

Premum Care Ltd

Serendipity Home

Inspection report

Greenfield Avenue
Urmston
Manchester
M41 0XN

Tel: 01617473738

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23 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection that took place on the 22 and 23 January 2019.

Serendipity Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Serendipity Home can provide accommodation and nursing care for up to 45 older people, some of whom were living with dementia. At the time of the inspection there were 31 people living at the care home.

We last inspected Serendipity Home on the 7 and 8 March 2017, we rated the service Good. We re-inspected this service earlier than planned due to a serious incident that had occurred at the home on 30 January 2017 in relation to the homes passenger lift. At the time of this inspection the Health and Safety Executive were still investigating the cause of the incident. This matter is subject to an ongoing investigation and as a result this inspection did not examine the specific circumstances of this incident.

This inspection was brought forward in part following the outcome of a coronial investigation, concluded in December 2018 in relation to a death of person who resided at the care home. A Regulation 28 Report (Prevention of Future Death Reports) was served against the provider and other interested parties in relation to the incident involving the homes passenger lift. Coronial investigations or inquests are undertaken to determine the cause or manner of a person's death. The coroner identified a number of failures in respect to the failure of the passenger lift. An area of concern noted in this Regulation 28 Report against the care home was in relation to the provider not having a system in place to ensure details from lift examinations were read; considered and passed on to the lift servicing company. At the time of this inspection, we found the provider's specific response to the concerns raised in the coroner's report was satisfactory.

The provider was also at time of inspection in the process of replying to the HM Coroner to the concerns noted in the Regulation 28 Report. We will monitor this conversation in line with our regulatory responsibilities.

At this inspection we did identify two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the provider not taking reasonable steps to mitigate risks to the health and safety of service users and lack of provider oversight and good governance at the service. You can see what action we have told the provider to take at the end section of this report.

The service had a registered manager in place as required by their Care Quality Commission (CQC) registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered managers health and safety audit in December 2018 identified 10 bedroom fire doors were not closing fully when the fire alarm was activated. This meant in the event of a fire these rooms would be compromised and potentially have an impact on the homes progressive horizontal evacuation. We were concerned this work had not been considered a priority by the provider as work to repair the fire doors had not been arranged. Shortly after the inspection we received a call from the registered manager who informed us this work had now been completed.

People using the service said they felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Appropriate recruitment checks took place before staff started work.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to report poor practice. Prior to our inspection we received whistle-blowing concerns in relation to poor moving and handling carried out by care staff. The local authority attended the home and a service improvement plan was implemented as a result of these concerns.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The registered provider was complying with the principles of the Mental Capacity Act, (MCA) 2005. Consent to care and treatment was gained in line with the MCA. People's capacity was assessed from the outset and records contained the relevant information in relation to the persons capacity. Appropriate Deprivation of Liberty Safeguards (DoLS) were submitted to the local authority and records contained relevant 'best interest' information and restrictions which were in place.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

We noted there were a number of quality audits at the service; these included medicines, infection control, care records and health and safety. Actions were identified following the audits. Although we found a number of effective audits in place and action plans devised to support these, we found a lack of provider oversight and governance. The provider confirmed they were in the process of looking to bring in an external social care consultancy firm to assist them with their auditing processes of the 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?

Requires Improvement 

The service was not always safe.

An audit identified some fire doors were not closing fully when the fire alarm was activated. This potentially compromised the safety of the people. Shortly after the inspection we were notified the fire doors had been fixed.

Medicine management processes were safely in place. The medication policy was complied with and trained staff administered medication in a safe manner.

Staff were aware of safeguarding and whistleblowing procedures.

Is the service effective?

Good 

The service remained effective.

Is the service caring?

Good 

The service remained caring.

Is the service responsive?

Good 

The service was responsive.

Records were person-centred and tailored around the needs of the person.

People and their relatives were familiar with the complaints process. Complaints were recorded and responded to accordingly.

A variety of different activities were provided. Activities were enjoyable, stimulating and engaging.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

There was a lack of clarity around the individual roles and responsibilities of the management team.

People were asked for their views about the quality of the care provided and there were systems in place to receive feedback from people using the service.

Staff told us they enjoyed their jobs and felt supported by the registered manager.

Serendipity 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 unannounced inspection took place on the 22 and 23 January 2019, which meant the service did not know we were coming. The inspection was carried out by one adult social care inspector, an assistant inspector and an expert by experience. The expert by experience had experience in caring for older people and people living with dementia.

This inspection was brought forward in part following the outcome of a coronial investigation, concluded in December 2018 in relation to a death of person who resided at the care home. During the inspection we reviewed in detail the areas of concern noted by the HM Coroner in relation to this home. We also asked the provider to formally respond to CQC within seven days to clarify what changes had been introduced to prevent future deaths at the home. Further information can be found in the safe section of this report. The provider was also in the process of responding to the HM Coroner to the concerns of this Regulation 28 Report.

Due to the timeframe in which this inspection was completed, a Provider Information Return (PIR) was not requested to support us with our inspection planning. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we reviewed information we already held in the form of statutory notifications received from the service, including safeguarding incidents, deaths and serious injuries.

We requested feedback from Trafford Healthwatch, and the local authority quality and contracts team. Healthwatch Trafford told us they had not received any feedback about the service. We received positive feedback from the quality and contracts team prior to our inspection in respect of the home completing all required tasks on a service improvement plan that was in place.

Due to the nature of the service provided at Serendipity Home, some people were unable to share their

experiences with us, therefore we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition to this, we spoke with 14 people who used the service and four visiting relatives.

We spoke with eight members of staff including the registered provider, registered manager; two nurses; three care workers and an activities co-ordinator.

We looked in detail at three care plans and associated documentation; three recruitment records; supervision and training records; audit and quality assurance; policies and procedures and records relating to the safety the building, premises and equipment.

Is the service safe?

Our findings

During the inspection we reviewed the provider's new passenger lift that was installed in October 2018. We were informed by the registered manager the passenger lift would be checked by an approved engineer monthly for the next 12 months as part of the installation agreement for the new passenger lift, documentation viewed also confirmed this. The passenger lift was due its first Lifting Equipment Regulations (LOLER) examination in April 2019, which the provider had already booked in. The provider assured us that they had a clear governance framework in place that showed if any future work was required on the passenger lift this would be undertaken and future LOLER reports would be shared with lift servicing engineers. We will review the status of the passenger lift at our next inspection.

Records showed that routine servicing and tests required in relation to the safety of the building had been completed. There had been checks at the required intervals of the electrical fixed wiring, gas, lifting equipment (such as hoists), portable electrical appliances and the water system.

We completed a tour of the premises as part of our inspection. We inspected the bedrooms, bath and shower rooms, and various communal living spaces. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions and all upstairs windows had tamper-proof opening restrictors in place. However, we viewed the registered managers audits of the fire systems and noted from an audit completed on the 18 December 2018 highlighted 10 bedroom fire doors were not closing fully when the fire alarm was activated. This meant in the event of a fire these rooms would be compromised and the spread of a fire would be likely, which could impact the homes progressive horizontal evacuation.

We asked the registered manager when the required work to the fire doors would be completed, but the manager disclosed this work had not yet been actioned by the provider. We discussed this further with the provider who told us this work would be soon completed, but we were concerned this work had not been considered a priority. Shortly after the inspection we received a call from the registered manager who informed us this work had now been completed, which meant people's bedroom doors were now compliant with the fire safety regulations.

We checked the systems in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept in the managers and nurses office. These plans detailed if a person was independently mobile or what support they would require evacuating the building during the day and at night. However, we found one person's PEEP recorded the wrong room number, this potentially could have impacted an evacuation as the fire officer would not have had the most up to date information available. The registered manager updated this person's PEEPs while we were on inspection.

The provider had not taken reasonable steps to mitigate risks to the health and safety of service users. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Prior to our inspection in November 2018 we received a whistle-blower concern in relation to poor moving

and handling practice carried out by members of the care staff. Allegations of people being drag lifted, rather than the use of a hoist was reported. We referred this information to the local authority safeguarding team. This resulted in Trafford quality and contracts team visiting the care home and a Service Improvement Plan (SIP) was implemented to support the home in areas where they needed additional support, such as care planning, health and safety, infection control, recording and audits. As a result of the concerns raised the provider re-trained all staff in moving and handling and daily walk around audits were introduced and undertaken by the registered manager to observe staff practice in greater detail. During this inspection we did not observe any poor moving and handling practices or receive any negative comments from people or their relatives. Comments received from staff included, 'If there is any poor practice I would tell [registered manager], not seen drag lift over the last year or so', and 'I never observed drag lifting and I was shocked to hear this was happening. We have all been re-trained in the use of the hoist, which was helpful.'

Care staff were aware of, and able to tell us how they would identify and report potential abuse or neglect. We also saw that safeguarding was a regular agenda item on team meetings, which would help staff maintain an awareness of the importance of recognising and reporting any concerns. This showed the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

During the inspection we observed that staff responded promptly to people's care needs. We saw that there were sufficient staff on duty and we saw people were not left unattended unless they wanted to be. Staff were deployed appropriately and had systems in place to keep each other well informed on people current needs and wishes. Staff knew people well and how best to communicate with them. Staff created a calm atmosphere in the service and this was an important in providing a safe home for people. Comments received from the people in relation to staffing levels was positive, 'There's always enough bodies' and 'Staff are readily available when you want one.'

We noted that a staffing dependency tool had been completed for each person using the service and that a system had been incorporated by the provider to keep under review the dependency of people using the service and to calculate approximate staffing hours.

Whilst the recruitment drive was continuing the service was using agency staff predominately during the night support, but this was as a last resort. Formal mechanisms were in place for staff already employed at the home to indicate when they could cover particular shifts, for absent colleagues or vacant posts. Any shifts still not covered were then offered to agency staff. We saw that the home used a local recruitment agency and tended to use the same agency workers, when this was possible. This meant that after an initial shift some agency workers were familiar with people living in the home and could support them accordingly.

Recruitment procedures were in place that ensured people were protected from unsuitable staff. Checks were carried out on new staff member's identity, their work history and whether they had a criminal record that would prohibit them from working with vulnerable people. These checks enabled the provider to assure themselves that the person was of suitable character to work with vulnerable people.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately, for example staff waited to check people had taken their medicines before signing the administration records. There were guidelines for the administration of medicines required as needed (PRN). We saw that people were given explanation regarding their medicines and offered pain relief. We checked a sample of medicines and found the stock tallied with the records kept. All Staff responsible for the

administration of medicines training had received training in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

The details of any accidents and incidents that occurred within the home had been recorded each month. An overview of key information such as the time of an incident, type, location and level of intervention required and numbers had also been recorded to enable the registered manager to analyse the statistical data and identify any trends. Analysis was also completed to ensure 'lessons learnt' were recorded and what remedial action had been taken to reduce the likelihood of a recurrence. The registered manager also held a monthly falls meeting, which looked at whether preventative falls measures needed to be considered.

People's computerised records included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and ongoing needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review to ensure they were current.

There were arrangements in place to ensure the service was kept clean. The service had an infection control policy and the registered manager carried out infection control audits. They understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visits.

We saw that the local authority had completed an infection control audit in February 2018 and the service had been rated 90% compliant overall. This meant the home had improved their previous score from March 2017 when they were rated 80% compliance.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People were supported in line with the principles of MCA and their rights were protected. Records showed that where people were assessed as lacking capacity to make a decision, others involved in the person's care were included in discussions to ensure decisions were made in the person's best interest. These included decisions related to bedrail use and the need to supervise and provide personal care to people. Where it had been identified that support placed a restriction on people's liberty, applications had been made to the supervisory body to authorise the support in place to meet people's needs.

We observed the mealtime experience and found this to be relaxed and well organised. People received support and encouragement they required to eat and drink promptly. We saw people were offered a choice of meal and were asked if they had enough to eat. People's weights were monitored and action was taken if people were losing weight or nutritionally at risk. We saw food and fluid charts were completed for people who were nutritionally at risk. We also found the provider was correctly using the International Dysphagia Diet Standardisation Initiative (IDDSI) framework within people's care plans. IDDSI was implemented nationally to eliminate the use of the imprecise term 'soft diet' and assist providers with the safe transition to the IDDSI framework, which introduces standard terminology to describe texture modification for food and drink.

New staff completed an effective induction into their role. This included time spent shadowing, alongside experienced staff until they felt confident they could meet people's needs. Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular training in all key subjects. Nurses were supported to undertake training that met the continued professional development (CPD) needs of their registration.

Staff received regular supervision through an annual learning and development plan. Staff were given the opportunity to identify any gaps in training as well as discussing working practices and any individual concerns. Staff told us they were well supported. However, we found the clinical nurse required clinical supervision from a senior member of the nursing staff. The registered manager did not hold the relevant

qualification to provide this level of supervision. The provider acknowledged this and made alternative arrangements for an external senior nurse to assist the clinical nurse with regular supervisions. We will review this area at our next inspection.

Before a person moved into Serendipity Home a pre-admission assessment would be completed. The registered manager described the process to us and we were told a pre-admission assessment was important for both the potential new resident and for the existing people living in the home.

People continued to be supported to maintain good health and we saw that people had access to their GP and other specialist services. For example, people living at Serendipity Home had access to the NHS Trafford enhanced care home service (TEC). This meant the service could fast track people to receive medical attention from GP's and senior clinical nursing staff for non-emergency treatment. The registered manager told us this service has greatly benefited the people at the home and referrals were made in a timelier manner to external professionals when required.

The environment was well maintained and appropriate for the care of older people with nursing care needs. The corridors in the home were bright and colourful with items of interest for people to interact with. We also saw that efforts had been made to help people orientate around the home. For example, memory boxes had been fitted for people living with dementia. There was also clear signage displayed on the doors to help people identify each facility. Lounges were homely and contained items of memorabilia that people could access if they wished. Staff made appropriate use of technology to support people. For example, movement alert equipment was used to alert staff of the need to support people when they moved to unsafe positions. Special pressure relieving mattresses had been provided to support people at risk of pressure injuries. An electronic call bell system allowed people to call for assistance when needed.

Is the service caring?

Our findings

People told us staff were kind and caring. Comments received from people included; "The home is good enough for me, all my needs are met", "The people and staff are brilliant" and "Staff always treat you with the respect you deserve." Comments from people's relatives was also positive, "Staff are all are good people, very patient and caring with my brother" and "The manager's door is always open, everyone is approachable."

There was a pleasant atmosphere at the service and staff's interactions with people were, overall good. Some people were living with dementia and became confused at times. Staff were patient in their responses and clearly aware of how to respond appropriately to each person to decrease any anxieties.

Staff were aware of equality and diversity and said they would support people to challenge any discrimination. People told us they felt listened to and involved in planning their care. People were supported to maintain relationships with family and could have visitors when they wanted to. Relatives told us they felt welcomed by the staff and were always offered refreshments when they visited.

Staff could tell us some things about people's life histories and this information was also available within care plans. For example, they were aware of people's previous occupations and family members that were important to them. Staff were also able to tell us about people's individual preferences, such as what drink they liked or what name they preferred to be called. Care plans also contained information as to how the person's emotional and social needs should be met and what was important for them.

During the inspection care was provided in people's rooms to promote people's privacy and dignity. People were assisted from the lounge to their bedroom when the visiting professionals came to see them. Staff ensured they preserved people's dignity when supporting them in communal areas. For example, when people required support to transfer using a hoist, staff used blankets to cover them to ensure they were not exposed.

Staff respected and promoted independence by encouraging people to do as much as possible for themselves. People's care plans included information as to what support they needed and what parts of personal care, such as washing their own face, they could do independently. At lunch time, we saw a range of adapted crockery and cups were provided when necessary, meaning people could continue to eat independently.

There was equality of opportunity at Serendipity Home and people and staff were treated equally regardless of age, gender, disability, religion/belief or race. People's protected characteristics (such as age, gender, religion and disabilities) were established from the outset and support measures were in appropriately in place.

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR). Records were secured in the registered managers locked office and

confidential information was not unnecessarily shared with others.

Is the service responsive?

Our findings

At the last inspection in March 2017, we received a varied response in relation to the activities on offer at the home. At this inspection we found a vast improvement in the level of activities undertaken.

People were supported to take part in various activities. There were two activities coordinators who ensured a daily programme of activities was available to people seven days a week. These activities included external singers and entertainers, light exercise classes, pamper sessions and games. On the first day of our inspection we observed activities taking place and the activity coordinator was engaging the people in current affairs quizzes and general discussion and throughout the afternoon leading people in mild exercise and a ten pin ball game.

We spoke with the activity coordinator who was passionate about their role of providing stimulating activities. They told us, "I do all sorts of activities and try to vary them so the clients are not bored, I try very hard to engage even those who just won't be bothered to participate, like those who are in bed I go and visit them to do some reminiscing, or pampering or just have a chat about memories and personal event." We received positive comments from people about the activities on offer. Comments included, "We do various things, sometimes I would join, but sometimes I just want to do my own thing", "[Activity coordinators name] is doing a wonderful job on activities, she is really good, really caring, even the lady that does activities at the weekend is brilliant" and "I like to go local shops for a cup of tea and cake."

The provider used an electronic care planning system and all care plans, risk assessments, monitoring charts and daily notes had been transferred to the electronic system. Electronic care planning enabled the provider to set up alerts and pick up on trends, for example there was a live system with a list to show what care had been provided to each person. For instance, the electronic system automatically calculated whether people had lost or gained weight. The information was accessible to staff via monitor screens located in corridors of the home, where staff accessed care plans and recorded the care and support people received.

Documentation were thoroughly completed and the level of support and areas of risk were assessed from the outset. The necessary care plans and risk assessments were formulated and staff were able to provide a responsive level of care tailored to each person. Records we checked were up to date and demonstrated a person-centred approach to care. 'Person centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the registered provider.

The provider had policies in place in relation to protected characteristics under the Equality Act 2010. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. The registered manager was aware of the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

At the time of the inspection there was no one receiving end of life care. We saw many thank you cards and

letters from relatives whose loved ones had been supported with end of life care at the service. The correspondence praised the caring approach of everyone at the service.

Care plans detailed people's end of life wishes, where they had wanted to discuss this aspect of their care. This included whether people wished to be resuscitated, where they wished to be supported, who they wished to be present and who should be contacted. The home continued to be registered with the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death.

People we spoke with told us they did not have any complaints, but would feel confident raising any concerns they had with a member of staff. We looked at records of complaints and saw five complaints had been raised since our last inspection. Examination of records and discussion with the registered manager confirmed action had been taken promptly in response to the concerns raised. This confirmed that feedback received was listened to and acted upon. Information about how to make a complaint was displayed prominently around the home and was included in documentation given to people as and when they moved into the service.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with CQC 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.

Staff told us they were supported by the registered manager, but two staff members felt the morale at the home has not always been positive. Comments included, "She's quite good [registered manager], very approachable, she listens to you", "[Registered manager's name] is a great leader. We have a good team here, but some of us have been unsettled as we don't feel the provider always backs the manager fully" and "Morale at the home has improved."

Since our last inspection the provider had worked with the local authority contract officers to introduce additional auditing systems to the service. The local authority supported the provider with a service improvement plan. The local authority were satisfied the service improvement plan had been completed prior to our inspection. The registered manager continued to undertake regular audits covering key aspects of service delivery. For example, audits and quality assurance were in place for accidents, health and safety and medication. Spot checks were also completed on a daily basis by the registered manager with appropriate records maintained. Overarching trend analysis was also completed with a clear audit trail of remedial and preventive actions taken.

Although we found a number of effective audits in place completed by the registered Manager, we found the provider needed to ensure actions noted in the audits were undertaken for their own assurance of quality in the service. For example, we were concerned to see the provider had not considered the 10 faulty bedroom fire doors as a priority to have them fixed. We did not feel this matter had originally been taken seriously by the provider. This resulted in 42 days without having the fire doors appropriately fixed, which placed people at risk.

There was a lack of provider oversight and governance at the service. We asked for clarity from the registered manager around roles and responsibilities of the registered provider but did not get any assurances that there were clear lines of accountability within the management team. We met with the provider during the inspection and discussed their role and responsibilities. They told us they would speak to staff and greet the people who lived in the home on a regular basis, but accepted they did not undertake any audits connected to the governance of the service. The provider confirmed they were in the process of looking to bring in an external social care consultancy firm to assist them with their auditing processes of the service. During the two days we inspected it was clear that the registered provider had no oversight or governance of the service.

The lack of clarity around the individual roles and responsibilities of the management team and the resulting lack of accountability meant the home was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meetings were carried out on a regular basis. These were a combination of general staff meetings and clinical meetings which were completed every month. Records demonstrated the clinical meetings were an effective way of identifying the progress of people's assessed needs.

The registered manager engaged with people, relatives, staff and other professionals in a meaningful way to help shape and develop the service, actively encouraging feedback. People were made to feel welcome and the registered manager was accessible. The registered manager was in the process of analysing the recent surveys sent out to people and their families. We noted the last survey was completed in February 2018 and a report had been devised detailing how the home would try and meet people and their family members expectations. One area noted that some people were not aware of their keyworkers name. The registered manager acted on this and updated the key worker list and people's keyworkers is now displayed in people's memory boxes.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We reviewed records held by the service and cross referenced these with statutory notifications submitted to CQC. We found notifications were now made in a timely way and that appropriate records were maintained.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not taken reasonable steps to mitigate risks to the health and safety of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a lack of clarity around the individual roles and responsibilities of the management team, which resulted in a lack of accountability when areas of the home required improving.