, they were not provided with information about the additional support they required in order to manage risks safely. This meant the person was at risk of receiving care and support that did not meet their needs.

Another person's care plan had been reviewed due to the number of falls they had had. Records showed the deputy manager has sought advice from health care professionals. However; the care plan had not been amended so that staff were provided with information to follow the health care professionals' advice. Staff told us that this person needed more support but were unable to tell us about how new risks were being managed as information in the care plan was not available. This meant that some people's wellbeing was put at risk because care provided was not monitored or tailored to people's changing needs and information was not readily available to staff.

This was a breach of Regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were at risk of receiving inconsistent care or not receiving the care they needed. People's needs were not regularly assessed or reviewed and their care plans were not always reflective of their current needs.

We saw staff supporting and responding to people's requests for assistance in a timely manner. Staff told us they relied on the information shared about people at the handover meetings and would check with the

deputy manager if they were unsure how to support people.

People considered Goodwood Orchard Residential Care Home to be their home and lived in a friendly and homely atmosphere. People were relaxed within the home and spent their time as they chose, watching television and listening to music. People received visitors throughout the day and made to feel welcome by the staff.

People told us how they spent their day. One person told us they enjoyed reading magazines which relatives brought in for them. People were seen to be watching the television or listening to music in the communal lounges, whilst others chose to spend time in their room. One person told us that they looked forward to taking part in the weekly chair exercise session. They also told us that the Christmas entertainment had been discussed with them, which their relatives were also attending. They said, "The staff have done a lovely job with putting up the Christmas decorations." This showed people were protected from social isolation and involved in making decisions about social events organised for them.

People moving into the home were provided with a copy of the terms and conditions of their stay. This included information about how to make a complaint or raise a concern and the contact details for the local authority, Care Quality Commission and the Local Government Ombudsman, should people need support or remain dissatisfied with how their complaint was managed.

People and the relative we spoke with were aware of how to raise concerns although said they had no concerns or complaints about the service. Their comments included, "I don't have any complaint but if I did then I would mention it to one of the staff" "Not had reason to complain but would happily speak with [deputy manager's name]."

Records showed the service had not received any new complaints since our last inspection visit in January 2016. The registered manager told us that they would deal with all complaints in the first instance in line with the complaint procedure.

Is the service well-led?

Our findings

At our previous inspection of 5 January 2016 the registered manager was training the deputy manager at that time, for the manager's role. We found the deputy manager had developed a quality assurance system and an annual schedule of audits to be carried out to monitor the quality of service. We were unable to determine the effectiveness of the quality assurance system as it was not fully operational.

We found the schedule for audits and checks to be carried out to monitor the quality of the service developed following our last inspection had not been used and were fragmented. The schedule of audits recorded that checks were not always completed. The audit tools used could not always be found. We found two audit tools were used to check the premises which the registered manager was not aware of. The provider told us they carried out checks on the premises. However, from our inspection it was evident that the routine checks on the premises and cleanliness had not been carried out.

The provider's policy stated that people's care plans and risk assessments would be reviewed monthly. The schedule of audits recorded that reviews of people's care had been completed up to September 2016; however, we found this not to be the case as some people's risk assessments and care plans had not been reviewed for longer despite a change in their needs. This showed a lack of oversight to monitoring and meeting people's care needs.

We found incidents affecting people health and safety that had occurred at the service such as falls, from January to August 2016 were completed. Records showed that the deputy manager at that time had checked the events to identify any patterns emerging. As a result they had sought advice from health care professionals and amended people's care plans to ensure risks to their health and wellbeing were managed. We found no evidence of any ongoing monitoring of incident because the registered manager was not aware of that this system had been put in place.

Prior to this inspection the provider was asked to complete and return a Provider Information Return (PIR), which they must do. This forms asked the provider to give some key information about the service, what the service does well and improvements they plan to make. However it was not returned. The registered manager told us that they were not aware of the PIR and that it needed to be completed and returned as the previous deputy manager had dealt with correspondence from us.

Where we have inspected services the providers must display the rating awarded. In this case the provider had not displayed the rating. When we raised this with the registered manager they displayed the rating and the latest inspection report was also made available to people and visitors.

A registered manager was in post and they understood their responsibilities. However, from our discussion they demonstrated a lack of understanding regarding the regulations they must comply with including the five key questions that we ask about services that we inspect. This showed that the registered manager did not have the knowledge they needed to be able to provide consistent and effective leadership.

The registered manager had appointed another deputy manager to take responsibility for the day to day management of the service. The deputy manager told us they were still learning about the management duties and how to assess people's needs, complete care plans and the management of the staff and the service. We found the registered manager was advising the deputy manager on an as and when required basis to develop their knowledge and understanding of the role of the manager, as there was no set induction training for the deputy manager. This showed a lack of leadership and direction to help ensure the deputy manager received the training and support they needed to manage the service.

We were given a copy of the service user guide and the statement of purpose which has information about the service and the support people can expect to receive. This document had not been kept up to date. For example, it still referred to the Commission for Social Care and Inspection, which was the previous regulator for social care services. It also stated that the registered manager kept herself 'up to date with all appropriate and required training' and recorded the latest training courses completed was in infection control and medication management in 2011. The staff training matrix stated training in infection control had been completed in June 2015 but no training certificate to support this. This was an example of the provider not maintaining accurate and up to date information about the service.

Staff did not always read people's care plans as these were not always accurate or reflective of their current needs. Therefore, staff relied on the information communicated at the daily handover meetings. This meant people could not always be assured that their care and treatment was effectively managed.

Staff told us they felt supported by the deputy manager and communication between staff was good. A member of staff told us that having clearer management responsibilities and structures would help improve the quality of service provided. Staff did not have formal team meetings or any other opportunities to be involved in how the service was managed or to make suggestions. They were unable to share ideas to improve the service. This was an example of the service not promoting a culture of openness and empowerment.

Staff received training from an external training provider. However, staff were not encouraged to be championing quality care for people living with dementia in order to improve their quality of life. The registered manager was not aware of the Care Certificate training to develop staff's knowledge and skills. This was another example of the registered manager's lack of awareness and keeping up to date on topics related to health and social care services.

The local authority commissioners responsible for the funding of some people's care that use the service had carried out a quality monitoring visits in March and April 2016. The registered manager shared the report with us, where the local authority had identified a number of issues which required improvements to meet their contractual agreement. The issues identified were similar to those we found regarding people's safety, personalised care and the management of the service. The registered manager told us that they were still making the required improvements and were unable to confirm a target date to achieve this. This was another example of the service that was not well managed.

We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider's governance of the service was ineffective and not well managed. That meant the health, wellbeing and safety of people who used the service and staff was put at risk.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were at risk of receiving inconsistent care or not receiving the care they needed. People's needs were not regularly assessed or reviewed and their care plans were not always reflective of their current needs. This was a breach of Regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises, equipment and the environment were not safe, clean or properly maintained, which put people's health and safety at risk. This was a breach of Regulation 15 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service was not well managed and there was a of lack informed leadership. The systems to monitor the quality of service were fragmented and as a result put the health, wellbeing and safety of people who used the service and staff at risk. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We issued a warning notice against the provider.