Prestwick Care Limited

Hadrian House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Hadrian House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 47 people with physical and mental health related conditions were using the service.

This unannounced comprehensive inspection took place on 21 and 22 November 2017. This meant that neither the provider nor the staff at Hadrian House knew we would be visiting them.

At the last inspection in March 2017, we identified breaches of regulations which related to safety, consent, dignity, staffing and governance of the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well-led to at least good. We found improvements had been made in some areas but not enough to ensure compliance with all statutory requirements.

This is the second consecutive time that this service has been rated 'Requires Improvement'.

The registered manager had been in post for six months and had recently become registered with the Care Quality Commission on 3 November 2017. 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 manager of the service attended most of the inspection. The head of compliance was also present.

We undertook an initial conversation with the registered manager and the head of compliance to ask them about the actions which had been taken to address the previous issues. We also carried out initial observations around the home. Whilst we found some action had been taken to make improvements, we judged that audits and checks on the service were still not robust enough to ensure compliance with all regulations. Several concerns were raised at this inspection which demonstrated that the actions required had either not been wholly addressed or had not been properly implemented and monitored.

During our inspection, the registered manager and the head of compliance were able to take some immediate action to rectify issues which we drew to their attention.

An updated action plan was sent to us by the head of compliance in September 2017 which showed that most actions were completed and that any outstanding actions had a defined target date of 30 October 2017. The head of compliance told us that they "had made tremendous progress in the home." We did not find sufficient evidence to corroborate this statement. Although the registered manager and the head of compliance had conducted audits, they had not been consistently or comprehensively carried out and they were not robust enough to identify or fully address the continued issues we highlighted during this visit.

Audits completed did not always describe the outcomes of the problems identified and most audits did not contain an action plan.

The newly registered manager had not had sight of our warning notices which were issued to the provider in April 2017. They had also been required to cover a significant number of shifts as the 'nurse on duty' due to staff shortages. We considered that this had seriously impacted on their ability to carry out their own managerial duties and fully understand the seriousness of the concerns we had.

We found record keeping continued to be poor. Although every care plan had been re-written we noted that this had been done with a clinical slant and staff had not provided a holistic approach to people's needs. Social, cultural, religious and spiritual needs had either been overlooked or vaguely addressed. Operational records related to activities, complaints, accidents and incidents for example all lacked detail and completeness.

Individual risks which people faced in their daily lives were not always included in care plans nor had risk assessments carried out to support staff to safely care for people. Medicine management had been improved since our last visit but there were still shortfalls in record keeping.

Some relatives told us cleanliness was an issue for them. During the inspection, we noted areas of the home were unclean including people's bedrooms and communal kitchen/dining areas.

A care needs based dependency tool was not being used to determine staffing levels. This meant that as people's needs increased, staffing levels were not being routinely evaluated to continuously adapt and respond to reflect people's needs. We considered that there were enough care staff employed at the service, but they were sometimes not deployed appropriately throughout the service, particularly at mealtimes and their deployment was not always accurately recorded. The deputy manager post was vacant and the service had a shortage of permanent nursing staff.

Permanent staff continued to be safely recruited. There was high use of agency staff, especially nurses and we were concerned about the process of completing background checks on those staff and assessing their competency.

Supervision and appraisal of staff had not been carried out in line with the company policy. This meant that staff had not been appropriately supported in their role to ensure they remained competent. Competency checks were not routinely carried out with care staff and only two permanent nurses had had their competency recently assessed (one of which was the registered manager). Staff told us they did feel supported by the registered manager as they had worked alongside them on many occasions.

Although training had improved, the training report and matrix showed there were gaps in staff skills in relation to courses which the provider deemed mandatory and in specific courses which would be beneficial to them in their role.

We observed the mealtime experience to be unsatisfactory and it did not demonstrate a positive person-centred approach. Staff were not deployed correctly to ensure people were assisted with their meals in a dignified and timely manner. The mealtimes we observed were not well organised and they continued to lack an opportunity for socialisation.

Hot meals were offered and we saw some people had asked for alternatives which they had been given. The food looked attractive, healthy and well balanced. Some people told us they enjoyed their meals whilst

others waited so long for assistance that their meals went cold. Special diets were catered for and the kitchen staff were familiar with most people's dietary requirements. We have made a recommendation about the provision of Halal food.

At the last inspection, we noted that although the home was beautifully decorated but there was little emphasis put on making the environment dementia friendly. This remained unchanged. However, the registered manager and head of compliance told us there were some plans in place to improve this. We have made a recommendation about this.

The two activities coordinators displayed a really good relationship with people and we saw them engaging with people in communal areas. They had arranged many trips out into the community and had a varied programme of events in place for people to participate in. However, the records kept mainly described communal activities and outings. We found there was little reference to time spent with people on a one to one basis, providing meaningful and stimulating activities which met with their individual interests and hobbies.

The provider had not ensured that an established system was operated correctly to identify, receive, address, record and respond to complaints properly. Furthermore, complaints had not been monitored over time to look for trends and identify areas of the service that may need to be addressed.

People told us they felt safe living at Hadrian House. Relatives confirmed this. Staff were trained in the safeguarding of vulnerable adults and they were able to demonstrate their responsibilities with regards to protecting people from harm. Policies and procedures were in place to support all staff with the delivery of an effective service although these were not always followed properly.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Applications had been made on behalf of most people to restrict their freedom for safety reasons in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Due to the shortfalls at the service, staff were not fully supported to deliver a wholly caring service. We saw care workers treated people with dignity and respect. Staff displayed friendly, kind and caring attitudes and people told us staff were nice to them. We observed people enjoying a pleasant relationship with staff and it was evident they knew each other well.

We have identified three on-going breaches and three further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 consistently safe.

Safety issues were identified in relation to aspects of the service. Some of which had not been fully addressed from the past two inspections of the service.

We identified shortfalls with the management of medicines.

Permanent staff were safely recruited and there were enough care staff employed to meet people's healthcare needs. Concerns were raised around the use of agency staff.

People told us they felt safe living at the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not been formally supported in their role through supervision and appraisal. There were gaps in staff training.

The mealtime experience had not been suitably improved throughout the service. Some people did not receive person-centred care at mealtimes.

Improvements had not yet been made to make the home more dementia friendly.

Decisions were made in people's best interests and staff worked within the principles of the Mental Capacity Act (2005).

Is the service caring?

Requires Improvement

The service was not consistently caring.

Due to the shortfalls identified throughout the service, staff were not supported to provide a caring service in all aspects of their role.

Most staff knew people well and respected their wishes and

preferences.

People and relatives told us the staff were friendly and spoke nicely to them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care was not always delivered in a person-centred manner. Although care records were detailed and specific to each individuals clinical needs, other needs such as social and religious needs had been overlooked.

There was a wide range of communal stimulating and meaningful activities but staff did not routinely spend one-to-one time with people based on their individual interests or hobbies.

Complaints were not managed in line with company policy. Complaints were not always recorded and responded to.

Is the service well-led?

Inadequate

The service was not well-led.

Established systems were not always operated effectively to ensure compliance with the regulations.

Governance and quality assurance systems were inadequate and had not fully addressed the serious concerns raised by the Care Quality Commission in the past.

Record keeping still required improvement.

There was a newly registered manager in post, however they had frequently been taken away from their manager's role to cover nursing shifts due to staff shortages.

Hadrian House

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 site visit took place on 21 and 22 November 2017 and was unannounced. The inspection consisted of two adult social care inspectors, an inspection manager, a specialist advisor and an expert by experience. A specialist advisor is a person employed by the Care Quality Commission to support inspectors during an inspection; they have specialist knowledge in a certain area. The specialist advisor on this team was a qualified nurse. An expert-by-experience is a person who has personal experience of caring for someone who uses health and social care services.

Prior to the inspection we reviewed all of the information we held about Hadrian House, including any statutory notifications that the provider had sent us and safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Additionally, we liaised with the local authority contracts monitoring and safeguarding adults teams and the local NHS clinical commissioning group (CCG) to gather their feedback about the service. We spoke with a healthcare professional who visited the home during our inspection and we spoke with two other healthcare professionals after the inspection.

During the inspection we spoke with two people who used the service and six relatives to gain their opinion. We spoke with 10 members of staff, including the registered manager, a nurse, a team leader, four care workers, an activities coordinator and the head chef. We also spoke with the head of compliance for the provider organisation as they were present throughout the inspection. We used the 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.

We reviewed a range of care records and the management records kept regarding the quality and safety of the service. This included looking at seven people's care records and 29 medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our last two inspections of this service we have identified a breach of Regulation 12 entitled, Safe care and treatment. We have highlighted issues with the management of medicines on both occasions. At our last inspection, we issued the provider with a warning notice because our concerns about medicines continued and we raised additional concerns in relation to the risks some people faced and infection control. After those inspections, the provider told us what action they would take to ensure compliance was achieved.

Before this inspection, the head of compliance told us they were assured that all actions in order to be compliant with regulations were completed or continued to be carried out to ensure on-going compliance. We found this was not the case and concerns remained about the safety of the service.

On our arrival we were told the home had recently experienced a small outbreak of diarrhoea, however this was contained to the middle floor and those people had been clear for over 12 hours. We agreed with the registered manager and head of compliance not to place members of the inspection team on that floor, however, if proper hand washing procedures were followed, the lead inspector and inspection manager would visit the middle floor for a short period of time to observe the premises and communal activities.

During an initial tour of the home, we witnessed a person walking alone on the top floor and in the kitchenette area wearing only a nightdress. This person had no footwear on. A very hot kettle, still containing boiling water had been left unattended on the kitchen bench within reach. During the lunchtime routine on the top floor, a hot trolley was left unattended in the kitchenette/dining room for approximately 30 minutes. These actions posed a serious risk of scalding/burns, particularly to people who lack mental capacity.

An opened tub of 'Thick and Easy' which is a prescribed food/fluid thickening agent was left unattended, within reach on a kitchen bench in the top floor kitchenette. This posed a serious risk of choking if digested by people.

We found one communal shower room was being used as a storage area for hoists and shower chairs. This room had not been locked, or marked as 'out of use'. This posed a risk of trips and/or falls for people who may have entered the room, particularly those who lacked mental capacity.

During an external tour of the premises we found that a gate which provided an exit from the rear of the home was bolted from the other side. We could not reach the bolt to unlock it. This was a hazard because the gate blocked a fire escape route. We reported this to the registered manager and they arranged for the bolt to be unlocked immediately and it was removed the following day. We also found the designated external bin areas were not locked. We could gain access to these areas and found that bins containing clinical waste were not locked and bins containing general waste were not locked. This posed a risk of cross infection to staff and members of the public and was a potential fire hazard.

During our inspection we noted that the home was not clean in some areas. We observed two bedrooms which had thick dust and food debris around large easy chairs. We noted some malodours in some

individual rooms and in communal areas. We saw carpets and work surfaces throughout the home were stained although we were told by the registered manager that carpets were due for renewal. We observed the downstairs kitchenette was unclean and the flooring and work surfaces were stained and untidy. The microwave in the downstairs kitchenette was particularly dirty with encrusted food debris and staining. The top floor kitchenette was also unclean, we saw a piece of toast had been left in the toaster from breakfast; honey and vinegar were left out on a bench and there were no paper towels in the dispenser despite the known outbreak within the home. This posed a risk of cross contamination and a risk of spreading infection. The registered manager told us they had had some issues with domestic staff but this was being resolved.

The registered manager told us that they usually did a daily walk-around but had not been able to complete this on the day we arrived. They told us they did not record these daily checks. We asked to see the infection control audit but the most recent one could not be located. The registered manager told us, "The next one is almost due." Following our inspection, the provider confirmed this had now been completed.

We asked relatives whether there could be any improvements made to the home. They told us, "Yeah, some furniture on the middle floor", "Well, a lot of things need replacing. There's quite a bit of shabby furniture – the carpets are a biohazard" and, "These tables and the work surface [in a dining room] could do with changing."

There were no comprehensive investigation notes in relation to accidents and incidents. The registered manager audited these events from accident book entries, but there were no supporting investigation notes, witness statements or outcomes maintained to show that accidents and incidents were robustly investigated or what action had been taken to reduce the likelihood of a repeat occurrence. We reviewed the audit of accidents and incidents but found the accident book entries had not been comprehensively completed and with no supporting investigation notes or outcomes it was difficult for us to ascertain how serious some accidents had been and whether the registered manager should have notified the CQC of those in line with legal requirements.

Risks which people faced in their everyday lives had not always been fully addressed or actioned. We found information in people's care plans about risks they faced did not have a risk assessment associated with them. This meant the service had not always recognised the individual risks and ensured steps were taken to meet people's needs in a safe manner. For example, there was no risk assessment in place for two people who were at risk of aspiration and choking. One person who was at risk of malnutrition was supposed to be weighed weekly but this had been recorded monthly.

We found that one member of staff had not completed moving and handling training but had been permitted to start work delivering care on eight separate shifts. We spoke with both the training manager and the registered manager about this issue. We were told that the training should be included within the training matrix detailing when this was undertaken. We found that the training matrix corroborated our finding that training had not been undertaken. The training manager told us, "I will be horrified if we have allowed someone to start work without doing it, especially in a home like this".

Although a lot of improvements were evident in relation to the management of medicines we still found multiple examples of anomalies within medicine records which demonstrated that medicines were still not managed robustly. For example, 'as required' medicines were not always signed for which made it difficult for us to know if people had been offered them. The staff were not using a pain assessment tool which meant they could not be sure if it was appropriate to administer 'as required' pain relief to people who were not able to communicate effectively. Medicine care plans were not always specific and detailed. We saw one person has been started on a course of antibiotics but their care plan has not been updated to identify why.

Medicine audits were not consistently completed and some had pages missing. Those which were completed were not thorough, did not always describe outcomes to the problems identified and contained no action plans. We were unable to tell what action the registered manager had taken to address the anomalies they had identified.

The registered manager told us, "When I came I could not argue with your inspection findings. I did put a sheet in where nurses had to have medicine administration records double checked by another nurse or me as the registered manager. It was removed following consultation with the clinical commissioning group (CCG). I have made [the head of compliance] aware that I am not as happy with the new system as I do not feel it is as robust or effective as the one I had put in place."

This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We looked in the treatment rooms and observed nurses carrying out their duties throughout the home. The nurses on duty during our inspection demonstrated full awareness of their responsibilities. Improvements had been made to the ordering, receipt, storage or disposal of medicines.

External advice and support regarding the management of medicines had been requested by the previous registered manager following our last inspection and this had been provided by the local NHS optimisation team. A full audit was carried out in April 2017 by the team and it was noted that the improvements which had been put into practice were taking effect. The team made several recommendations and provided the new registered manager with tools to assist the staff make further improvements and an action plan. The team also offered to deliver a reflective practice session with staff in July 2017. However, due to staff shortages only two nurses attended this session and the registered manager had to leave to cover a nursing shift due to the shortages.

There had been a large turnover of staff since our last inspection. The registered manager told us they felt they had strengthened the care team and were looking to employ more permanent nurses and a new deputy manager. There was currently a high use of agency staff especially nurses but this has been contained to four or five regular nurses covering shifts to try and ensure consistency in staffing. The registered manager told us they had also covered a large amount of the nursing shifts when agency staff were not available. One relative told us, "They've had a lot of agency staff recently."

A dependency tool based on people's care needs was not being used to determine staffing levels. The registered manager told us, "Staffing levels are based on my allocated budget." This meant that as people's needs increased, staffing levels were not being routinely evaluated in order to continuously adapt and respond to reflect people's needs. We asked people if there were enough staff, they told us, "Sometimes there seems to be loads around, but other times you seem to wait ages" and, "Not at the moment. When I first came they seemed to have a lot of staff, but now they don't seem to have time for you." Relatives added, "Sometimes yes, sometimes no"; "Not always, no"; "I think there probably are, but they're always so busy you don't see them"; "Sometimes no, especially when they go for breaks"; "Sometimes Dad has to wait to go to the toilet" and, "Yes, I think so."

We considered there were enough staff on duty during our inspection, but they were sometimes not appropriately deployed throughout the home, particularly at mealtimes and their deployment had not always accurately recorded on rotas on the rosters we reviewed.

Permanent staff employed by the provider continued to be subjected to rigorous recruitment checks,

including application, references and a Disclosure and Barring Service (DBS) check. However, we found that the recruitment policy was not being properly followed with regards to agency staff. The provider's recruitment policy stated that the registered manager should check the Nursing and Midwifery Council (NMC) website to ensure nurse's details are showing as registered and ensure nurses completed a disclaimer which was used to monitor their pin numbers (this included posts which were permanent, overseas, temporary, agency or volunteers). We carried out a check of nurse pin numbers and found one agency nurse had restrictive conditions placed on their registration with the NMC which prevented them from carrying out particular roles within any employment they acquired. The registered manager told us that they had not carried out a pin check on agency nurses as they assumed the employment agency had done that. The registered manager said they had not been made fully aware of these conditions by either the agency or the nurse. Furthermore, the head of compliance also confirmed they had not been made aware of these conditions.

We have concluded that the provider and registered manager had failed to assure themselves that recruitment checks carried out by a third party (for example, an employment agency) were satisfactory. We have referred this matter to the NMC.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

We asked people if they felt safe living at Hadrian House and with the staff who supported them. Their comments included, "Oh yes; I'm safer here than I was at home after my stroke" and, "Oh yes, because there's always somebody here." Overall relatives were happy but their comments were mixed. These included, "In a way, yes because the staff really care, when they can get the staff in, that is. My Mam's always nice and clean; she's well looked after. But it's not safe when there isn't enough staff"; "Yeah, because there's no challenging behaviour here [had requested relative be moved floors]"; "She's well-cared for"; "Oh yes. There are always a lot of people walking around. I wouldn't think she's left on her own…well I hope not; I'm not always here"; "When he was on the middle floor, it was horrendous, but it's much better down here" and, "Yes. The staff are so confidence-giving."

Staff were aware of safeguarding procedures and were familiar with the company safeguarding and whistle blowing policies. They told us they would speak to the manager if they had any concerns. Staff were trained to safeguard vulnerable adults and displayed an understanding of their own responsibilities towards protecting people from harm. Safeguarding incidents had been properly recorded with information about when changes to practices had been implemented and what lessons had been learned following safeguarding matters. There was a tracker in place to monitor trends.

Tests of gas and electric appliances had all been completed as expected as had firefighting equipment and the nurse call system. Regular fire drills were carried out. There was an on-site maintenance person who ensured regular checks on the safety of the premises were carried out.

The two people we spoke with gave positive comments about the standards of cleanliness. They said, "Oh yes, [the cleaner] comes every day and clears the rubbish and wipes all the surfaces" and, "Oh, they're very particular about your room and your laundry. They ask me to change my clothes every day even if I don't want to."

Requires Improvement

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

At our last inspection, we identified a breach of Regulation 11, entitled Consent. This was because DoLS applications were being systematically processed for everyone who used the service without a proper capacity assessment always being carried out. At that time, records indicated that there was a lack of understanding of the MCA by staff and best interests decision making was not always appropriately carried out.

At this inspection we found improvements had been made in this area. 79% of staff had now completed mental capacity act training and through discussions with the staff they demonstrated a proper understanding of the principles of the MCA and how to implement them in their work. Records showed staff applied the principles of the MCA to their assessments and best interests decision-making.

The registered manager told us that the 'Care Certificate' had now been fully implemented into the service and any new employees without previous experience or qualifications in health and social care would be expected to complete it. All staff continued to undertake a company induction too which covered operational information and specific company policies. We reviewed some induction records and saw that the provider's training manager monitored completion of induction and the registered manager signed them off. The registered manager told us new staff had their competency checked at the end of each care certificate unit.

Formal competency checks of experienced staff were still not being routinely conducted. We were only given two competency checks which had been completed for one permanent nurse and the registered manager. This meant the registered manager and provider had not assured themselves that all staff were competent in their role or that they were formally supported to develop their skills and knowledge. One person told us, "The youngsters are a bit…. you know; they do well, but you've got to tell them." The registered manager told us, "Competency checks for personal care are to be disseminated."

We asked the registered manager how they assured themselves of the competencies of registered nurses that were employed via recruitment agencies. They told us that prior to the inspection feedback no checks had been carried out other than a visual review of the pen profile supplied by the agency. They also told us that following the feedback from the inspection this would be reviewed.

Staff training had improved. One person told us, "There seems to be new ones coming in and they seem to

know what to do." The registered manager said, "We have moved quite substantially on staff training, the culture has changed, attendance and understanding is better." Since the last inspection, challenging behaviour training had been delivered to 68% of the workforce and dementia training had improved from 27% to 85%. The staff training matrix showed there were still some gaps in care workers skills regarding nutrition, food hygiene, dementia awareness, challenging behaviour and documentation. End of life care training had only been completed by 17% of the workforce. This meant that there were still some staff had not been supported to participate in training which the provider deemed mandatory or in training courses which would be beneficial to them in their role, to meet the needs of the people they cared for. No formal dysphagia training had been undertaken but good links were promoted with the local speech and language therapy teams.

The care worker we identified who had been supporting people to mobilise and had used mobility aids without the appropriate training had not been scheduled to attend moving and handling training for another three weeks which meant there was a potential risk to people and the care worker if they continued to work without adequate training. Upon our feedback, the registered manager told us they would make alternative arrangements.

The registered manager had only been able to complete 15 staff supervisions since taking up the post in May 2017. No appraisals had been carried out in that time. This was not in line with the provider's Induction Policy or Individual Performance Review Policy which stated staff must have six-monthly reviews and 'End of Year' reviews. The registered manager showed us a supervision matrix which showed that staff supervision sessions were planned to be conducted bi-monthly but this had not been achieved. This meant that staff has not been formally supported in their role to ensure they remained competent. The lack of staff appraisal meant that any staff training, learning or development needs may not have been identified, planned for or supported. The registered manager spoke with us about their plans for staff supervision and acknowledged improvements were needed around planning, carrying out and record keeping.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Staffing.

We observed mealtimes during our visits and we found that sufficient improvements had still not been made to make the experience more person-centred, positive and stimulating for people. The dining rooms lacked atmosphere as staff were preoccupied with the tasks they had to complete and they lacked the time to socialise and interact properly with people who used the communal dining areas. We observed one care worker supporting a person who required full assistance to eat their meal. There were no other staff around for over 30 minutes and five other people who required some level of assistance were left waiting. Their hot meals had been served onto a plate and left in front of them, thus going cold whilst they waited. We saw one person had to have their meal re-heated in a microwave before it could be eaten.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Person-centred care.

We saw hot meals were made available and the chef had prepared lighter alternatives for people who did not want a main meal. We observed care staff tried their best to prompt people to eat their meal. Staff offered choices and different sized portions to encourage people to eat something. There was ample food available which looked and smelt nice. Staff monitored most people's food and fluid intake and this was communicated to nursing staff on charts to enable them to make evaluations and review care needs as necessary.

We asked people what they thought of the meals. They told us, "Well, I don't like them, but I'm fussy. [Care worker] goes out of their way to find me something I like" and, "I suppose they suit a lot, but I'm not a great eater." Relatives added, "Over the last three months it's improved 100%"; "I think she has enough to drink"; "It has improved. Mum has a pureed diet and sometimes she won't eat it. She has enough to drink"; "From what I've seen, the meals look nice enough"; "It's much better. Dad always has plenty to eat; he can have as much as he wants, he has a good appetite. They come around with a drinks trolley" and, "I think it's alright. When I come over teatime, they always give me a sandwich and a cake."

The kitchen staff were aware of most people's special dietary requirements and catered for people's needs such as providing soft and pureed foods, diabetic diets or fortified diets. They were also aware of allergies and some people's preferences not to eat pork for religious reasons. However, the head chef who had only been in post a few months had not been made aware of one person's requirement of 'Halal food'. Halal is Arabic for permissible. Halal food is that which adheres to Islamic law, as defined in the Koran. The registered manager was also not aware of this request. During the inspection, we thought this meant that this person has not received Halal food and we asked the registered manager to investigate this and resolve it. After the inspection, the registered manager was informed by their butcher that all of the meat and poultry supplied was suitable for people who required Halal produce. We have since asked the registered manager to consider this issue further as there may be people living at the service who do not want Halal food or disagree with the preparation of the produce. Best interests decision making may need to be considered for people who lack capacity but may have had particular views about this subject in the past.

We recommend that the subject of Halal produce is discussed with people and their relatives where appropriate to ensure there is a person-centred approach to all food preferences.

People continued to have access to external health and social care professionals to support their general well-being. Care records showed that people regularly saw their GP, dentist, optician and social worker. Entries made in daily records suggested that staff were responsive to meeting people's needs, for example by involving GP's to effectively manage acute conditions such as pain, constipation, water retention and infections.

We saw healthcare professionals visited people during our inspection and we spoke with one of them. They told us they had no issues with the service in relation to the person they had come to assess. We asked relatives if the staff kept them informed about people's health and medical appointments. They told us, "Yes, they do. They call out the GP when necessary"; "Yes, if she's poorly, they'll ring me or come and tell us when we visit"; "My Dad fell out of his wheelchair a few months back and banged his head, but they didn't tell me until I visited" [visited the same day] and, "I can't recall a particular instance but I think they would."

We asked both the registered manager and the head of compliance to give us some examples of the positive outcomes people had experienced. We asked them to consider the effective work that the service had undertaken which has proved to have had a positive impact on people's lives. We were not provided with any examples. During our feedback, we reminded them of this and gave them some time to send the information to us.

The care home was purpose built and had all the necessary adaptions expected such as accessible shower facilities and specialist bathing equipment. The decoration was pleasant and welcoming. The home incorporated elements of a dementia friendly environment such as relaxed lighting and pictorial signage. Memory boxes were fixed to the walls outside of each bedroom; however, a lot of them especially on the middle floor (which accommodated people with complex dementia care needs) were not used or had not been well maintained. Not everyone had their name or a photograph on their door which meant that people

with memory problems may have experienced difficulty finding their own room without assistance. One relative told us, "I find the place a bit impersonal; I don't find it homely."

Walls, doors and corridors were all decorated in a similar style which looked very nice but did not meet with the expectations of a dementia friendly environment. Best practice guidance recommended by dementia care experts such as 'Stirling University' and the National Institute of Clinical Excellence (NICE) infers that walls, flooring and doors should be plain and contrasting colours to help people with a dementia related condition to orientate themselves better. Additionally, fixtures such as handrails, crockery and toilet seats should also stand out from the background to enable people to be more independent and less disorientated.

We recommend the provider reviews nationally recognised best practice guidance to improve the environment for people living with dementia.

The communal activity room was very well decorated with ornaments and areas of interest to stimulate memories and prompt conversation. An activities coordinator told us about plans to section off an area in this room to make a sensory room which would be designed to provide a calming and relaxing area with lights and sounds to reduce agitation and restlessness.

Requires Improvement

Is the service caring?

Our findings

We found that although people and most relatives made positive comments about staff, the staff were not supported by the provider organisation to deliver a wholly caring service. Due to the shortfalls we found at the service, the ability of staff to provide a holistic approach to people's care needs was constrained due to staff vacancies, staff deployment, lack of supervision and ineffective governance and leadership. This meant that people were not always at the centre of the care they received.

We witnessed a couple of occasions where staff did not treat people in the most dignified manner. During mealtime observations, we heard care workers refer to people as 'the feeds' and one care worker shouted down the corridor, "Who else is left to feed." We also witnessed one care worker who appeared to be asleep in a chair in the lounge with their eyes closed and their mobile phone in their hand. They were supposed to be supervising people in the lounge and socially interacting. We fed this back to the registered manager and the head of compliance who informed us this was a member of agency staff and they would report it back to the agency.

Overall, staff demonstrated that they protected and promoted people's dignity and that people were given privacy as necessary. During our inspection, all staff spoke nicely to people and were kind, considerate and caring when interacting with people. People told us, "Yes, they close my curtains and door. I don't feel exposed" and, "I get covered with a towel and things; they're very good." We asked relatives whether their relative's privacy, dignity and respect were upheld. They told us, "Yes, they talk her through what they're going to do. She doesn't understand, but that doesn't stop them"; "Yes, all the time"; "They'll talk to my Mam and tell her what they're going to do"; "I think they're so cheerful and always show respect to the patient" and, "More so on this floor [top]. I did feel my Mum was not as well cared for on the middle floor."

We asked people if the staff were caring. They told us, "Oh yes, they mostly do anything I ask. They're friendly and polite; they'll have a joke" and, "If I want anything [care worker] is very good. They all know exactly what I want."

The registered manager told us they had found the staff to be caring. They told us, "Some staff required nurturing, support and guidance. Bringing in the seniors also helps support care best practice." The service still encouraged the staff to stop what they were doing at 3pm on Fridays and sit and chat with people over a cup of tea. This promoted socialisation and helped staff build positive relationships with people.

We asked relatives about the staff's approach to them and their relations. Comments included, "Very friendly, but if there are any problems, they close rank and you don't get any information"; "On the whole, they're very good; very friendly. They're very hard pushed at times"; "I feel they make more of an effort when I'm here. I don't see a lot of interaction between staff and residents"; "I couldn't be happier with them"; "Friendly. If you ask them anything, they'll try and sort it out"; "Very, very friendly. They are prepared to do anything for you" and, "They're always talking to Dad, especially the activities co-ordinator." There were 'Thank you' cards on display around the home which demonstrated that relatives had appreciated the care and support their loved ones had received.

People and relatives told us they had been involved in some aspects of care planning. Relatives comments included, "Oh yeah, if there's a decision to be made, they tell us"; "Oh yes, I feel I can approach the staff to discuss anything" and, "I have to tell them. For instance, I wanted my Dad assessed by a physiotherapist for leg stiffness. And I had to instigate the continence nurse as well."

Despite all the care plans being re-written since our last inspection, the records did not make much reference to likes, dislikes, preferences, interests and hobbies. Most of the staff we spoke with clearly knew people well but the records did not always reflect people's life histories, past employment, family lives and relationships. This made it difficult for new staff and agency staff to get to know people and support them to initiate meaningful conversations.

Information, advice and guidance continued to be displayed around the home to benefit people who use health and social care services. However, we found some of it was out of date. There was a Healthwatch report from observations in 2014 and a newspaper article about the quality rating in 2015. A service user guide and statement of purpose was also on display and had been given to people and their relatives which provided information about the service and what to expect from the staff.

There were staff designated to 'champion' roles and information about this was on display. The registered manager told us, "The champion roles remain but it's under review as we have gained new qualities with the new staff." A champion's responsibility was to promote best practice and share new initiatives with staff to increase their knowledge and awareness around a specific topic such as dementia care, infection control or dignity.

People's personal information continued to be stored securely in the registered manager's office and in the treatment rooms which we saw were kept locked when unattended. Staff maintained people's confidentiality and spoke carefully to each other as necessary.

Most people had family or friends who acted on their behalf as advocates. Legal arrangements were recorded in people's care records to ensure staff knew who had the legal right to make decisions on people's behalf. The registered manager was aware of how to access an independent advocate if they felt it was needed. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, to ensure that their rights are upheld.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection, we identified a breach of Regulation 17 which in part related to the accuracy of individual people's care records. At that time, the records contained multiple errors. These errors indicated that staff had copied other people's records rather than drafting an individual person-centred record for each person. The provider had failed to ensure that an up to date record of all assessments and care plans for each person who used the service were in place as reviews and evaluations had not been carried out in a timely manner.

At this inspection we found that the provider had undertaken the monumental task to re-write every individual care record. We found that this had been achieved and the care records we reviewed were up to date and accurate. There were plans in place to introduce the 'Resident of the day' evaluations with the hope of widening the scope to include the domestic and kitchen staff team. The re-written care plans focussed on the clinical aspects of people's care needs and staff had ensured that each section of the care record was reflective of people's current physical needs.

However, comprehensive, person-centred information about specific needs were not always recorded. For example, one person's records contained no 'service user profile', no 'This is me' document and no past medical history was clearly recorded. This person's medicine care plan did not clearly indicate the assistance they required to manage their medicines. They were prescribed 'as required' pain relief medicine and the records prompted staff to observe non-verbal signs of pain. These non-verbal signs were not explained or described in the records. There was no use of a pain assessment tool to assist staff identify any known signs of pain. Additionally, this person was prescribed 'as required' medicine to relieve constipation. There were no records of when this medicine was to commence or information for staff about 'normal' bowel movements and when this medicine should be administered. The 'Elimination' care plan did not refer to the use of constipation medicine.

In another person's records there was reference to covert medication but their medicine care plan did not indicate which medicine(s) the person did not have insight into the risks of not taking and which medicines had been considered for a covert administration plan. Furthermore, the medicine care plan did not include details of when to give the covert medicine, what supervision the person required and which staff member was able to administer the covert medicine. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking medication.

In a third person's care records their communication care plan stated that communication was poor due to diagnosis of a specific health condition; the records did not state how staff should effectively communicate with this person. Also, the care plan stated this person had poor vision but the records did not identify what type of glasses should be worn and when or how often they should have their eyes tested. In another record, we found the eating and drinking care plan contained limited information about likes and dislikes. It stated the person required a modified diet, however the reason why and any associated risks were not reflected in care plan.

Other aspects of people's care such as social, cultural, religious and spiritual needs had been mostly overlooked. We found most of the files we reviewed contained no care plan or paperwork at all in a section entitled, "Working and Playing." One person's "Working and Playing" section did contain a typed engagement plan which was undated. It contained information regarding past hobbies and interests and activities which would be suitable. However, the activities coordinator told us they were not aware of any 'social care plans' and had not been asked to get involved in writing, reviewing or updating individual care records. Additionally, a relative told us, "We were asked to put a profile together of the family history etc. but I don't know if anyone uses it. I found it at the back of the top shelf of his wardrobe so I've taken it out of there."

We reviewed the records kept to demonstrate people had participated in social activities. We found the records were brief and mainly consisted of communal and group activities and outings. We found there was little reference to the time which was spent with people on a one to one basis, providing meaningful activities which met with their individual interests and hobbies. Both people we spoke with told us they preferred to stay in their room. One person said, "I used to go to the lounge, but I can't get there now." We asked them if the activities co-ordinators came and saw them in their room. One person said, "They used to pop in, but they don't do that now; I've got no interest in anything now." The other person also said that an activities coordinator did not visit them in their room.

We asked relatives if they thought their relations had enough to do. They told us, "She can't join in but they give her dolls and things to cuddle" and, "I have seen one of the carers sit with Mum and talk to her, but generally no. She can't be involved in group activities now."

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to person-centred care.

We carried out a SOFI (Short Observational Framework for Inspection) assessment and found there was a lot of interaction between staff and people during planned activities. There were lots of things going on at the home during our inspection. We saw staff singing and dancing with people in communal lounges and the activities coordinators were playing games and organising arts and crafts sessions with people in the activities room. There was an activity plan on display which showed what events happened each day of the week, which included a 'Spa Day'. We asked an activities coordinator what this involved and they told us, they had use of several foot spas, and they treated people to a foot soak and massage. They also did hand massages and painted people's nails if they wanted it.

We saw the activities coordinators and care staff had taken some people out into the community. People had recently enjoyed a trip to a local school for 'Armistice Day' and a trip to a local social club function for dancing, singing and bingo. There were lots of communal social events booked and planned in the run up to Christmas.

The service provided end of life care and the top floor of the home was mostly designated for people who had a terminal illness. We found that area of the home to be quite peaceful and calm. We saw in care records that staff had asked people and their relatives (where appropriate) to share their end of life wishes to enable the service to care for people as they would wish when they are no longer able to communicate their preferences themselves or if an emergency situation arose. Advanced care planning, emergency care and resuscitation preferences were documented where these had been shared.

During the inspection, we found complaints were not being managed in line with the provider's complaints policy which was underpinned by an established complaints procedure.

The 'complaints' file contained two complaints, the earliest was dated 31 October 2017. These records suggested that no other complaints had been received or recorded prior to this date and since our last inspection in March 2017. Before this inspection, the Care Quality Commission (CQC) had been informed of two other complaints made about the service during this timeframe, one in August 2017 from a relative and one in July 2017 from a consultant. Upon request, the registered manager found investigation notes and an outcome about the complaint from the consultant; however, this complaint had not been logged on a 'complaints form' or stored within the complaints file. The registered manager had not recorded the other complaint from a relative. We were told this was because the complaint had come through third parties, such as the CQC and the local authority safeguarding team and not directly from the relative themselves. This meant there was no written evidence that an investigation had taken place or that the complainant had been provided with an explanation or outcome from the registered manager. From our discussion with this relative we were aware that they were not satisfied with the verbal response they had been given from the local safeguarding team which was based on feedback from staff at the service. The relative told us they had not received a written response from the registered manager.

The complaints policy stated that all complaints, whether verbal or written should be recorded on a complaints log. This form has not been used at all. There was no written evidence that any verbal complaints, concerns or minor issues had been received, investigated or responded to by the registered manager. The registered manager told us they had received and dealt with verbal complaints over the past six months but not recorded them. The complaints policy stated that lessons learned and action plans should be recorded within the complaints log. Likewise, there was no written evidence that complaints were discussed at a 'formal business meeting' as described in the policy.

We concluded that the provider had not ensured that an effective system was operated correctly to identify, receive, address, record and respond to complaints properly. Furthermore, complaints had not been monitored over time to look for trends and identify areas of the service that may need to be addressed.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Receiving and acting upon complaints.

People and their relatives told us they knew how to complain and information about the procedure was on display. We asked other relatives if they were confident that complaints would be properly handled. They told us, "I've only made one minor complaint and it was dealt with satisfactorily"; "In this establishment I would hope they would, but I would take it further if need be"; "I think so, yeah" and, "I suppose I have to say 'yes', but I have no idea really."

Inadequate

Is the service well-led?

Our findings

At our last inspection of this service we identified a breach of Regulation 17 entitled, good governance. We issued the provider with a warning notice because we had serious concerns about the governance and leadership of the service. After the inspection, the provider told us what action they would take to ensure compliance was achieved.

Before we inspected on this occasion, we asked the provider to confirm that all actions had been completed in order to meet the regulations. They told us that in conjunction with the registered manager and the senior management team, they were assured that all actions to be compliant with regulations, continued to be carried out. We found this was not the case and serious concerns remained about the leadership and governance of the service as well as continuing non-compliance with regulations.

The provider had repeatedly failed to ensure effective governance and quality assurance systems were fully in place. Where shortfalls were identified at the last two inspections, they had failed to appropriately plan and fully address these shortfalls to implement improvements across the whole service. They also failed to fully protect people's safety, as the governance arrangements related to the safe care and treatment of people were not robust. As a result, people, visitors and staff had been exposed to avoidable risk of harm.

The registered manager and head of compliance told us about a range of quality audits were in place and had been completed since the last inspection. These included audits based around people's health, the service and systems and processes. For example, medication, nutrition, skin integrity, catering, dining experience and overall manager quality audits.

We asked the registered manager for the evidence to support the completion of these audits and were provided with a lever arch file where we were told the audits could be located. We asked the registered manager on multiple occasions if audits could be stored anywhere else and were told that other than one infection control audit, which had been lost, all that were completed were retained within this file.

Following a review of the audits we found that they were not always completed in line with the frequency we were told they should be. For example, monthly manager quality audits had not been completed since July 2017; monthly nutritional audits had not been completed since August 2017. In addition to this, some of the audits were not completed in their entirety to produce a thorough and valid view. For example, questions asked in the audits were not responded to.

Of the audits that were completed and made available to us, we did not find them to be effective at driving forward necessary improvements across the service. For example, audits, as listed above, were repeatedly scored as achieving the provider's own threshold of 'not acceptable'. Action plans were not always developed following those audits, with no improvement plans, remedial action, responsible person or timescales. As a result, similar issues were identified within those audits month after month. For example, dining experience audits referenced issues with condiments being made available in audits completed in June, July and August 2017.

The registered manager acknowledged some of these findings and advised that some of the earlier audits following the last inspection were not accurate reflections of the status of improvements and systems. They said, "Earlier audits were scoring 90% plus, they were not that high, they were unrealistic."

Both the registered manager and the head of compliance responded to these findings and told us that the registered manager had been faced with a big job and that they had also been managing resource issues in the early days. They also agreed that the registered manager had been taken away from their supernumerary work to cover nursing shifts due to lack of nursing staff. The registered manager told us, "You cannot man the engine room if you are manning the bridge."

Additionally, we reviewed a compliance audit carried out in June 2017 by the head of compliance which demonstrated where actions were in progress, outstanding or had been completed. No further audits were supplied to us despite a request from us for the last provider visit audit to be supplied.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Good governance.

We asked the registered manager if they completed a daily walk-around of the home and if there were any records to corroborate this. The registered manager stated that there were no records of this but they did complete a daily walk around. They told us they felt that the form to record this was too complex and that they were going to use a form which they used at their previous employment. They told us that if any actions or issues were highlighted on the walk around they dealt with these straight away. If things could not be fixed immediately then they were placed onto the monthly manager's report as compliance action plans.

The registered manager told us that 43 out of the 47 people using the service (97%) had a dementia related condition. We spoke with the registered manager about the décor of the home and queried if there were any plans to adapt the design to a more dementia friendly environment in line with best practice guidance. They told us that there were plans for carpets to be replaced with vinyl throughout the home. They said, "I would have preferred plain carpets but I hear that the Board have decided on vinyl." We asked how people and their representatives had been engaged in this decision making. They told us, "I will bring it up at my next families and residents meeting, although it might already be down by then." This view was challenged by the head of compliance who advised us that they were not aware of a decision having been made. They also told us that the director of operations had been building relationships with the Alzheimer's Society in respect to this. People were not aware of refurbishment plans and at the time of the inspection no plans had been made to appropriately engage with people and relatives around this decision and seek their views.

We have shared our feedback with the provider in other inspections about adopting a more dementia friendly environment. The registered manager told us there were plans to purchase coloured crockery but not toilet seats. They added that they had shared their views about dementia friendly décor with the senior management team but there had been more pressing issues to deal with. They said, "I've had to work on putting a large amount of clinical input into the home but would like to be able to carry out my role as manager."

Following our last inspection, the provider convened staff meetings and held 'Resident and Relatives' meetings to cascade the findings of our inspection and talk about their intended actions to address the concerns. We also saw that additional meetings were held with staff, people and relatives when the new manager took up their post and more recently an update meeting was held in November. Daily handover meetings continued to be carried out and recorded at each shift change to ensure communication between staff was effective and staff were accountable for the tasks they were delegated.

We asked people if they thought the service was well managed. They told us, "Well, as far as I know, yes" and, "It is, yeah. They can't seem to get the staff at the moment though." Relatives told us, "It's getting there slowly but surely"; "[Registered manager] is doing their best, but [senior] management don't seem to be backing her up"; "It's changed for the better since they got a new manager" and, "Yes, I do. Everything seems to arrive on time and as far as I'm concerned, I think [relative's name] is well looked after." The registered manager told us, "I feel in the last four weeks we have really turned a corner." They added, "I feel that the home is moving forward but not at my desired pace."

We asked relatives if they would recommend the home to family and friends. Their responses were mixed. Comments included, "No, definitely not"; "I don't think I would, in fact I know I wouldn't"; "I don't think so"; "Yes. I think Dad's well-cared for" and, "Of course, yes. I like the overall pleasance of the place. There is efficiency here. The staff will do anything for you."

The staff we spoke with were happy working at the service. They made positive comments such as, "I'm happy here"; "I love it here" and, "Onwards and upwards, there has been improvements, I just hope this manager gets the chance to put things right." Other staff commented that the home had improved since the new registered manager had taken over, the morale was better and it was a happier place to work. They told us the registered manager had an open door policy, which they felt was really good.

The provider produced a quarterly staff newsletter to communicate information and good news stories to the staff across the whole group which included their care, property and leisure organisations. It promoted events planned across the services, displayed photos of people and staff enjoying events and reminded staff about reward schemes and employee discounts across the group's sites.

The registered manager had continued to work with external organisations such as the local authority, local authority Clinical Commissioning Group (CCG) and the NHS medicines optimisation team. They were also working with Newcastle University by hosting student nurse placements.

The registered manager had sent the CQC notifications of events and incidents which happened at the service such as, deaths, DoLS and allegations of abuse as they are legally obliged to inform us of.

During the inspection we discussed our immediate findings with the registered manager and the head of compliance and brought several issues to their attention which they promptly addressed. We later spoke with the provider to discuss the inspection findings.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure that people always received person-centred care. Assessments of people's care did not always include all of their needs. Social, religious, cultural and spiritual needs were often over looked. Regulation 9(1)(2)(3)

The enforcement action we took:

We made a decision to impose a condition on the provider's registration to restrict the provider from admitting any new service users.

We issued the provider with a notice of proposal to vary the conditions of their registration and remove this location from their registration.

This notice of proposal was withdrawn and the condition was removed following improvements made at the service which we found when we re-inspected on 13 and 14 February 2018.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider has not always delivered the service in a safe way. Risks which people faced were not always addressed. Medicines were not always managed properly and concerns remained about infection control. The provider had not ensured that an effective system was in place to ensure they were doing all that is reasonably possible to mitigate risks. The provider has not ensured the service was delivered by staff who were suitably skilled and

competent to do so.

Regulation 12 (1)(2)(a)(b)(c)(g)(h)

The enforcement action we took:

We made a decision to impose a condition on the provider's registration to restrict the provider from admitting any new service users.

We issued the provider with a notice of proposal to vary the conditions of their registration and remove this location from their registration.

This notice of proposal was withdrawn and the condition was removed following improvements made at the service which we found when we re-inspected on 13 and 14 February 2018.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not ensure that the established procedure was effectively operated in order to identify, receive, record and respond to complaints appropriately and in line with company policy. Regulation 16 (1)(2)

The enforcement action we took:

We made a decision to impose a condition on the provider's registration to restrict the provider from admitting any new service users.

We issued the provider with a notice of proposal to vary the conditions of their registration and remove this location from their registration.

This notice of proposal was withdrawn and the condition was removed following improvements made at the service which we found when we re-inspected on 13 and 14 February 2018.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that systems and processes were operated effectively to fully address the concerns we had about the service and ensure compliance with the regulations. The service did not maintain contemporaneous records in relation to each service user. Audits and other management records were not always completed, comprehensive or have action plans drafted to address any issues.

Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f)

The enforcement action we took:

We made a decision to impose a condition on the provider's registration to restrict the provider from admitting any new service users.

We issued the provider with a notice of proposal to vary the conditions of their registration and remove this location from their registration.

This notice of proposal was withdrawn and the condition was removed following improvements made at the service which we found when we re-inspected on 13 and 14 February 2018.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider has not ensured that effective recruitment procedures were operated in relation to agency staff. They had not assured themselves that all background checks were completed and satisfactory. Regulation 19(2)

The enforcement action we took:

We made a decision to impose a condition on the provider's registration to restrict the provider from admitting any new service users.

We issued the provider with a notice of proposal to vary the conditions of their registration and remove this location from their registration.

This notice of proposal was withdrawn and the condition was removed following improvements made at the service which we found when we re-inspected on 13 and 14 February 2018.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider has not assured themselves that all staff were suitable for their role or had the skills and competence to carry out their duties. Staff had not routinely received formal supervision to support them in their role. Appraisals had not been carried out. Competency checks were not routinely conducted with experiences staff and agency staff competencies had not been checked at all. Regulation 18 (1)(2)

The enforcement action we took:

We made a decision to impose a condition on the provider's registration to restrict the provider from admitting any new service users.

We issued the provider with a notice of proposal to vary the conditions of their registration and remove this location from their registration.

This notice of proposal was withdrawn and the condition was removed following improvements made at the service which we found when we re-inspected on 13 and 14 February 2018.