People in Care Ltd

Church View Residential Home

Inspection report

Church Street
Oswaldtwistle
Lancashire
BB5 3QA
Tel: 01254 381652
Website:

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Inadequate
Is the service caring?	Requires improvement
Is the service responsive?	Inadequate
Is the service well-led?	Inadequate

Overall summary

We previously visited the service on 3 January and found evidence of a breach of regulation 13 management of medicines as well as regulation 18 consent to care and treatment. We revisited the service on 19 June 2014 and found evidence of an ongoing breach of regulation for regulation 13 management of medicines as well as regulation 18 consent to care and treatment.

We carried out an unannounced inspection on the 5 and 10 March 2015 which meant the provider and staff did not know we were coming.

Church View Residential Home is registered to provide care for up to 30 older people. The home was providing

Summary of findings

care for older people including people living with a dementia; the home does not provide nursing care. The registration requirements for the provider stated the home should have a registered manager in place.

There was no registered manager in post on the day of our inspection. The Care Quality Commission has received an application from the home manager to register as 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.

We checked the medication administration records and noted recording of medication had improved since our last inspection. However, there were still gaps in the records with no evidence documented why the gaps were evident. We checked the provider's medication policy and guidance that stated any omissions in medications should be recorded on the chart. The provider had details of temperature recordings for the clinic room and the fridge temperature. Records indicated improvement in their recording since our last inspection. Although we noted that for 21 days staff had recorded that the fridge thermometer was 'broken' and no action to remedy this had been taken.

We asked people who used the service if they felt safe in the home. We received mixed feedback. We were made aware of a recent safeguarding incident with one person who used the service; however the manager had not been aware of this.

During or inspection we were made aware of specific infection control measures that were in place for one person who used the service. The staff and manager we spoke with were able to discuss effective measure to take protect people. However we identified some concerns. Some bedrooms we looked at required cleaning. One of the bedrooms had an opened toothpaste tube left on the sink with toothpaste spilling out of it and a shower room was noted to have a dirty soap tray. We saw windows were dusty and dirty and the manager told us these had not been cleaned recently.

Staff told us, they were under pressure with the current staffing levels. We were told if a person needed to be escorted to an appointment additional staff would be allocated. Staff told us they did not often have time to sit with people and talk during the day.

We looked in the care files for seven people who used the service to check if people had signed or agreed to their care and treatment. We saw completed consent forms.

We spoke with staff about their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS). Staff we spoke with demonstrated limited understanding of the MCA and required guidance on the DoLS. The manager confirmed staff required further training to increase their knowledge of MCA and DoLS.

People told us drinks and snacks were available throughout the day. A hot drink of their choice was offered to them at bedtime, and that staff knew how they 'took their cup of tea'. We observed hot drinks being offered to people who used the service. Meals were attractively served and portion sizes were adequate. People were seen to be supported by staff with their meals when required, however we noted little meaningful conversation taking place and one staff member carried out another activity whilst supporting someone with their meal.

Staff told us about the training they had received such as first aid, infection control, administration of medicines, moving and handling, dementia awareness, mental health, MCA and DoLS and end of life care. We saw the relevant training certificates in the staff files we looked at and noted staff had been supported to undertake NVQ level three in care.

We undertook a tour of the building. We looked in people's bedrooms and saw some had been nicely decorated and had evidence of personal items and mementoes in them. However we also noted some of the bedrooms required updating and dimly lit. We looked in people's ensuites in their bedrooms and saw a grab rail had cracked paint and there were exposed pipes that had evidence of cracking paint under the sinks. We noted these had brown markings on them consistent with rusting.

Summary of findings

We spoke with people who used the service about the care they received in the home. We received some positive feedback. One person told us, “The staff are lovely they treat me very nice. They are all very kind.”

During care activities and interactions we observed staff responded appropriately to maintain dignity which would ensure people’s privacy. Staff were able to discuss the actions they would take when carrying our personal care such as closing curtains and ensuring people remain covered.

However some visiting relatives expressed concern about the care people received in the home. A relative told us they had noted one person was seen to be more unkempt in the last few months and we noted their clothing was stained with old food. We were told that they had concerns for the wellbeing of this person and that plans to involve family members to discuss those concerns was to be commenced. Another relative we spoke with told us they did not think the home would pass the ‘Mum’s test.’ Systems to ensure people were cared for safely and effectively were lacking.

The manager told us there was nothing in place at present for dementia strategies and reported not all of the staff had received dementia training and felt advanced training for staff was required.

We spoke with one staff member who had recently been recruited as the activities co-ordinator as well as providing care. We were told this person had been commenced on an, ‘activities for dementia’ course. We were told activities were offered four times per week which included bingo, word search and DVD movie days. We were told there were plans in place to organise a trip to a local farm for people.

We did not see any evidence of personal and meaningful activities taking place on the day of our inspection and the activities co-ordinator had been taken of care duties on the day of our inspection due to staff sickness.

We asked about the care files for people who used the service. Staff told us the care plans were reviewed monthly. We looked at the care records for seven people who used the service and saw they were appropriate and included descriptions of the support required to meet people’s individual needs. However we noted one person’s care file had no details relating to care plans and risks assessments in place to guide staff on their needs.

We looked at notice boards in the public areas of the home. We saw people who used the service, visitors and staff had access to relevant information such as, fire alarm tests previous inspection reports and access to advocacy services.

We asked people who used the service and visiting relatives about the management arrangements in the home. We received some positive feedback. People confirmed they knew who the new manager was and felt confident they could discuss any concerns they may have.

We saw monthly audits had taken place recently for dependency levels, medication, care plans, accidents, weights, the kitchen, health and safety. There were also audits on personal care daily checks. These included getting up and going to bed, hair nails and teeth, but these had not been completed in full. However inconsistencies were seen they were incomplete and there were gaps in the recording.

We were shown a copy of the service user guide and the provider’s statement of purpose. We were told people were given copies of the service user guide and we saw a copy of the statement of purpose and the service user guide on display in a public area of the home.

During this inspection we identified breaches of regulations; 9, 11, 12, 13, 14, 15, 17 and 18. You can see what action we told the provider to take at the back of the full version of the report.

We have also made a recommendation about recognised training for staff is sourced to ensure staff have the knowledge and skills on MCA and DoLS to care for people effectively in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

We discussed a concern with the manager that had been raised to us by one person who used the service.

We observed the medication round and noted administration and documentation was ineffective. A medication had been stored in the fridge which had instructions on it not to be store in the fridge.

Staffing numbers in the home were noted. The manager was unable to demonstrate the use of a staffing needs analysis to ensure adequate numbers of staff were in place.

Is the service effective?

Inadequate

The service was not effective.

We found people had signed or agreed to their care and treatment. We saw completed consent forms in the care files.

Staff demonstrated limited understanding of the Mental Capacity Act (MCA) and required guidance on the Deprivation of Liberty Safeguards (DoLS). The manager confirmed staff required further training to increase their knowledge of MCA.

We identified some concerns in relation to the safety and suitability of the premises.

We looked in 26 people's bedrooms and identified in 12 of the bedrooms peoples pillows were lumpy and needed to be replaced.

Is the service caring?

Requires improvement

The service was not consistently caring.

We observed staff responded appropriately to maintain the dignity and privacy for people. Staff were able to describe actions they took as good practice when carrying out personal care to ensure this. Staff were observed supporting people in a caring, patient and unhurried manner.

People living in the home told us they were happy with the care they received. However some visiting relatives expressed concerns about the care people received in the home.

People that required specialist support such as dementia care in the home did not have their needs fully met. Not all of the staff had received dementia training and the manager told us there was nothing in place at present for dementia strategies.

Summary of findings

Is the service responsive?

Inadequate 

The service was not responsive.

One staff member had recently been recruited as the activities co-ordinator. We were told activities were offered four times per week. During our inspection we noted no meaningful activities taking place.

Staff told us the care plans were reviewed monthly. However we noted one person's care file had no details relating to care plans or risks assessments in place to guide staff on their needs.

Is the service well-led?

Inadequate 

The service was not well led.

People confirmed they knew who the new manager was and felt confident they could discuss any concerns they may have with her.

We were told relative and team meetings were taking place and we saw evidence or minutes from team meetings on display in the home. However records were dated some time before or inspection.

We saw evidence of inconsistent records that related to daily the handovers, audits on personal care and medications. Records had not been completed in full.

Church View 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 5 and 10 March 2015 and was an unannounced inspection which meant the provider and staff did not know we were coming.

The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we had carried out unannounced inspection on 19 June 2014 and found a breach of regulation 13, management of medicines. The provider sent us an action plan to tell us how they would ensure people using the service were safe because medication were administered, stored, recorded and disposed of safely. We reviewed this regulation as part of this inspection to check if the provider had met the requirements of the regulation.

Prior to our inspection we reviewed information we held about the provider including notifications which the service provider has a duty to send us, concerns, comments and safeguarding information.

During our inspection we spoke with six staff members including, care staff, the chef and the home manager. We also spoke with seven people who used the service, seven visiting family members and a visiting health care professional. We received information from the local authority commissioners for the home.

We spent some time observing care and staff interactions with people who used the service in the communal areas of the home. We looked at the care records for seven people who used the service and other documents which included medication administration sheets, staffing rotas, training records, audits and quality monitoring, records of incidents and accidents and safeguarding.

Inadequate

Is the service safe?

Our findings

We previously visited the service on 3 January and 19 June 2014 and found evidence of a breach of regulation for regulation 13 management of medicines. This was because provider did not have appropriate arrangements in place to manage the safe administration of medicine. We asked the provider to send us an action plan on how they would ensure this regulation was met. We visited the service on 5 and 10 March 2015 and followed up our concerns that had been noted during our last inspections.

During this inspection we spoke with relatives about the medications in the home. A relative of one person who used the service told us their relative had not had their regular medication for 'a couple of days'. They told us this was because the home had no stock of it. We asked one of the staff members about this who told us they had 'run out of this medication but that it had now been delivered to the home'. We looked at this person's medication administration chart and noted that records indicated six days where the provider was waiting for the medication to be delivered. Systems to ensure medications were given to people in a timely manner were lacking. We also noted records identified a medication had been written twice on the medication administration chart and records identified inaccuracies in their recording. Following our inspection we discussed this with the senior carer who confirmed actions would be taken immediately to ensure correct recording of their medication. People who used the service were at risk of unsafe administration of medication because records were not completed accurately or safely.

We looked at the training records for staff in the home and saw evidence of medication training in the staff files we looked at. Staff also indicated they had received the relevant training for medications. There was a training matrix on display in the manager office which detailed the date of training for staff in medications.

We observed the lunch time medication round. The staff member clearly had knowledge of who was receiving medication and informed all people of the medication administration. Staff were seen locking the trolley in between each person and administering the medication individually. We saw the staff member offered one person their medication that had been taken out of the container into the staff member's hand. This would mean risks associated with handling medications such as cross infection would be increased. We noted the staff member also signed the medication chart prior to administration. We asked the staff member about this who told us they, 'always signed the chart prior to administration'. This is not good practice because records would have to be altered if the person declined their medication. We checked the medication administration records and noted recording of medication had improved since our last inspection. Although there were still gaps in their recording with no evidence documented as to why the gaps were evident. We checked the provider's medication policy and guidance that stated any omissions in medications should be recorded on the chart. Systems to ensure records were recorded accurately and in line with guidance were lacking.

We checked one person care file and noted they had been prescribed a medication in 2012 however we saw this had not been reviewed since. Systems to ensure people were protected against the risk associated with the lack of monitoring and review of medication was lacking.

We observed one person who used the service receiving their morning medications at 11:30am. We asked the staff member about this who told us their medications were prescribed for the morning however there was also a timed medication at 11:00am which is when all medications were usually given. We asked the person who used the service who confirmed they always had their medications at this time. We noted on the lunchtime medication round that this person was due one of the same medications that had been given at 11:30am. We observed the staff member commenced the administration. We asked the staff member about this who confirmed that the medication required administration later in the day. People who used the service were at risk of ineffective administration of medications.

We also noted that this person received a medication via an inhaler. The staff member was seen undertaking correct procedures to administer this; however we noted that following the administration the person was not offered the opportunity to wash out their mouth. We discussed this with the home manager who could not confirm if this medication required their mouth to be rinsed after administration.

We observed one person who used the service was receiving a covert medication in a warm drink. We noted the staff member opened the medication capsule and decanted it into the drink. We asked the staff member

Is the service safe?

about this who could not confirm if this had been discussed with the pharmacist to ensure this medication could be removed from the capsule. We looked in this persons care file and saw a fax communication from the GP giving permission for the medication to be taken in a warm drink However there was no indication that the person was not made aware of this practice, and the reasons as to why they needed the medication to be administered covertly in their best interests.

We looked in the treatment room and saw the room had been locked and the medication trolley was secured safely to the wall. This would ensure medications were stored safely to protect people who used the service as well as visitors to the home. Guidance for staff to follow such as how to witness controlled drugs was on display in the clinic room for staff to follow. We noted staff had access to documentation on medications in a folder as well as a nationally recognised book that detailed medications including storage, side effects and doses, we noted, however this was dated 2011. This would mean a more up to date version could be available ensuring staff had access to relevant and up to date information on people's prescribed medications.

We checked the controlled drugs cupboard and saw medication counts had taken place and controlled medicines were stored in line with guidance for their storage. The provider had details of temperature recordings for the clinic room and the fridge temperature. Records indicated improvement in their recording since our last inspection. However we noted that for 21 days staff had recorded that the fridge thermometer was 'broken'. We could not see evidence of actions taken in response to this. This meant the recording to temperature's to ensure medication were stored safely and at the correct temperature were inadequate.

We found that the registered person had not protected people against the risk associated with the unsafe management of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As we have identified a continued breach of regulation we will make sure action is taken. We will report on this when it is complete.

We asked people who used the service if they felt safe in the home. We received mixed feedback. One person told us, "Yes I feel safe. If I want anyone to help there is always someone there." One person told us, "(Name of person) walks about all the time and follows me to my room and tries to get in my room. Only yesterday (Name of person) thumped me in the back. I just stay in my room (Name of person) frightens me; (Name of person) is making my life a misery." We were also told that another person who used the service had, 'pushed them onto their bed and had shouted at them.' We spoke with the home manager about this who told us there had been some safeguarding referrals in relation to incidents in the home but had not been made aware of the most recent incident in relation to this person. The home manager confirmed they would investigate the concerns and refer to the Lancashire County Council safeguarding adult's team.

A visiting relative we spoke with told us, "I visit every day and I have never seen or heard a raised voice from any of the staff." All the visitors confirmed they had never witnessed any bulling or abuse from any of the staff.

We asked the staff about the procedure they would take if they suspected abuse had taken place. One staff member told us, "If I suspected abuse I would report it to the manager. I have read the safeguarding policy."

We had been made aware of some safeguarding concerns prior to our inspection that had been referred to the Lancashire County Councils safeguarding adult's team. We discussed these with the home manager. We saw access the safeguarding procedure was available for staff, visitors and people who used the service in the public areas in the home. This would mean up to date guidance on actions to take if abuse was suspected was available in the home for all to read.

We looked at the safeguarding file in the home. There was a copy of the Lancashire County Councils safeguarding policy and procedure for staff to follow in the event of abuse being suspected. However there was no evidence of any of the recent safeguarding referrals in the file. We discussed these with the home manager who told us they had implemented an investigation form to document safeguarding concerns and we were shown one of these had been commenced. The provider failed to ensure

Inadequate

Is the service safe?

people who used the service were safe and protected against the risk of abuse because systems to ensure accurate recording and effective audit trail of investigations was not in place.

We found that the registered person had failed to ensure suitable arrangements were in place to safeguard people who used the service. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we received concerning information about how the home dealt with infection outbreaks. We discussed these concerns with the manager who told us about the actions that had been taken to safeguarding people who used the service, visitors and staff against the risks associated with inflection. However we were made aware that the home failed to notify visitors to the home of the infection by using a notice on the entrance doorway. Infection control guidance was seen on display in the public areas of the home and we observed staff wearing appropriate protective equipment when undertaking any activity with people living in the home. The manager told us there were plans in place to undertake a deep clean in the home and the cleaning schedule for the home was being reviewed.

We discussed the housekeeping arrangements in the home and the manager told us they had recently employed a new cleaner for the home to work alongside the existing domestic staff. However one staff member told us, “They (The home) could do with more cleaners.”

During or inspection we were made aware of protective measures that were in place for one person who used the service. The staff and manager we spoke with were able to discuss effective measures they took to protect people who used the service and we observed staff undertaking appropriate protective procedures. We asked the manager about whether or not guidance was required to inform people of the special measures in relation to infection control. The manager could not confirm if this was required but told us they would investigate and implement this measure if required. Systems to ensure people are protected from the risk associated with infection control were identified.

We looked around the home in the public areas as well some people bedrooms. Some bedrooms we looked at required cleaning. One of the bedrooms had an opened toothpaste tube left on the sink with toothpaste spilling out of it and a shower room was noted to have a dirty soap tray. We saw windows were dusty and dirty and the manager told us these had not been cleaned recently.

In several of the ensuites we looked at we saw evidence of plastic tubs or pots underneath the pipes behind the sinks. Two of these we saw had a small amount of water in them. We asked the manager about this who could not confirm the reasons why these were in place. One person’s bedroom we looked was noted to have towels on the floor of the ensuite. We asked the staff member about this who told us the toilet had been leaking. We also spoke with the person who used the service about this who said that it had, “Only been like that for two days.” We explored this further with the manager who told us on the second day of our inspection that it had been suggested the water was condensation. It is important that all staff were aware of risks associated with infection control in the home and act on these in a timely manner to protect people who used the service.

We looked at some of the equipment that was available in the home and noted some evidence of rusty, cracked paintwork on them. For example, in one of the public toilets there was a grab rail that had cracked paintwork with evidence of rusty patches underneath this. Two toilet surrounds were also noted to have cracked and rusty patches on them. The manager told us they would ensure these were replaced as soon as possible. The provider failed to ensure staff had access to appropriate equipment to ensure the risk associated with the spread on infection.

We checked the soap dispensers in all the bedrooms, the clinic room and the public areas we looked at. All but one was noted as out of order. The manager could not give an explanation why these were not working but confirmed following our inspection that the batteries needed replacing in all of the dispensers and would replace these as soon as possible. The provider failed to ensure staff had access to appropriate equipment to ensure the risk associated with the spread on infection.

During our inspection we looked in the room where cleaning equipment was stored and we noted this was locked securely when not in use. This would protect people from the risks associated with the chemicals and

Is the service safe?

equipment stored in it. However we noted there was no advice for the storage of mops or buckets on display and we saw mops had been stored head down in the bucket. It important that the provider follows guidance on the appropriate storage of equipment to reduce the risk associated with infection. We observed cleaning taking place in the home on the day of our inspection and we saw a bucket with dirty water was taken into one bedroom to clean it. Systems to ensure people were protected against the risk associated with infection were lacking.

We found that the registered person had failed to ensure people who used the service, staff, and others were protected from the risks associated with infection. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager about the staffing arrangements in the home. We were told that staffing numbers had been increased from three to four staff during the day and that the home was looking at reviewing the shift patterns to have more support late in the evening and early morning. We were told that arrangements to introduce a bank carer list was to be commenced to cover holidays and sickness. We looked at the duty rota for the home and saw that the provider allocated four staff members and the home manager to cover daily shifts with two staff members at night time for up to 30 people who used the service.

We asked whether a staffing needs analysis was completed to confirm appropriate staffing numbers were in place to care for people who used the service. The manager told us this was not being used at the time of our inspection. We discussed the individual needs of people who used the service and how these were safely met. The manager recognised the need for reassessment of people's individual needs was required to ensure enough staff were in place to meet their needs.

We spoke with members of the staff team about the staffing numbers in the home. We were told, "There are enough staff on my shifts and someone comes in early." However other staff told us they were under pressure with the current staffing levels. We were told if a person needed to be escorted to an appointment additional staff would be allocated. Staff said they did not often have time to sit with people and talk during the day. They said, "There is a lack of time to socialise with people." We were also told If a person displayed challenging behaviour it could be hard to provide one to one attention and keep everyone safe.

People who used the service and visiting relatives we spoke with told us there was insufficient staff on duty in the home. One person told us, "They are very pushed especially at night if they have to deal with (Name of person), it can take up a lot of time. They have rung me at night to come in and help sort (Name of person) out." Another said there is, "Definitely not enough staff. I can wait long periods for help because some people here need lots of help."

During our inspection we observed the public areas of the home. We noted staff were visible during the day however we noted on one occasion one person who used the service was shouting for assistance from the staff in one of the lounges for some time. We also noted the dining room was left unsupervised on several occasions during the lunchtime period.

The provider failed to ensure people who used the service were protected from the risks associated with inadequate staffing numbers. This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about the recruitment process they had received when commencing employment with the provider. We were told by a new member of staff that a robust recruitment procedure had taken place. This was confirmed in staff files we looked at which included pre-employment vetting such as Disclosure Barring Service (DBS) checks. The DBS carry out a criminal records and barring check on individuals who intend to work with vulnerable adults to help employers make safer recruitment decisions. We saw a standard interview pro-forma was used and there were details of the induction process which included shadowing opportunities for two weeks. Effective recruitment systems were in place to ensure people were cared for by appropriately recruited staff team.

Risk assessments to ensure people were cared for safely were in place. Examples seen were home risk assessments, fire and individual care files for people who used the

Inadequate

Is the service safe?

service. However we noted in one person's file staff had not completed any risk assessment that would identify potential risks. The manager was able to identify how they would encourage positive risk taking with people in the home. We were told, "We would promote independence where possible and work to reduce risks and involve families."

Inadequate

Is the service effective?

Our findings

We previously visited the service on 19 June 2014 and found evidence of a breach of regulation for regulation 18 consent to care and treatment. This was because provider did not have appropriate arrangements in place for obtaining and acting in accordance with consent. We asked the provider to send us an action plan on how they would ensure regulation was being met. We visited the service on 5 and 10 March 2015 and followed up from our concerns that had been noted during our last inspection.

Prior to our inspection we had received information about people's bedroom doors being locked at night. We discussed this with the manager who told us six people who used the service had requested their bedroom doors to be locked but that people did not need a key to leave their bedrooms and the staff had access to keys for each room. We were told peoples care plans required updating to reflect these changes, however the evacuation plan had been updated to reflect these changes to people's needs and potential risk. Systems to ensure peoples wishes relating to consent for locked bedroom doors were accurately reflected in peoples care plans were ineffective.

We spoke with people living in the home about their bedroom doors One person who used the service told us, "We are locked up like prisoners at night. Staff said to keep my door locked. Last night they told me not to because they had locked another door in the home. The staff come quickly when I press my buzzer." This person told us it had not been their choice to lock their bedroom door. We spoke with other people who used the service who told us they did not have keys to their bedroom doors; however confirmed if they wished they could have their door closed. The provider failed to ensure people who used the service were consulted and gave their consent to decisions about their care.

We looked in the care files for seven people who used the service to check if people had signed or agreed to their care and treatment. We saw completed consent forms in the care files covering access to care plans, photographs, medicines and outings which had been signed by people who used the service.

People who used the service told us, "They (the staff) draw the curtains when they come in to help me. They just knock on the door and walk in they don't wait to be asked in."

People who used the service told us they were not consulted on their choice of staff member for example, a male or female. However we observed staff speaking kindly to people and asking people for their agreement before undertaking activities such as assisting them to another room.

We found that the registered person had failed to ensure suitable arrangements in place for obtaining, and acting in accordance of the consent of people who used the service. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As we have identified a continued breach of regulation we will make sure action is taken. We will report on this when it is complete.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with staff about their understanding of the MCA and DoLS. Staff we spoke with demonstrated limited understanding of the MCA and required guidance on the DoLS. The manager confirmed staff required further training to increase their knowledge of MCA and DoLS. The manager demonstrated an understanding of the MCA and DoLS and was aware or recent changes in legislation to ensure people were not being deprived of liberty unlawfully.

Care records we looked at identified some evidence of DoLS applications in place, however one care file indicated that a DoLS application for this person was required but we could not see evidence that the application process had taken place. The manager told us she was in the process of ensuring all people who required application for DoLS was identified and the process commenced. This would ensure people were protected against the risk associated with a Deprivation of Liberty unlawfully.

Systems to ensure people who used the service received assessments from health professionals were in place. This

was because we explored how people who used the service had access to health professionals to ensure their health care needs were met. We saw in people's care files evidence of the involvement of other professionals such as the dietician and GP and we observed a visit taking place by a GP on the day of our inspection. The GP confirmed the home asked for visits appropriately. We saw evidence of reviews taking place with member of the community mental health team with details on actions taken.

We spoke with people who used the service and relatives about support from health professionals. We were told that they felt, 'happy' that a health professional would be called in if their relative needed it. However one person who used the service told us they had been told they required a visit from a chiropodist but some weeks later they were still waiting. We discussed this with the manager who confirmed these services were regular visitors to the home and people had access to them when required.

We asked people who used the service about the food in the home. People said they, "Enjoyed the food especially at lunch times", but thought that the food offered at tea time could be more varied as sandwiches were provided most days. People told us there was a choice of cooked breakfast as well as cereals and porridge. We observed food to be appetising with adequate portion sizes available.

A visiting family member told us they thought that the food was, "stodgy and that there was not enough fresh fruit and vegetables offered." One person told us. "I bring in healthy food, fresh fruit and fruit juice every day for (my relative). I brought this lack of fresh food up with the owner. I have asked for bananas. I get them once then don't see them again." We discussed this with the manager who told us fresh fruit was available to all people who used the service; however this could not be left out due to associated risks for some people who used the service. The manager said fruit was cut up and offered to people who used the service on alternate days.

We looked around them home and could not see evidence of menus for the day on display in any of the public areas of the home, although there was a menu advertising breakfast in the main entrance to the home. The chef was able to provide details of the meals that had been provided over a four week period and we saw the chef visited people on the day of our inspection asking them their meal choices for the day. People who used the service were offered an alternative if they did not like what was on the menu.

People told us drinks and snacks were available throughout the day and a hot drink of their choice was offered to them at bedtime, and that staff knew how they 'took their cup of tea'. We observed hot drinks being offered to people who used the service during the morning however we did not see any evidence of drinks or glasses in the public areas of the home so that people had access to drinks when they wished. It is important to ensure people have access to drinks during the day to maintain adequate fluids intake.

We observed the kitchen area was clean and tidy. There was a food hatch available for food to be served through in to the dining room; however we noted that staff entered to kitchen to obtain food for people during meal times. This practice would increase infection control risks to people using services. We spoke with the manager about this who told us they had already identified this practice undertaken and that plans were in place to rearrange the dining room furniture, install a code lock on the kitchen door and utilise the kitchen hatch to serve meals.

We observed food to be attractively served and people were seen enjoying their food. During our observation we saw one person was eating in a rushed manner and appeared to be coughing on eating their meal. We checked this person's care file and saw this person required their meals served at a specific consistency, however we noted this person had been offered large pieces of meat with their meal, this was not in line with the guidance seen in their care file. We discussed this with the manager who could not provide an explanation as to why the care plan was not followed for this persons specific needs. The manager confirmed the chef had knowledge of the difference between puree and fork mash diet. The provider failed to ensure people who used the service received their meals in line with guidance, instructions and their individual needs.

We also observed two people being assisted with their meals by staff. One staff member was seen standing over the person and offering little meaningful dialogue with them whilst they ate. Another person was observed standing over the person whilst spooning food into their mouth. We noted the staff member left this person unsupervised during this activity to undertake another task

Is the service effective?

before returning some minutes later. The provider failed to ensure systems were in place to ensure people who used the service received suitable arrangements with their nutritional requirements.

We found that the registered person had failed to ensure people who used the service were protected from the risks associated with inadequate nutrition and dehydration. This was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us about the training they had received such as first aid, infection control, administration of medicines, moving and handling, dementia awareness, mental health and end of life care. We saw the relevant training certificates in the staff files we looked at and noted staff had been supported to undertake NVQ level three in care. One member of staff we spoke with described the training on administration of medicines as useful. They knew what to do if they made a mistake. Systems to ensure staff received training that was relevant to their role were in place. There was a training matrix on display which detailed training for the staff in the home. We asked the manager about the training available for staff. We were told most of the training consisted of questionnaires and DVD training. The manager told us they were looking at alternative approved training for the staff to ensure they had training that was relevant and up to date.

We discussed training needs and support for staff in the home with the manager. We were told management were monitoring staff and offering guidance and support to staff from senior members of the team. The manager acknowledged more training in communication, dignity, respect and behaviour that challenged the service was required for the staff.

People using the service and staff we spoke with told us they felt the staff were adequately trained to meet their needs. However one relative we spoke with told us they were not confident staff were competent and skilled. They said, “Staff don’t know how to move residents (People who used the service). They are not physiotherapists. They move people from one place to another and just plop them down.”

We asked staff in the home if they had received any supervision from the management. Staff reported that individual supervisions were rare. One person said they had supervision, “12 months ago” another said they received it, “Every 6-12 months.” We saw no recent supervision notes on staff files. The manager told us she had completed one supervision session individually with all the staff since commencing employment with the provider. This would ensure staff were able to discuss their skills, training needs and support from the management in the home.

We looked in peoples care files to check if preadmission assessments had taken place to ensure peoples individual needs could be met by the provider. All care plans we reviewed contained pre-admission assessments. These included an assessment of needs and notes on preferences for food, getting up, going to bed and communication.

Prior to our inspection we had been made aware of some concerns that related to admission of people to the home. We were told that ineffective procedures had taken place for one person arriving at the home because staff were not aware of their arrival. This meant that the person and their family had to wait for a bedroom which was then identified as unsuitable for them. We discussed these with the home manager who discussed the reasons behind the failing and their actions and subsequent investigation. Systems to ensure people who used the service received appropriate and timely care from the provider were lacking.

We found that the registered person had failed to take proper steps to ensure that people who used the service were protected against the risks of receiving care or treatment that was inappropriate or unsafe. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we had been made aware of some concerns that related to the safety and suitability of the equipment and premises. We discussed this with the manager during our inspection and were told about the concerns that had been raised as well as what actions that had been taken as a result of these concerns.

We undertook a tour of the building. Access was all on the ground level with adequate wheelchair access to all areas of the home. We looked in people’s bedrooms and saw some had been nicely decorated and had evidence of personal items and mementoes in them. However we also noted some of the bedrooms required updating and were

Inadequate

Is the service effective?

dimly lit. We looked in people's ensuites in their bedrooms and saw a grab rail had cracked paint and there was exposed pipes that had evidence of cracking paint under the sinks. We noted these had brown markings on them consistent with rusting. We noted the environmental layout of the home was good with homely communal areas as well as private space for people to access if they required.

At our last inspection we noted in one of the bathrooms a piece of equipment had been removed from the wall leaving exposed walls and holes where it had been secured. The registered manager at that inspection told us they would ensure repairs were made to the wall, however during this inspection we noted the repairs had not taken place. People who used the service were at risk because the provider failed to act on remedial works required in the home.

We spoke with one person who used the service. They told us when they were in their bedroom they, "Got under the covers to keep warm because they were cold." During our inspection we noted that the temperature in the building appeared to be different from one side to the other. We discussed this with the manager who told us they were aware of the problems with the temperature and plans were in place to replace one of the boilers in the home to ensure consistency of temperatures across the building.

We looked at a commode for one person in their bedroom. We saw that it had brown markings on it consistent with rusting. Another person had a commode that was noted to be marked with brown staining. We also saw the toilet roll holder in two of the ensuites needed replacing and we saw evidence of boxes of unused pads being stored on top of wardrobes in two people bedrooms. People were at risk of ineffective care because of the lack of suitable equipment and safety and suitability of premises for them to use.

We spoke with people who used the service about the availability of equipment in the home. One person told us they had their own personal wheelchair however this was being used in the home for other people who used the service. We observed staff using equipment on the day of our inspection such as wheelchairs and a hoist to assist in moving and handling. The manager told us the home had access to two hoists for people who used the service when they were required and we saw equipment stored in a room that was identified as a staff room. It is important people who used the service had access to safe and accessible equipment that met their individual needs.

Prior to our inspection we had been made of some concerns relating to the quality of bedding available for people who used the service. We looked in 26 peoples bedrooms and checked the public bathrooms in the service. We identified some concerns. In 12 of the bedrooms we noted people's pillows were lumpy and they needed to be replaced. We discussed this with the manager who told us they had recently purchased new pillows for people but could not explain why these had not yet been given to people who used the service. There was no evidence of records relating to environmental checks taking place in the home to ensure arrangements to replace equipment had been completed. The manager told us they would ensure all checks would be completed for peoples bedding and replacements would be issued where required.

We spoke with one person who used the service in their bedroom. They told us that they not had a lounge chair in their room because staff had removed it to enable access for a commode in their bedroom. This person told us the staff had, "taken their comfy seating." We noted the commode was no longer available for this person in their bedroom, This meant that access to comfortable and safe seating for people to use was lacking.

We found that the registered person had failed to ensure people who used the service had access to safe and suitable equipment. This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recommendations

We would recommend recognised training for staff is sourced to ensure staff have the knowledge and skills on MCA and DoLS to care for people effectively in the home.

Requires improvement

Is the service caring?

Our findings

We spoke with people who used the service about the care they received in the home. We received some positive feedback. One person told us, "The staff are lovely they treat me very nice. They are all very kind." Another said, "Yes the staff are all very caring. If I want anything they just get it for me, nothing is too much trouble. "They look after me very well. If I ask them to help me with something they do. They speak very kindly even when they are very busy."

We observed positive, caring relationships between staff and people who used the service. People who lived at the home seemed relaxed and comfortable in the company of the staff and there was evidence of good humoured interaction between them. Staff were seen to be patient, friendly and supportive. We noted staff responded timely to people's requests, however on one occasion we noted one person had requested assistance from a member of staff who offered no acknowledgement of their request or reassurance that the staff member was acting on it.

During care activities and interactions we observed staff responded appropriately to maintain dignity which would ensure people's privacy. Staff were able to discuss the actions they would take when carrying our personal care such as closing curtains and ensuring people remain covered. Staff were observed supporting people in a caring patient and unhurried manner. Staff told us, "I always tell people what I'm doing and cover them up", "I encourage people to do what they can, to eat or walk short distances" and, "The care is really good. We focus on individuals." Staff told us people were offered choices in their care such as, where they would like to sit, what they wanted to do, what clothing they would like to wear, whether they wanted support or not, what time they wished to get up. People received care that was appropriate to their needs from a caring and positive staff team.

We spoke with relatives of people who used the service we were told, that they could visit the home at any time and that they were always made welcome. The manager confirmed the home operated an open house policy and visitors were encouraged into the home as well as attending events. We were told if people wished to speak to their relative in private they would go to their bedroom room or make use of the dining room if it was not in use. Visitors to the home confirmed they were always offered refreshments.

However some visiting relatives expressed concern about the care people received in the home. One person said, "(Name of person) is not always wearing their own clothes. (Name of person's) glasses go missing and when we visit they are wearing someone else glasses or the glasses in the case are not (Name of person). The hearing aids are not put in and they go missing also." A relative told us they had noted one person was seen to be more unkempt in the last few months and we noted their clothing was stained with old food. We were told that they had concerns for the wellbeing of this person and that plans to involve family members to discuss those concerns was to be commenced. One relative we spoke with told us they did not think the home would pass the 'Mum's test' Systems to ensure people were cared for safely and effectively were lacking. The mums test is where you consider if you would be happy for someone you love and care for to use a service.

We spoke with the manager about the quality of care staff offered to people living in the home. The manager told us she was confident in the staff team and their caring approach to people who used the service. We were told, The staff do a good job and they provide good quality. Care can be rushed day to day. The manager confirmed updates to staff training was required and plans were in place to access recognised training to support staff in their role.

We asked about the needs of people that required specialist support such as dementia care in the home. The manager told us there was nothing in place at present for dementia strategies and reported not all of the staff had received dementia training and felt advanced training for staff was required. We were told the provider had agreed to ensure all staff received relevant and advanced training to ensure they had the knowledge and skills to care for people safely and effectively. During our inspection we saw limited evidence of dementia friendly resources or adaptations on the corridors or in any of the communal lounges or dining rooms. However we did note pictorial support on communal lounge doors, the dining room and bathrooms to assist people in manoeuvring around the home.

We found that the registered person failed to take proper steps to ensure that people who used the service were protected against the risks of receiving care or treatment that was inappropriate or unsafe. This was in breach of

Requires improvement

Is the service caring?

regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care files we looked at showed evidence of the involvement of health professionals such as the GP, chiropodist, dietician, mental health team and the district nurse. This would ensure people who used the service received health care support in an appropriate and timely manner.

Inadequate

Is the service responsive?

Our findings

We spoke with staff about the activities available. Staff told us, "They need to tailor activities to what the residents like to do" and, "A singer comes in to the home every other Saturday morning, hairdressing and nail painting is offered." We saw evidence of previous activities on display in the home such as, a valentines party and a, 'Music for health' afternoon. People who used the service confirmed they had taken part in the music for health and had enjoyed this activity. We noted in the homes statement of purpose had details relating to the activities provided in the home both from the activities co-ordinator as well as external entertainment. We spoke with one staff member who had recently been recruited as the activities co-ordinator as well as providing care. We were told this person had been commenced on an, 'activities for dementia' course. We were told activities were offered four times per week which included bingo, word search and DVD movie days. We were told there were plans in place to organise a trip to a local farm for people. On the day of our inspection we noted the activities co-ordinator had been assigned to care duties due to staff sickness. This meant people who used the service did not have access to meaningful and quality activities. The manager told us, "The activities co-ordinator was undertaking care duties as well as activities. They told us they had only been taken of activities on one occasion."

People had access to varying religious support and during our inspection we spoke with

Curate from the local church who was visiting one of his parishioners. Church services were noted to take part on a regular basis and people who wished had access to Holy Communion.

However during our inspection we observed little activities taking place. People who used the service were seen sat in the public areas being offered with little stimulation other than the television, People were observed to be sleeping during the day in the lounge.

We looked at a file that contained details of activities recorded in individual documentation. We saw the beginnings of records of activities run by the newly appointed activities Co-ordinator indicating how many people had been engaged in what activities since the middle of January 2015.The manager told us the activities co-ordinator has looked peoples individual preferences and there were plans in place to look at the activities programme and reviewing documentation to ensure it was up to date.

Staff told us time was spent with new residents discussing their needs and explaining the routines at the home. Staff said the initial care plan was produced by the manager or her deputy and evolved over time as staff got to know the residents. Staff said care plans were available in the staff office and they were encouraged to read them regularly. Updates on people's needs were discussed at the handovers between shifts and via people's daily reports. One staff member we spoke confirmed that had read the care plans for people and the information provided an insight in people's care needs. However other staff told us little time was available to read them. We spoke with the manager about peoples care files who told us the care files needed updating and this had been commenced. We were told, "We are using the handover system at the moment to keep staff informed. The priority is to do the care plans."

We found that the registered person failed to ensure people who used the service has access to meaningful and regular activities tailored to their individual need. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about the care records for people who used the service. Staff we spoke had a good understanding of people`s individual care needs and that all people who used the service had an individual named care worker allocated to them. They helped gain information about people's preferences, make sure they have a supply of toiletries, take them out & liaise with families. This would ensure people who used the service received support from staff who knew them well and could act of their specific requirement and needs.

We saw staff had access to people's records and guidance in a staff office in the home. Records were seen stored in a lockable cupboard to remain safety.

There was completed relevant documentation in place such as observation charts, behavioural charts reporting challenging behaviour including what action had been taken as well as completed urgent and standard DoLS applications in some people's files. Staff told us the senior

Is the service responsive?

members of the staff team updated care records twice daily and handover took place between shifts to update staff of any changes peoples care. This would mean accurate records relating to peoples individual care delivery were maintained

We asked about the care files for people who used the service. Staff told us the care plans were reviewed monthly. We looked at the care records for seven people who used the service and saw they were appropriate and included descriptions of the support required to meet people's individual needs such as mobility, pressure relief, sleep, hobbies, activities, dying and mental health. Risk assessments were reviewed monthly and noted these reviews had led to the involvement of healthcare professionals when appropriate. We saw evidence of the involvement of healthcare professionals including a description of the support required for people's individual needs.

However one person's care file we looked at had no details relating to their care plan or review taking place. We saw the care plans that related to communication and glasses, personal care, eating and drinking, medication, family involvement, oral hygiene and sleep and rest had been dated in September 2009 and contained no signature on them. We asked the manager about this who told us this person who used the service had lived in the home for the last few months and told us they would ensure this person's documentation was completed as a matter of urgency. Systems to ensure staff had access to records to guide them on people's individual needs were inadequate.

Another person's file had a risk assessment that detailing ongoing issues with behaviour that challenged and which affected other people such as wandering into their rooms, physical and verbal aggression. Records indicated one to one observation and support from staff and family was ongoing. We queried with the manager whether the home was an appropriate placement due to staffing levels and the impact upon the quality of life of other people. The manager told us they would ensure reassessment of this person took place to ensure their care needs were being appropriately and safely met.

People who used the service and their relatives told us they did not know what a care plan was or could confirm that they had seen their care file. People who used the service told us staff did not discuss with them how they wished to be cared for. Systems to ensure people who used the service were involved in or made decisions about their care were lacking.

We found that the registered person failed to ensure people who used the service were protected against the risks of unsafe or inappropriate care or treatment arising from a lack of proper information about them. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at notice boards in the public areas of the home and saw people who used the service, visitors and staff had access to relevant information such as, fired alarm tests previous inspection reports and access to advocacy services. This would ensure access to information relevant to the home and support that was available for people who could act on their behalf was in place.

We checked the complaints and compliments file and noted evidence of complaints received by the provider. We saw details of the complaints which included responses and actions taken. However we noted a complaint that we had been made aware of had not been recorded in the complaints file. We discussed this with the manager who told us records relating to this complaint had been completed but were not in the file. It is important to ensure records relating to complaints are up to date comprehensive and accessible. We noted the complaints procedure was on display in people's bedrooms as well as on display in the public areas of the building. The manager told us about the appropriate procedure to take when dealing with a complaint.

One staff member we spoke with told us what they would do if they received a complaint. They said, "I would report them to the home manager and document it. We saw evidence of thank you cards on display in the home. Another told us, If someone complains I ask what I can do to help & try to resolve it. I then report it to the manager." Staff we spoke knew how to handle complaints including recording them in the incident book and reporting them to their line manager.

Inadequate

Is the service responsive?

Comments seen were, 'Thank you for your care and kindness' and, 'Many thanks for your care and love.' People who used the service and relative we spoke with told us they had never made a formal complaint.

Inadequate

Is the service well-led?

Our findings

The Care Quality Commission held details relating to a registered manager for the service at the time of our inspection. However prior to our inspection we had been made aware that the management arrangements had changed in the home and the registered manager was no longer in day to day charge. 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 spoke with the home manager on the day of our inspection who told us they had commenced the application process for registered manager with the Care Quality Commission. We confirmed this process was taking place following our inspection.

We asked people who used the service and visiting relatives about the manager in the home. We received some positive feedback. People confirmed they knew who the new manager was and felt confident they could discuss any concerns they may have. We observed the manager interacting positively with people who used the service and visitors to the home. Staff we spoke with about the manager told us, "(Name of manager) is very good she is competent, things are better now", "The manager is very nice. She knows her job", "If I ever need to speak to her she is always there" and, "I can always go and see her if I have got problems." Appropriate management arrangements were in place to support staff and people who used the service.

We saw staff had access to policies and procedures in the home to guide them on care and delivery. Topics included; health and safety, personal hygiene, and risk assessments. This would ensure people were cared for by an up to date staff team on the policies in the home.

We noted relevant certification for the home such as certificate of registration, employer's liability insurance, food hygiene, portable appliance testing and complaints procedures.

We asked about meetings taking place to ensure people who used the service were kept up to date and involved in decisions for the home. We were told meetings were taking place and we saw the notes of a 'residents meeting' that had been held recently. Topics covered were, activities, cleanliness in the home, laundry facilities and menus. The notes included suggestions for improvement. We saw the manager had then written a response "What we have done" which described increasing levels of staff and research into entertainers for the home. However it was noted that prior to this meeting there had been no resident meeting for two years prior. One person we spoke with raised concerns about actions taken by the provider following their comments. We were told, "Even when things are suggested at the residents (people who used the service) meeting nothing seems to change." Systems to ensure people who used the service were regularly included and involved in decisions about the home were inadequate.

We asked about systems to ensure staff were informed of updates by the provider. The manager told us they were introducing feedback from the monthly audits, safeguarding investigations and falls to the team meetings. One staff member we spoke with confirmed a staff meeting had taken place recently and we saw copies of rough notes from this meeting. Staff told us there were regular staff meetings in the home. However records that related to previous meetings were dated nine months prior to the inspection. Systems to ensure staff had access to accurate and detailed records relating to team meetings were inadequate.

We asked about what systems were in place to ensure monitoring of the service was taking place. The manager told us they had commenced an action plan to focus on areas for improvement which would include dates for actions and evaluation. We saw evidence of action plans in place that discussed improvement required for a new audit system and a home management folder and staff supervisions; we noted some of these actions had been completed. However the manager told us the audit process needed updating and there were plans in place to commence this. We were told, "My key challenge is getting things in order. We need proper audit trails and checks." People were at risk because there were ineffective systems in place to ensure care and delivery is effectively and regularly monitored.

Systems to ensure effective and detailed monitoring to protect people who used the service were ineffective. This was because we looked at monthly audits that had been completed recently for dependency levels, medication,

Inadequate

Is the service well-led?

care plans, accidents, weights, the kitchen, health and safety. There were also audits on personal care daily checks. These included getting up and going to bed, hair nails and teeth. However we noted this had not been completed in full which meant monitoring of care delivery was incomplete.

We looked at a service user guide that is provided to people who used the service that recorded the provider employed a nurse auditor to undertake monthly visits and audits. We could not see evidence of these checks taking place in the documentation we looked at. We saw evidence of inconsistent records that related to daily the handovers. The last date recorded on these was two weeks prior to our inspection and we saw there was gaps in the recordings. We also looked at the bowel chart monitoring form and noted only eight people had details recorded about them over a three day period. The manager was unable to confirm why these documents had not been completed in full. People were at risk because there were inadequate systems in place to ensure care and delivery is effectively and regularly monitored.

Systems to ensure analysis and effective quality assurance were inadequate. This was because we looked at the accident book in them home and saw evidence of accident details however we could not see the provider had analysed accidents or any actions taken as a result of these to help to reduce people's risks.

We were shown a copy of the service user guide and the provider's statement of purpose. We were told people were given copies of the service user guide and we saw a copy of the statement of purpose and the service user guide on display in a public area of the home. These offered advice and guidance on services available in the home, accommodation and rooms provided, meals, additional services, personal care, quality assurance, activities, the philosophy of care and service user (People who used the service) rights. However we noted systems to ensure people had access to the current management arrangement in the home were lacking. This was because the statement of purpose and the service user guide needed updating with the current managers details.

We found that the registered person failed to ensure effective operating systems were in place to monitor the quality of the service provision. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment Systems to protect people who used the service from the risk associated with abuse were ineffective Regulation 13. – (1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent The registered person failed to have suitable arrangements in place for obtaining, and acting in accordance with the, consent of service users in relation to the care and treatment provided for them. Regulation11. –(1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care The provider failed to ensure people who use d the service were protected against the risks associated inadequate care and records Regulation 9. - (1)(3)(a)(b)(h)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing The provider failed to ensure people who used the service were protected from the risks associated with inadequate staffing numbers. Regulation 18. – (1)(2)(a)