

Pribreak Limited

# Mount Pleasant Residential 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?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on the 23 May 2016 and was unannounced.

Mount Pleasant is a residential home that is privately run and close to the rural village of Norley. The service is based over two floors and is registered to provide care and accommodation to up to 24 people. At the time of the inspection, 20 people were living at the service.

At the last inspection on 1 December 2015 we found that there were a number of improvements needed in relation to the management of medicines, staff support and training, record-keeping and quality management. We issued the provider with three warning notices because they had failed to meet the relevant requirements and improvements noted following the previous inspection carried out on 3 June 2015. We instructed the registered provider to meet all relevant legal requirements by 7 May 2016.

We also placed the service into special measures by CQC. This inspection found that there was enough improvement to take the provider out of special measures.

Whilst we found a number of improvements in most areas, the registered provider had not demonstrated full compliance with the Health and Social care Act 2008 (regulated activities) 2014. You can see what action we have told the provider to take at the end of this report.

The service does not have a 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 of the health and social care act 2008 and associated regulations about how the service is run. Since the last inspection a new manager has been appointed. An application an application to become registered with the Care Quality Commission has been submitted.

People received support with their medication. There were errors in the recording on people's medication administration records so we did not know whether people had received their medication as prescribed. Care plans relating to PRN (as required) medication were not in place for staff guidance. This issue had not been addressed following the last inspection. This meant that there was a risk that people could be administered more medication than required.

People told us that staff knew them well and that they care was "Just as they liked it". Care plans and risk assessments were in place but they were not personalised to reflect people's individual preferences. The manager had started to review the documentation. Supplementary records including food and fluid charts contained more detail than on the last inspection. However, they were not always completed on a regular basis and therefore did not accurately reflect a person's care on that day.

Staff sought the consent of people prior to support being provided. Care plans indicated a person's ability

to consent around specific areas of their care. However, there was no assessment of people's mental capacity to make a decision and how decisions made in their best interests were considered. None of the staff had received training in the mental capacity act or deprivation liberty standards (DoLS). We made a recommendation that staff received training as a matter of priority.

The manager and the registered provider were working with staff each day to observe and monitor practice. They had already identified a number of issues and were taking remedial action. They also spoke with people and families to seek their opinions. However, the formal quality assurance system at the service needs further improvement to ensure that people who use the service are protected from harm or unsafe care.

Staff felt that they were not always able to respond to people as quickly as they would like. They also gave examples of where they had to leave someone in order to assist another member of staff.

People said that staff tried to respond to their requests and were only delayed if they were busy. We made a recommendation that the registered provider review staffing levels to ensure there were adequate staff on duty to meet a person's needs.

Improvements had been made to ensure that people were kept safe within the service. People had access to call bells to allow them to raise an alarm in the event of an emergency. The temperature of water was being monitored to ensure that people were not at risk of scolding. Risks to health and safety been identified by the service. Each accident or incident was reviewed to identify the risk or changes that were required to people's care. Improvements could be made to the overall analysis of accidents and instances to ensure the trends across the service were identified and appropriate changes made.

People felt safe at the service and told us that staff knew how to look after them and gave them the help that they needed. Relatives informed us that staff were kind and attentive and kept them up to date with any concerns. People and their relatives told us that they had never had any cause to raise concern or to make a complaint.

Mealtime experience was positive for people. The dining room was relaxed and people thoroughly enjoyed the food that they had. Staff treated people with dignity and respect and promoted choice and independence.

The manager had undertaken supervision with all the staff to establish what skills and knowledge they required in order to support people safely. Staff had started a program of training to ensure that they were competent and confident employees.

The previous manager had reviewed policies and procedures to ensure that they reflected current practice law and legislation. The registered provider was in the process of reviewing these documents with the new manager to ensure that they were satisfactory and met the needs of the service. These would then be communicated to staff and people who use the service.

People were cared for by staff that had been deemed of suitable character to work within the service. The registered provider had continued to implement safe systems of recruitment and appropriate checks had been completed with the disclosure and barring service

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

We always ask the following five questions of services.

### Is the service safe?

The service was not completely safe.

Improvements needed to be made to ensure that people received their medication as prescribed.

Risk assessments were in place to support staff in providing safe care. However, these were inconsistent in their content. Accidents and incidents were reported and the risks to individuals' reviewed.

Staff knew how to keep people safe and were aware of how to report concerns. People felt safe and secure. They were supported by staff deemed of suitable character to work in the service.

**Requires Improvement** ●

### Is the service effective?

The service was not fully effective.

Staff did not follow the requirements the Mental Capacity Act 2005 to ensure that they assessed a person's capacity to make decisions about their care.

Staff had received supervision and training had commenced to ensure that they were competent and confident in their roles.

People were supported to ensure that their health needs were met and this included the provision of adequate diet and fluids.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Without fail, everyone we spoke to said that the staff were kind, caring and attentive to people's needs.

Staff knew people well and treated them with dignity and respect. A person's privacy and confidentiality was respected.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not fully responsive.

Whilst staff knew people well and provided personalised care, this was not adequately documented. This meant that staff less familiar with a person would not be able to provide support in line with a person's wishes.

An accurate record was not kept of the care and monitoring that was given by staff each day. This posed the risk that a person may not have the right level of care and treatment.

People said that they had no complaints about the service but were confident that any issues would be resolved.

### **Is the service well-led?**

The service was not well led.

There had been another change in manager and this person has applied to become the registered manager.

The systems in place to monitor the quality and safety of the service were still not robust.

People and staff were confident that improvements were being made by the manager.

**Requires Improvement** 

# Mount Pleasant Residential 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 23 May 2016 and was unannounced. The inspection team consisted of an adult social care inspector.

Prior to the inspection, we reviewed the information that the provider had given as following the last inspection. We also looked at the information provided by the local authority, safeguarding team and commissioning team. We reviewed information we held about the service including the previous reports, notifications, complaints any safeguarding concerns. An notification is information about important events which the service is required by law to send to us.

As part of the inspection we spoke with eight of the people living at the service, five relatives, one visiting professional, six staff and the registered provider.

We also observed staff supporting people throughout the day.

We reviewed documentation relating to people who used the service. We looked at six care plans, five people's supplementary records, the medication records of 13 people, two staff files, training information, policies and procedures and other documentation relation to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person said "I feel safe here and the staff are very kind to me", and another said "Staff are always on hand to make sure I am safe". Relatives informed us that they never had any cause for concern about the safety of their family member and that they left them "In good hands".

At the inspection in November 2015 we identified breaches of Regulation 12 and 17 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014 as the provider did not have effective systems in place to identify and assess the risks to health and safety of people who used the service. We issued the registered provider with warning notices. On this inspection, we found that the registered provider had made some improvements.

The registered provider had a policy and procedure in place to review and monitor accidents and incidents. Records for both people and staff were kept through the use of an accident book. There was evidence that each incident was reviewed by the manager in order to look at what had occurred and what could be put in place to minimise the risks of it occurring again. We saw that where a person had fallen, consideration had been given to ways of making them safer. Where a medication error had occurred, there was evidence of an immediate call to the GP, an investigation and re-training for the staff concerned. However, there was no evidence to support a wider and more detailed review of incidents and accidents taking place. It is important to review this information in order to highlight any improvements that can be made within the service. The manager spoke to us about her intent to introduce an audit tool that would look at the time, location and circumstances of any accident in order to identify themes and trends across the service.

People's basic needs were assessed and where risks were identified there was a management plan in place. Assessments included risks associated with skin integrity, nutrition and hydration and falls. Some of the information contained in these assessments was limited and did not give staff detailed guidance as to how to support and monitor that person in order to minimise risk of harm. For example, we found that the risk assessments for people at risk of developing a pressure ulcer simply stated that they were to be repositioned "regularly"; but with no instruction as to what this entailed.

The registered provider had introduced a recognised tool to monitor the risk of malnutrition (Malnutrition Universal Screening Tool) in November 2015 but these had not been updated monthly to reflect changes in a person's condition. However, other risks were clearly defined. For example; a person insisted on having the footplates removed from their wheelchair so there were clear instructions for staff as to how to safely move the person. A number of people took Warfarin. This medication caused an increased risk of bleeding or bruising; risk assessments were in place that alerted staff to this and assisted them to provide safe care.

A number of people were at risk of falls and there were management plans in place to determine what changes needed to be made to minimise these risks. Steps had been taken such as the use of alarmed pressure mats and cushions to enable staff to know when a person had got up. A relative told us "My (relative) will just not ask for help and so this allows staff to know when they are on the move and get to

them quickly".

Previously we found that sufficient checks were not made on pressure relieving equipment. On this inspection, the service had an assessment in place for two of the three mattresses in use to establish the correct pressure levels required. The latter had only been put in place the day before. There was also no supporting evidence to identify that mattresses were checked to ensure that they were working or set correctly. This meant that people were at further risk of developing skin problems if the settings were incorrect or faults were not identified and corrected quickly. As these had been supplied by the community nursing service, they were responsible to ensure that staff at the service were competent in the monitoring and use of the mattresses. We asked the manager to contact the community nursing service and ensure that this was done as a matter of urgency.

In November 2015, we were concerned that water temperatures had not been monitored by the registered provider and thermometers were not in place in the bathrooms. On this inspection we found that thermometers had been purchased and placed in the bathrooms. Staff confirmed that they were using these and were aware of the maximum safe temperature of the water. However, they were not recording this to demonstrate that the required checks had taken place.

Previously pull cords for the call alarm systems were not in place in bathrooms, toilets and a number of bedrooms. Now, all bathrooms and toilets had a pull cord accessible to people. Each person had one in the bedroom and cords were of sufficient length to allow them to be moved between chair and bed. Therefore, people were able to raise an alarm in the event of an emergency to gain the attention of staff on duty.

Excess medication or items that would not fit in the medication trolley were stored safely in a locked cupboard. We raised concerns with the manager at the last inspection over the temperature of the cupboard and so it had been relocated. Each person's medication was clearly labelled in an individual named basket for ease of identification. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines.

Medication was managed and administered by the senior care staff. Records showed which staff had completed relevant training and been assessed as competent to administer medication.

Medication administration record sheets (MARs) were not always properly completed. We looked at the records kept for thirteen people at the service and saw that there were issues with ten of these records. There were missing signatures on some MARs and it was unclear, in some cases, if medicines had been given or not on those occasions. The quantities of medicine received into the home, or brought forward from the previous month had not always been accurately recorded. This made it impossible to calculate how much medication should be present and therefore whether or not medicines had been given correctly. From some records, we were able to demonstrate that some medicines had been signed for but not actually been given, whilst others had been given, but not signed for. The health of people living in the home is placed at unnecessary risk of harm when medicines records are inaccurate.

On the last inspection we highlighted that there was a risk that people did not always receive their medication as prescribed. This was because care plans for PRN (as required) medication were not in place for staff guidance.

Some people were prescribed medicines to be taken only when required, for example, painkillers. We found there was not enough information available to guide staff when these medicines should be given. It is important that this information is recorded and readily available to ensure people are given their medicines



safely, consistently and with regard to their individual needs and preferences. In some cases, where a variable dose was prescribed, there was no guidance as to how much medicine should be given. Staff failed to record what had been administered if a dose was variable. This meant that people could be administered more medication than recommended over a set time period.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not ensured the proper and safe management of medicines.

We observed staff practised a person centred approach to administering medication. One person required their medication to be given at a specific time and they became anxious if it was even a few minutes late. Alarms had been purchased to alert and remind staff when this was due. People were offered a choice of where and when they would like to have their medication and staff supported people at their own pace. Important information about people's medication, including what the medication was for and any possible side effects was kept within the medication records.

People told us that staff usually came to them promptly. If there was a delay they said this was because "Staff were really busy and rushed off their feet". Staff told us that they felt they could not meet everyone's needs promptly in the morning as only two staff were on shift and a number of people now required two care staff to support them. Lunch times were also busy times even though there was an additional staff member available. We observed a staff member having to answer a call bell whilst in the middle of assisting someone with a meal and they were 10 minutes before they returned. They had been required to assist someone to the toilet as the other two staff were getting someone ready to come to the dining room. The registered provider had recognised this and was reviewing staff deployment and shift patterns. A decision had already been made to replace the deputy role with additional care staff and recruitment was underway.

We recommend the registered provider develops a systematic approach to determine the number of staff required in order to meet the needs of people using the service and keep them safe at all times.

The registered provider had implemented safe procedures for recruiting staff. We viewed the recruitment records of one new team member and saw that appropriate checks had been completed including the Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured that staff were of suitable character to work with vulnerable people.

Staff told us they had completed a DVD learning programme on safeguarding adults and records confirmed this. Staff knew what abuse meant and they knew how to report concerns they had about people's safety. They told us they would need to report concerns to the manager or registered provider. They also were aware that they could raise concerns with the local authority or the Care Quality Commission (CQC).

We found that the premises was not visibly clean in parts and other areas required remedial work such as replacement grouting, tiles and flooring. Some equipment was also rusty and dirty and consideration needed to be given to replacing this. Attention also needed to be paid to ensuring that soiled waste and dressings were disposed of in a timely manner from a person's room.

On the last inspection we saw certificates to show that there had been routine servicing and inspections carried out on items such as hoists, electrical and gas installation. These were not due for renewal until June 2016. Service contracts were in place so that these were renewed in line with safety and manufacturers guidance. The service had ensured that water tanks had been flushed in line with Health and Safety guidance in December 2015 and the next Legionella assessment was planned for later this month.

## Is the service effective?

### Our findings

People were complimentary about the food and snacks that they received. One person told us "The food is excellent here; just as good as I could have done!" Kitchen staff told us that they cater for a variety of needs and always try to meet special requests from people.

Previously we had concerns regarding the training, supervision, appraisal that staff received to ensure they had the appropriate knowledge and skills for their roles. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) 2014 and we issued a warning notice. We found that there were some areas where progress had been demonstrated.

The current manager had ensured that they had already met on a one-one basis with all of the staff to carry out an initial supervision and to start to identify staffs training and development needs. They had also observed staff practice to highlight areas of improvement for each staff member such as moving and handling and medication management.

A programme of DVD training had been put in place that covered all essential training and staff confirmed that they were working through the modules. The manager was able to evaluate a person's assessment results and, if they had only achieved a low pass rate, used this to identify on-going training needs. Staff were prioritising training around safeguarding, personalised care, moving and handling theory. Some staff had been enrolled to complete the care certificate and registered for a Diploma in Health and Social Care (QCF). Staff were expected to do in their personal time and one told us "Life outside work does not always allow for this". The requirement for staff to compete both at the same time was under review by the manager. The manager was seeking support from the local authority to ensure that other areas of key training were addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection in November 2015, we recommended that the registered provider improved the procedures, documentation and recording systems in place to ensure that the Mental Capacity Act 2005 was fully implemented. We checked again 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. Whilst we saw that some improvements had been made, staff knowledge of the MCA and DoLS principles was still limited and records showed that training had still not been completed in this area.

The manager had some understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). It was clear from what we observed that staff asked people for their consent before carrying out any activities. Staff asked people for their permission before undertaking care tasks such as moving and handling and entering bedrooms. Staff knew that they needed to assist people to make choices where possible. People told us staff always asked their permission before they did anything for or to them. Staff respected and understood the need to gain people's consent to the care they received. Staff were aware of people's right to refuse their proposed interventions, and told us they respected this. Where able, people were asked to sign to indicate their consent, for example, with their care plans and for having their photograph taken.

There was evidence that a person's mental capacity had been considered in a number of areas relating to their care and support. However, there was not an assessment in place to provide the evidence of how or why a conclusion or decision had been reached in regards to the capacity to make a specific decision. Where restrictions such as bedrails were used there was a risk assessment in place to explain why they were used but it did not evidence which less restrictive alternatives had been considered. There was no evidence that informed consent had been sought and simply a statement that it was in person's best interest decision. There was no evidence that any consideration had been given to whether it met the threshold for DoLS.

The manager demonstrated that applications had been made to the local authority on behalf of people in relation to Deprivation of Liberty Safeguard (DoLS) authorisations. None had yet been authorised.

We recommend that all staff receive training in the MCA and DoLS to ensure that they apply the principles of MCA assessment and decision making in line with the code of practice.

One person said "Meals are the highlight; it is smashing home cooked food". The mealtime experience was a positive experience for people. The atmosphere in the dining room was calm and relaxed and people were offered a choice of where they preferred to sit and with whom. Tables were well presented with a choice of condiments available for people to use independently. Meals served looked appetising and well-presented and there were alternative choices available for people. Staff were available to provide support to those who required assistance with their meals.

We spoke to a visiting health care professional who told us that "Staff here are great and they always contact the surgery if they are concerned". Appropriate referrals for people were made to other health and social care services. Staff identified people who required specialist input from external health care services, such as GP's and District nurses. Staff were knowledgeable about the care and support people needed. They had an understanding of a person's health conditions and how this affected them. One person needed to be promoted to take their blood glucose readings each day and any significant changes reported to the surgery. We saw that this was done as required and staff understood the implications of raised or lower blood glucose on a person's health. Staff explained their role and responsibilities and how they would report any concerns they had about a person's health or wellbeing. Discussions with people and the staff who supported them confirmed that routine healthcare appointments had been attended to keep them healthy. We also observed staff proactively manage a situation where a person was concerned about their health and ensured that the GP visited that day.

# Is the service caring?

## Our findings

People told us that the staff were respectful and polite in their approach. Comments shared included ""The staff are kind and attentive and look after you well", "The girls [staff] give all the care that is needed, and I would be the first to complain if it wasn't" and "I have really not been well over the last few weeks but the staff have been brilliant and make sure that I am taking my bed rest".

People and their relatives made comment such as the "Thing I like most is that this place is "Home from home" and "It is welcoming and so homely". A relative told us that they had looked around other homes in the areas but this was the only one "That felt right". People stressed to us the importance of having staff that knew people well and relatives said "The care staff have been here for years so there is great continuity of care for my [relative]", " It is the sign of a happy place when staff want to stay here so long".

Staff had a good knowledge and understanding of how people wanted their care to be provided. We saw that staff supported people in way that demonstrated patience and care. One person had been upset since the morning as they felt unwell. Staff had called for the doctor but in the interim spent time with the person gently reminding them of this and not showing any impatience at repetitive nature of their request.

People were treated with dignity and respect. Staff told us "The person always has to come first". We saw that staff spoke to people with respect and did not talk about personal issues in front of others. We saw that where a person might not be able to uphold their own dignity, staff considered how they could do this. For example, discussion was held with a family about the purchase of more suitable clothing as their relative had started to unbutton their shirts and expose them.

Practice we observed showed that people were encouraged by staff to be as independent as possible. People told us that staff gave them time to try to wash and dress themselves as far as possible. Others had been provided with equipment such as perching stools to make it easier for them to carry out personal care for themselves at the sink. A relative confirmed that the "Change in [relative] has been remarkable and they have gained confidence with the support of the staff".

Staff knew what interested people and this helped them engage in conversation with people. We heard staff talk with a person about their family visit at the weekend and they showed an interest in what was going on in the person's life. People were relaxed, happy and cheerful throughout our visit and there was good staff interaction.

People had also been encouraged to develop friendships within their peer group. During our visit we saw a group of people sitting with a glass of wine and snacks, playing dominoes and teasing each other about who was "The best at cheating!"

Visitors told us they were always made welcome at any time of the day. One visiting relative said, "I can visit my relative whenever I want, and I often come for a meal". Others told us that they were always made to feel welcome whenever they visited.

We saw that each person had their own bedroom which they had personalised with items such as family photographs, ornaments and their own furniture. Each person had a key and was able to keep their room locked and secure if they wished.

## Is the service responsive?

### Our findings

People made comments such as "The staff here are great and they make sure that I get anything that I need", "They always help me when I ask" and "I am quite independent but I am reassured that they are on hand". Visitors told us that "Staff are very attentive" and "They know all my relatives little idiosyncrasies".

On the previous two inspections, we had concerns regarding the lack of accurate and complete records in respect of people who used the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our visits we issued a warning notice to the provider to ensure that records were reviewed and updated to meet the needs of people supported. We found that whilst some improvement had been demonstrated further action was still required.

Through discussions we found that staff had an understanding and good awareness of the support required for people but this was not always demonstrated in the care plan documentation. We saw staff spent time chatting with people and responding to people's needs and requests for assistance in an individualised way.

The care plans at the service had been reviewed following the last inspection and they outlined the basic care required. However, they were not detailed enough for staff, unfamiliar with a person, to be able to provide personalised support. For example they contained generalised statements such as: "Monitor skin on all areas" or "Full assistance with personal care". Some care plans had not been reviewed since March 2016 and so there was a risk that they were not an accurate reflection of the support a person required. For example: one person's moving and handling assessment had been completed in November 2015, since then their needs had changed and they were no longer independently mobile. Staff were aware of this and observed providing the right level of support and monitoring; but this was not recorded. This meant that someone not familiar with the person could provide the wrong level of support.

The current manager had started to review the care plans to bring them up to date and to make them more personalised. One family member confirmed that they had met with the manager and their relative to discuss her needs and preferences, "Right down to how long they like to have their nails kept". We looked at two of the care plans in progress and found them to be more detailed and outcome focused.

A chart was in place for staff to document the day to day care as well as the specific monitoring of things such as dietary and fluid intake and repositioning. Daily records had one entry in any 24 hour period but did not fully detail care offered or provided throughout the course of the day and night.

The monitoring charts were not always completed. For example; on the 14 May 2016 a person was only noted to have drunk 200 mls of tea at 6 am and 200 mls at 8pm. On the day of the inspection there were no entries completed although the person had been observed having drinks throughout the day. This meant that records did not accurately reflect what the person had drunk during the day. Staff were not aware of the recommended daily intake and did not analyse consumption on a daily basis. Repositioning charts were also not completed in line with the care plans for example: a person required 2 hourly pressure reliefs but

records on the day of the inspection 23 May 2016 suggested that they had not been moved since 7 am; but we observed the person in bed, later in their chair and they had gone to the bathroom. Staff told us that they sometimes did not complete their records until the end of a shift. This meant that they may not accurately recall what had taken place. The monitoring charts were not checked or monitored in order to analyse and utilise the information to make decision on care, support or medical assessment. Consequently the right level of care, treatment and support might not be delivered to people who used the service. The manager had already highlighted this as an issue and had written to all staff about the importance of documentation. Continued non-compliance was to result in performance management.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not ensure that they maintained an accurate, complete and contemporaneous record in regards to each person.

There was no person at the service responsible to ensuring that people remained active and stimulated throughout the day. People told us that "We make our own entertainment" and "Have the odd quiz or game". The manager informed us that this was an area of care and support that she had identified as requiring improvement. A new staff member had been identified as having suitable skills and it was hoped that they would take on this responsibility once they started at the service.

People and relatives told us that they were happy with the support and that they "Rarely had to make any complaints". We saw that there had been one complaint made by a person since the last inspection. This had been fully investigated and there was evidence of remedial action having been taken as a result. The previous manager had updated the complaints policy and this was to be distributed to everybody once the registered provider had approved it.

## Is the service well-led?

### Our findings

At this inspection, there was not a manager in post who was registered with the Care Quality Commission. The previous manager had left at the end of March 2016. The current manager only took up this position three weeks prior to the inspection but had already submitted their application to be registered with the CQC. We had been informed in a timely manner about the changes within the service.

Previously we had concerns that the registered provider did not have effective systems and processes in place to monitor and improve the quality and safety of the service. Following the last inspection we issued a warning notice for a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good Governance. On this inspection, we found that some improvements had been made.

The quality assurance system at the service was previously deemed to be ineffective and issues found on inspection had not been identified by the registered provider.

The previous manager had been responsible for completing an internal inspection and audit schedule followed by the completion of an overview report of their findings for the provider. The audit consisted of checks across a number of different areas throughout the year such as safeguarding, staff training, fire safety and water safety.

We found some evidence that audits had been completed. A review had taken place in February 2016 of the action plan set by the registered provider following the last CQC inspection. However, the registered provider and the current manager informed us that they could not locate all of the audits completed by the previous manager.

The manager had been working with staff observing care and practice. She had already identified a number of areas where improvement was required to ensure that care was safe and effective. She has noted issues with the recording and administration of medicines as well as with evidencing what support had been provided to a person. This has been communicated to staff in handover and staff had also been sent a letter reminding them of their duties and responsibilities. She had also purchased a new hoist and was in the processes of reviewing all other equipment to ensure it was fit for purpose.

The registered provider was at the service every day and often assisted with meals and care. They observed what was occurring on a daily basis. This meant that they were aware of any shortfalls in the service provided to people. However, they did not carry out a formal review of quality and safety in order to assess, monitor and improve the overall service provision.

The review of policies and procedures had been commenced by the previous manager but these had not yet been agreed by the registered provider. The current manager had started to review of these policies herself to be assured that they were reflected current guidance and legislation.

There had not been any meetings held since the last inspection. Therefore people who used the service,



relatives and staff had not been kept up to date with any changes. Their feedback on the quality of the care and other matters of concern had not been sought.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because there were no robust systems in place to monitor the quality and effectiveness of the service.

The service had continued to submit the required notification to the CQC around key events that occurred to a person or within the service. The registered provider and the manager were aware of their responsibilities in regards to notifications.

People and visitors were aware of the previous CQC reports and aware of the concerns that had been identified at the last CQC inspection. The previous rating of "inadequate" was displayed as a copy of the report available on the notice board in the entrance. One relative commented "We have read the reports, but the care has always come out good and that is all that I am concerned about". Another said "I know that things need to improve to bring the home up to speed but the care is faultless". Most of the people that we spoke to were aware of the recent changes in the management team. Relatives saw the change as a positive one and hoped that the manager would be able to bring about the required changes "To satisfy the CQC".

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 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had not ensured the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not have robust systems in place to monitor the quality and effectiveness of the service. There was also not a complete, accurate and contemporaneous record kept in respect of each person.