

Burlington Care (Yorkshire) Limited

York 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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 30 August and 3 September 2018. This was the first inspection of York House since it was reregistered in February 2018 under a new registered provider. York House is a purpose-built care home providing care for up to a maximum of 36 older people, some of whom are living with dementia. The home stands in its own grounds with an enclosed garden and car parking. On the day of our inspection 31 people were living at the home.

York House 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.

A new manager had recently been appointed but they were yet to apply to be registered with the CQC. 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. It is a condition of the registered providers registration for there to be a registered manager in post.

Staff we spoke with were knowledgeable about safeguarding people and could explain the procedures to follow should an allegation of abuse be made. Assessments identified some risks to people although associated management plans were not always in place to reduce the risks and ensure people's safety. We found some issues in relation to the identification of suitable equipment in people's care plans and how equipment was checked.

There were insufficient staff to ensure people's needs were met at a time of their choosing. There were periods during the day when staff were unavailable in the communal lounge, however the provider's dependency tool showed there were sufficient staff for the number of people at the home. Staff were observed to be spending time away from the caring role on ancillary tasks.

During our inspection we observed medicines were administered safely, but there were issues with recording as the actual count and records did not tally. In addition, a record of the administration of creams was not always completed.

The manager understood their responsibilities under the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and authorisations had been requested. However, recorded evidence was often missing in relation to the assessment of mental capacity and best interest decisions, where people lacked the capacity to consent to certain aspects of their care and treatment. The provider was still in the process of ensuring each person had a record in place and they had identified the requirement for this.

There had been an issue with weight loss at the home which had been recognised by the regional manager

in their audit and people's weights were regularly monitored. Some improvements in records relating to people's food and fluid intake was required and there was a lack of consistent recording in relation to what people had eaten. The information held in the kitchen and in people's care plans did not always tally.

The quality of the record keeping varied and some care records we looked at were not personalised, were inconsistent and in many instances incomplete. The provider had recognised care plans needed to improve to be person-centred and reflective of people's care needs.

The home had not been well-led and there had been a lack of robust monitoring to drive improvements. Detailed audits had been carried out by the regional manager, which had identified the issues and there were plans in place to improve the home within a set time-frame to ensure they improved the quality of their care provision and were fully compliant with the regulations.

The registered provider was open and honest with people, their relatives and with staff about the issues they had found at the home. They held regular meetings to update people and share their plans for improvements.

This is the first time the service has been rated Requires Improvement. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, safe care and treatment, and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Insufficient staffing levels were impacting on all aspects of the service and the tool used to determine staffing levels was ineffective.

Medicines were not consistently managed safely.

Risk assessments were in place for some risks but did not always lead to a risk reduction plan to ensure staff knew how to protect people from harm.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The registered provider had recognised staff training, supervision and appraisal had not always taken place and had plans in place to address this.

Some assessments of people's mental capacity were in accordance with the principles of the Mental Capacity Act 2005, although best interest decisions had not always been recorded.

Records to ensure people received appropriate assistance and support with eating and drinking were inconsistent and unreliable.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff were observed to be kind, caring and compassionate but they did not always have time to sit and chat with people.

The care and treatment of people was not always person-centred and did not meet their needs in line with the person's preferences.

People were treated with dignity and respect.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Care plans were not reflective of people's, preferences, choices and personal histories. There were plans in place to address this and to ensure staff had the necessary guidance.

The registered provider had employed an activities coordinator, who was enthusiastic about their role. They were not in this role at inspection, and we found there was very little occupation at the home.

People knew how to complain and felt their concerns were listened to and acted on.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There had been a lack of leadership at the home.

Audits had not been robust which meant where improvements were required they had not been identified. The registered provider had completed a very robust audit which had picked up the issues and had an improvement plan in place to ensure continuous improvement.

The registered provider held regular meetings with people, their relatives and staff to inform them of the changes

Requires Improvement ●

York 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.

The first day of this inspection took place on 6 August and the second day took place on 3 September 2018. Both days were unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we reviewed all the information we had about the service including statutory notifications and other intelligence. This inspection was carried out earlier than planned due to some negative feedback we had received about the home. Because of this, the provider had not been asked to complete a Provider Information Return as part of the Provider Information Collection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire service, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

We used a number of different methods to help us understand the experiences of people living in the home. We observed the breakfast and lunchtime meal experience in the communal dining areas and observed care interventions throughout the inspection process. We reviewed seven care files and daily records of people at the home. We reviewed four medication administration records. We also reviewed records relating to maintenance, audits, staff and their training and development.

We spoke with the manager, the regional manager, the home support officer, the registered provider, two senior staff, a care worker and the cook. We spoke with seven people who lived at the home, one relative and a visiting professional.

Is the service safe?

Our findings

We asked people at the home and their relatives whether there were enough staff to provide a safe service. One relative told us care and staffing levels had improved recently. They said, "So much staff changes, the care hasn't been consistent, but it's looking up now."

We reviewed the staff rota, and dependency tool to check there were sufficient staff to provide a safe service. We also observed the deployment of staff throughout our inspection. The dependency tool determined there were enough staff to provide a safe service. However, from our observations we concluded there were not enough staff to provide a safe service. For example, there were periods of time throughout the day when communal areas had no staff available to people.

Call bells were answered quickly but once staff attended to check people were safe, they had to wait until staff had finished supporting others before they had their needs met. On the first floor one senior member of staff spent an hour of their time washing and drying up as there was no dishwasher or domestic support to undertake this task. One person said they could not always get up in the morning when they wanted to because care staff were very busy, and they thought there might not be enough staff. They said they had learnt which time to call for staff when they were less busy. They said they always asked to be assisted to go to bed before 19.00hours when staff responded to call bells quickly. "After the night staff come on it would be much longer." We saw another person who was cared for in bed, did not have their call bell to hand. They said, "It's my fault. I should have asked for it. I know they are short staffed." We pointed this out to the care staff, to ensure people had access to call bells as required.

There was a high use of agency staff whilst the provider was recruiting new staff. We asked the manager how they ensured agency staff were inducted into their role. They said, "I put the agency staff with a long-term care staff. The senior walk round with the agency staff, show the fire exits etc. We have a profile for each member of staff." However, we were concerned about the high use of agency staff considering the lack of written information about the needs of the people at the home. This posed a risk and we made a recommendation the provider compiles a profile of essential information required to care for each person, as a priority.

The concerns in relation to the sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's care and treatment needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had recently undertaken a recruitment campaign for new care staff and we could see they had undertaken a thorough process for ensuring suitable staff were employed. At the time of the inspection, recruitment checks were ongoing.

The registered provider had developed and trained their staff to safeguard adults from abuse. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

The registered provider used standardised risk assessments to assess the risk of a person developing a pressure ulcer and to identify adults who are malnourished or at risk of malnutrition. These had all been recently completed. Risk assessments around the risk of falls, choking, moving and handling and mobility had also recently been completed although the associated risk reduction plans were not all in place. The regional manager told us these were a priority to complete

There had been a high number of pressure ulcers at the home, which prompted the regional manager to ensure each person had a body map to record any concerns. They had also raised awareness amongst staff of the importance of preventative interventions. We found information relating to the type of pressure relieving equipment required in people's care plans nor the setting for mattresses was recorded. Staff weren't clear about this even though there was a section on their service users positional record for this information.

The registered provider utilised a moving and handling risk assessment and care plan to identify and promote the safe handling of people. However, we found the information in the risk assessment and the care plan lacked detail. This included all the equipment needed to move people safely. There were three different shower chairs in one downstairs bathroom, to be used by people of varying abilities. There were no assessments in place to guide staff to a person's assessed need for equipment. In addition, the size and type of sling had not always been included although the serial number of the sling had. This also indicated each person only had one sling which meant the person would be without a sling when their sling was being laundered. In one bedroom we entered, there was a specific type of stand aid and when we asked the staff member about this they said, "[Name] doesn't use it anymore." This posed a risk unfamiliar staff might attempt to use this equipment which should have been removed if the person no longer had an assessed need for it. There was no log of assistive equipment to show these were being checked and we recommend these are added to the maintenance checks.

We looked to see how the service was managing people's medicines including the ordering, storing, administering and disposal of medicines. Medicines were stored securely in a locked room, in locked cupboards or trolleys. Temperatures of the room and medicines fridge had been checked every day to ensure medicines were stored within a safe temperature range. The dispensing pharmacy supplied medicines in a monitored dosage system and provided printed medication administration records (MAR). The day we reviewed medicines was the first day of a four-week cycle and we saw MARs showed the count of medicines supplied and carried forward. We checked the count of four medicines and only one was correct. An audit had shown there was an issue with the counts of individual medicines. The manager had implemented a system to ensure these were checked daily, but our inspection showed further improvements were required.

We saw staff checked the monitored dosage files against the prescription in MAR before placing the medication into a medicines pot. We observed people were asked if they wanted 'as required' or PRN medicines. Each person was given their medicines in different ways, either the pot was handed to them or they were helped to take each tablet by the care staff using a teaspoon and, after asking them, putting the tablets to the person's mouth. We did not see the way people preferred their medicines was recorded in the MAR or in care plans. As the service frequently employed agency staff, this meant they were not provided with information about individuals to help them administer medicines the way people liked them. Some people had a record for the administration of creams, but this was not present for every person requiring creams.

The concerns we found with regards to assessing, mitigating risk, assistive equipment and some aspects of the management of medicines demonstrated a breach in Regulation 12 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

People had personal evacuation plans (PEEPS) in place to guide staff how to support individual people in the event of an emergency. Fire alarms were tested regularly and equipment such as extinguishers were checked by an external contractor.

Records showed accidents and incidents were recorded and the manager undertook an analysis of accidents. The home used 'Incident Reporting System and Adverse Event Reporting' software to record accidents and incidents and report to senior management. We reviewed the recent accidents at the home and could see measures had been put in place to reduce the risk of the incident from occurring again. For example, people were referred to the falls team following three falls.

We observed the home was clean and staff had access to plentiful supplies of protective aprons and gloves. The home had recently undergone a deep clean following an outbreak of diarrhoea and vomiting. One waste bin had not been emptied from the weekend or throughout the second day of our inspection, which we mentioned to the manager as this showed there was gap in their system for ensuring all rooms were checked daily.

Is the service effective?

Our findings

People told us they liked the food. One person said, "The food is good. Plain food, just like mother made. Nothing fancy but it's good and it's nice. The puddings are marvellous. Suet puddings, sponges, load of custard."

Where necessary staff monitored food and fluid intake to minimise the risk of malnutrition or dehydration. However, the records were not consistently completed, and it was unclear how much of their meal people had eaten. Some staff recorded "all", whilst other staff did not. Staff were also relying on memory to record what people had eaten as this was not recorded at the time people had finished eating. We checked one person's records who we observed had declined their meal and had been offered a sandwich cut into four pieces. Their records indicated they had eaten two sandwiches when we observed they had eaten only part of two quarters of the sandwich.

There had been an issue with weight loss at the home which had been recognised by the regional manager in an audit they undertook in July 2018. They had implemented a system where people were weighed each week. When this showed people had issues with their weight referrals had been made to the GP for the dietician, although there was a waiting list for these assessments. However, there were no recorded interventions in place as an interim measure. Some people had not been weighed in August because there were issues with the calibration of the weighing scales and the hoist scales. This meant there could be no direct comparison with previous weights. Both set of scales had been repaired at the end of the second day of our inspection.

We spoke briefly with the cook as part of our inspection, although they were under pressure as their assistant was not in work and they were without support. The information in the board in the kitchen, from the cook, from the file in the kitchen and what we knew about people's weight loss did not corroborate. We pointed this out to the manager to ensure this was corrected and people at risk of weight loss had detailed plans in place whilst they await support from the dietician. This was particularly important due the recent reliance on agency staff. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the lunchtime experience in the communal dining areas. In the upstairs dining area people were seated at tables, which had been laid out nicely. Staff served each individual person from a heated trolley and used plate covers to take the meals to the person. We saw people had been offered a cupcake or biscuit with their morning cup of tea and they were offered drinks during the day.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were four DoLS in place and a further 12 had been applied for.

Some of the care plans we looked at contained decision specific mental capacity assessments which ensured the rights of people who lacked the mental capacity to make decisions were respected but they were missing in others. Documentation had not always been completed for restrictions such as bedrails, sensor mats or wheelchair lap straps. Best interest decisions were not in place for people who had been assessed as lacking capacity to consent and relevant people involved in their care were not consulted about the decisions. The lack of recorded decisions meant the service was not fully compliant with the MCA and constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a lack of evidence in all the care files we reviewed that people had been asked to consent to aspects of their care and support. We did see blank consent forms, being introduced by the new provider in files and they told us they had identified these needed to be completed. Some care files contained consent information from the previous provider, but this was not consistent in all files.

We asked the manager how new staff were supported to develop into their role. They told us new care staff completed the registered provider's own induction programme. They weren't using the Care Certificate which is the agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

The regional manager told us the registered provider's policy indicated staff should receive six supervisions each year. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff and improves the quality of service provided by the organisation. They acknowledged not all staff had received supervision in line with company policy, but they had recently supervised all but two staff at the time of the inspection. Plans were in place to ensure staff had timely, regular supervision in line with company policy.

Staff told us they were supported with their training and development and had been given the training required to enable them to support people effectively. The manager told us they had been unable to obtain certificates from the previous registered provider in relation to training staff had completed. This meant all staff were currently undergoing re-training in key subjects to ensure they were confident all staff had attained the required standard. Training in moving and handling, safeguarding, food safety, medication had been booked in September. We saw evidence this training had been booked in and this information was on the staff notice board for staff attention.

There was evidence people had access to nurses, therapists, GP, pharmacy staff, dentists, and opticians to ensure their wellbeing.

The décor to the first floor was dementia friendly, and there was signage indicating bathrooms and toilets. Bedroom doors were painted a variety of colours, had a picture of a bed and the facility to record the name of the person whose room it was. These had not been filled in for most people and we saw one person looking without success for their own bedroom. We were also concerned with the high use of agency staff, a better system for identifying people's bedrooms would be helpful, particularly during the night. Many of the bedrooms were personalised and contained pictures, photographs and personal mementoes. The

environment was light and airy, and all areas were accessible to people with mobility issues.

Is the service caring?

Our findings

People who used the service told us staff were kind and caring and treated them with respect. Comments included, "The staff are good. You couldn't get better. The agency staff are good as well."

Our observations during the inspection concluded that permanent staff knew people very well and were very respectful and kind with people. However, there were times during the inspection where people had to wait for care to be provided, as there were no staff available. There was very little opportunity for staff to sit and talk with people for a meaningful length of time. Staff focussed on meeting people's basic needs, although we saw this was undertaken with care and compassion.

Care plans we looked at didn't always show people had been involved in decisions about their care and treatment. However, we observed some people were offered choice during the day, from where they would like to eat, what they would like to wear and where they would like to sit. The registered provider told us they would be focussing on evidencing person centred care going forwards and this was a priority for the organisation.

Staff spoke about the importance of ensuring privacy and dignity was respected telling us how they ensured this when providing care. We observed staff respecting people's privacy and dignity by knocking on people's door before entering their bedroom. However, we did see loose paperwork relating to a person at the home, on top of the filing cabinet in the upstairs dining area, and throughout the second day of inspection the downstairs filing cabinet containing confidential information remained unlocked. This meant information was not always held confidentially.

We asked staff about equality and diversity and how people were supported in relation to their religious and cultural needs. Staff could tell us about the importance of treating people as individuals and respecting their rights in terms of equality.

People were also encouraged to retain their independence and we saw one person made their own hot drink when they required this. They told us it was their intention to return to live in the community with support, and they were keen to remain as independent as possible.

We discussed advocacy with the manager who told us they would involve an Independent Mental Capacity Advocate to support people who lacked capacity to make decisions, if they had no family involved.

Is the service responsive?

Our findings

We looked at seven care files, associated risk assessments and additional care documents such as food and fluid charts and repositioning records. The quality of the record keeping varied and some care records we looked at were not personalised, were inconsistent and in many instances incomplete. Some care records contained information from the previous registered provider on their paperwork. Others contained information on the new registered provider's paperwork (although mostly these lacked detail) and we found no care plans in place for one person who was staying on a temporary basis. This meant staff did not have an up to date record of people's care and treatment. The registered provider had recognised the issue with care plans and was in the process of updating these.

It was clear from our observations that permanent staff knew people well and were knowledgeable about the things that were important to them in their lives. They could describe in detail the care people required and how this was carried out. However, due to the high number of agency staff, updating the care records to contain information required to support staff to care for people required prioritising.

We found gaps in people's records of the care interventions they had received. For example, records of oral care, and on some occasions, staff had omitted to complete a record of any care interventions.

People's care records didn't show they had been involved in decisions and had consented to their care, treatment and support. People's life histories had been recorded in some care plans, completed by the previous registered provider. However, it was missing in several of the care plans we looked at. Information about people's life histories enables providers to tailor care to meet the person's needs based on past life experiences, preferences and previous choices. This meant agency staff or new staff unfamiliar with the person would not have the information to provide person-centred care to people.

Due to the poor standard of records, people's end of life wishes was not recorded in their care plans. The home had a range of equipment in place to support people at the end of their life and community nursing services provided support at this time in people's life. The registered provider had identified they needed to make improvements in this area to ensure they considered and recorded people's wishes and decisions about their end of life care. They were aware of the importance of staff having this information to fully support people.

The issues we found with care records demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not fully implemented the Accessible Information Standard. This standard ensures people who have information or communication needs relating to a disability, impairment or sensory loss can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment. The standard requires the service to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and they receive communication support if they need it.

There was some assistive technology in place, such as sensor mats to alert care staff to the movement of people at the home. However, there were inadequate checks in place to ensure they were correctly used. We found one person attempting to get out of bed, and their crash mat had been pushed under their bed, which meant staff would not have been alerted to their movement.

We also found information was not always recorded about people's hobbies and how they liked to be supported with their interests and meaningful occupation. There was an activities schedule on display that recorded activities for each morning and afternoon. The registered provider had recently appointed a new activities coordinator and the manager spoke highly about how they encouraged people to be involved. However, on the first day of our inspection they were absent and on the second day due to staffing shortages, they were required to provide care and support to people. In between their caring duties we saw they facilitated a discussion about how people used to go to school which got people involved and we could see people enjoyed. But this was a very small part of people's days and for the most part people were sitting without any means of occupation. In the dementia friendly unit, the television was showing a programme with people shouting at each other, which agitated one person and they walked away. On the morning of the second day the television was on, but people were not watching it. The TV was not positioned so people could see it and one person who remained seated in the communal lounge on both days was not able to see the television.

One person we spoke with who chose to stay in their room, said, "When I first came I thought I'd go down (to the communal lounge). I didn't like it. It wasn't me. I'm alright if people come to the room and talk." We saw the management team had recognised the importance of providing meaningful time for those people who were cared for in bed, although this was limited during the times of staff shortages.

There was a complaints policy in place and there were signs up throughout the building on how people could complain. We reviewed the formal complaints with the manager and could see these had been investigated. The provider had held several meetings with relative during which they had been given the opportunity to discuss their concerns about their relative's recent poor experiences at the home and what actions they were taking to address the issue. One relative we spoke with told us they had used this opportunity to air their concerns and they were happy with the response. One relative told us they had complained in the past because an aspect of personal care was not carried out as frequently as the person preferred. They said the service had responded well and this now happened daily.

Is the service well-led?

Our findings

This service was added to the registered provider's portfolio of homes in February 2018. The registered provider is required to have a registered manager as a condition of registration. The person registered as manager was no longer working at the home and had left in May 2018, although they had not de-registered at the time of this inspection. A new manager had been recruited and they commenced in July 2018. They had not yet put in their application to become the registered manager of the home at the time of our inspection.

During the inspection we found that systems and processes were not established and operated effectively to ensure the service was meeting the fundamental standards in terms quality and safety. This led to breaches of regulation in relation to staffing, safe care and treatment and good governance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found quality assurance systems hadn't driven the necessary improvements at the home although this had been recognised by the regional manager who had undertaken a full audit at the service and had implemented a recovery plan. The manager was supported by a team, including the regional manager, the nominated individual, and the registered provider's home support officer.

The registered provider had regularly updated their policies. However, we found policies referenced out of date legislation and did not always refer to current evidence-based guidance such as guidance from The National Institute for Health and Care Excellence (NICE). We did raise this with the manager and regional manager.

We had concerns about how the registered provider worked out the number of staff and skills required as we found they were not always deployed appropriately. There was a dependency tool used to determine staffing levels to meet the needs of people using the service, but as this was not effective we raised our concerns about how it was used with the management team.

Although recognised by the regional manager as an issue, the inconsistent level of care records to guide staff when supporting people was a concern. This meant staff did not have access to complete and contemporaneous records in respect of each person using the service, or about their life history which potentially put people at risk of inappropriate care. There was also a lack of recorded evidence in relation to consent, mental capacity and best interest decisions.

The registered provider had recognised, supervision, appraisal and training of staff had not always been carried out and they had put plans in place to remedy this. Staff had all received recent supervision and training had been planned.

Staff meetings were held regularly, and staff were asked to add items for discussion on the agenda. Not all staff attended and when we asked why, staff told us they were busy providing a service to people. They said they had access to the minutes of the meetings, which were kept on the notice board. We reviewed the

minutes of the latest meeting

We saw the management team had held several meetings with people using the service and their relatives to seek feedback but also to reassure people of the planned improvements. From what we could see they were providing a genuine opportunity to listen to and to engage with people whilst the planned improvements took effect.

Registered providers and managers are also required to notify CQC about certain events at the home. Records showed all recent notifiable events had been reported to CQC as is required.

Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, PAT testing, water and fire safety. Hoists and manual handling equipment such as beds had been serviced and tested to meet the Lifting and Lowering of Equipment Regulations. (LOLER).

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not met the requirements in relation to the assessing of and mitigating risk. Risk reduction plans were not in place, assistive equipment and the setting of mattresses had not been recorded. The management of medicines needed to improve.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been in place to ensure compliance. The provider had not ensured they maintained securely an accurate, complete and detailed record in relation to each person using the service. Consent had not always been evidenced. Audits had not always identified where improvements were required and although a detailed audit had been completed, this still needed to demonstrate the quality of the service delivered.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were insufficient numbers of staff deployed to provide a high quality service.</p>