

Abbey House UK Limited

St George's Care Home

Inspection report

Brickhills
Broughton
North Lincolnshire
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Website: N/A

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

We undertook this unannounced inspection on the 11 and 12 March 2015. The last full inspection took place on 16 and 17 July 2014 and the registered provider was non-compliant in all 10 of the areas we assessed. These included care and welfare, safeguarding vulnerable people from abuse, cleanliness and infection control, safety and suitability of the premises and equipment, staff recruitment, staffing numbers and how the service was managed overall. We also had concerns regarding the financial viability of the registered provider and we commenced enforcement action.

In February 2015, due to financial issues, the Court appointed an Administrator to manage the service until it could be sold and enforcement action was put on hold. The local authority continued to have an embargo on placements at the service and a voluntary suspension on all admissions to the service was still in place with the Care Quality Commission [CQC]. The local authority continued to make monitoring visits to the service.

During the writing of this report on the 23 March 2015, the Administrator decided to close the service and people who lived in St George's Care Home were moved to

Summary of findings

alternative placements the following day. Despite the closure of the service we have a duty to report on what we found during our inspection. During this current inspection we found some improvements had been made but there remained concerns regarding several areas including the management of the service. We decided to continue with our enforcement action. This was to cancel the registered provider's registration to carry on the regulated activity of accommodation for persons who require nursing or personal care. The registered provider withdrew their appeal to the decision to cancel their registration and this will now take place.

St Georges Care Home is a two storey building situated on the outskirts of the village of Broughton. It is registered to provide accommodation and personal care to 22 older people. On the day of the inspection there were nine people living in the home. Communal areas such as two sitting rooms, a conservatory and the dining room are located on the ground floor, whilst bedrooms and bathrooms are located on both floors.

The acting manager had been employed at the service since October 2014 and was not registered with CQC. The service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we had concerns about the overall management of the service. We found the acting manager, despite their kind and caring approach, did not have the skills and experience required to manage the service. This had impacted on certain areas of safety, care and welfare and we are considering our regulatory response.

We found there continued to be concerns with the way staff were recruited and not all employment checks were in place before new staff started work. We found there continued to be insufficient staff on duty at all times to meet the current needs of people who used the service. This placed people at risk of receiving inadequate care and support.

Staff had not received sufficient induction, supervision and development.

We found there was a lack of understanding about risk management and responding to incidents to prevent reoccurrence.

People had plans of care but they did not have sufficient guidance and information for staff in how to support people. Important information was lacking which could place people at risk of receiving inadequate care.

There was a quality monitoring system, including policies and procedures which had been purchased and was contained in folders in the acting manager's office. However, this had not been utilised although a survey of the views of six people who used the service and some checks of the environment had taken place. The checks undertaken had not identified shortfalls so they could be rectified. Records used for the management of the service were not always present, up to date and accurate.

We found staff were kind and caring to people who used the service and they were treated with respect and dignity. However, one person's dignity had been compromised due to a lack of important moving and handling equipment.

People's nutritional needs were met and they received their medicines as prescribed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Staff were not recruited in line with good practice; full employment checks had not been carried out on some new staff before they started work.

There were times when there was insufficient staff on duty to meet the needs of people who used the service.

There was a lack of understanding about risk management, which placed people at risk of harm.

Inadequate



Is the service effective?

The service was not always effective.

People's nutritional needs were met.

Staff had an understanding about how to gain consent for day to day tasks completed for people but the principles of the Mental Capacity Act 2005 in regards to assessments of capacity to make important decisions had not been followed.

Although staff had day to day support, there were no systems in place for an effective induction of new staff, on-going supervision meetings or appraisals to ensure staff development.

Requires Improvement



Is the service caring?

The service was not always caring.

Staff were kind and considerate towards the people who used the service and they were treated with dignity and respect.

Privacy locks were absent from some bedroom doors and toilets and bedrooms did not have lockable facilities for people to store personal items.

Requires Improvement



Is the service responsive?

The service was not always responsive.

The care plans did not provide sufficient up to date guidance and information for staff about people's individual needs.

There was a lack of meaningful activities for people who used the service and time for staff to devote to them.

People were able to make choices about aspects of their daily lives.

Requires Improvement



Is the service well-led?

The service was not always well led.

Inadequate



Summary of findings

Despite positive comments about the acting manager's kind and caring approach, we found they lacked the skills and experience to manage the service effectively.

The quality monitoring system was not sufficiently robust to identify shortfalls in the service so they could be rectified and records were not always in place, accurate and up to date.

The service was not financially viable.

St George's Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 March 2015 and was unannounced. The inspection was completed by two adult social care inspectors

Prior to the inspection we spoke with the local safeguarding team and the local authority contracts and commissioning team about their views of the service.

We spoke with the acting manager, a senior care worker, two care workers and a cook. We also spoke with three relatives of people who used the service, two visiting health professionals and the Court Appointed Administrator who was now overseeing the service.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, the training record, the staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits and maintenance of equipment records.

Is the service safe?

Our findings

People who used the service told us the staff treated them well, they received their medicines on time and they felt safe living in the home. Comments included, “We do feel safe here”, “Yes, I do feel safe. I had a fall but I have a large frame now”, “Yes, we do get them [medicines] on time; if I want painkillers I have one”, “Yes, I get painkillers when I need them”, “The carers are good; they treat you in a nice way”, “We could do with one more staff in the morning” and “The girls are very nice; they check on us at night every two hours.”

Relatives told us, “It’s spot on; he gets looked after really well, gets everything he needs. He feels safe and calm here” and “They seem happy here.”

At the last inspection on 16 and 17 July 2014 we had concerns about staff recruitment practices. We found improvements had not been made and there remained poor recruitment practices. The registered provider had not carried out full employment checks before staff started work in the service. There were no recruitment records at all for the acting manager and one other member of staff. We were also unable to view the application forms for a further two members of staff and references for one of them. There were no up to date checks completed with the disclosure and barring service [DBS] to ensure the new staff were safe to work with vulnerable adults. This meant there continued to be a breach of regulation 21 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Our regulatory response is to cancel the registered provider's registration.

At the last inspection on 16 and 17 July 2014 we had concerns about staffing numbers. We found there remained concerns regarding the amount of care staff on duty at specific times of the day. We saw there was one person who required two care staff to ensure they were moved and transferred safely with the use of a hoist. There were two other people who also required two members of staff intermittently to ensure their safety and wellbeing. There were nine people who used the service. There were two care staff from 7am to 7pm and from 7pm to 7am, seven days a week, a cook from 7am to 1pm each day and a domestic worker from 7.30am to 11.30am five days a week.

We found periods of time where gaps occurred in the number of care staff available which posed a risk of people not having their full care needs met. For example, in the evening when the acting manager completed their shift at 5pm and two care staff remained to support the people who used the service and complete the evening meal. There were also gaps at weekends during the day. As there were only two care staff on duty, there was no-one to oversee people when both staff were required to assist specific individuals. After the last inspection the acting manager changed their shift pattern to 10am to 6pm, which meant they were available to support the care staff during evening catering tasks five days a week. An additional member of staff was employed recently to work 1pm to 6pm to cover the weekend gap.

The acting manager told us the domestic worker or the cook would be able to oversee the people who used the service during the week and at weekends when staff were busy attending to those people who required two staff. However, this did not occur in practice, as when we arrived on the first day of the inspection at 9am, the cook was busy preparing breakfasts, two staff were supporting one person and the domestic worker was vacuuming in one of the bedrooms at the back of the service. At the weekends there were two care staff and a cook on duty in the morning. It was unclear whether the cook had agreed to or received any training to enable them to oversee people who used the service or assist them with personal care tasks, as records were not available. In discussions, staff confirmed there were times when there were insufficient staff to support people and oversee others. This meant there was a breach of regulation 22 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Our regulatory response is to cancel the registered provider's registration.

There had been an attempt to complete risk assessments for some issues that posed a concern for people who used the service. However, these did not always provide full guidance to staff in how to minimise the risk and there was a lack of understanding about the management of risk. For example, in January 2015 one person had sustained a fall and required support from paramedics. A risk assessment had not been completed following the incident which would provide staff with instructions of how to minimise future risks and how to support the person should the

Is the service safe?

incident reoccur. Important equipment required had not been purchased and the person continued to be at risk of further incidents. Similarly, there were no effective risk assessments regarding the management of catheter care; this was despite three people having catheters and one incident which had occurred that placed one of them at risk of harm. The lack of effective risk management meant there was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Our regulatory response is to cancel the registered provider's registration.

Since the last inspection, there have been improvements in the safety of the environment. Window restrictors have been installed, fire regulations complied with and moving and handling equipment checked by competent persons. The fire escape hand rail and conservatory roof have been repaired. A bench in one part of the garden remained unsafe to use as there were exposed nails. However, we observed the staff's response to the activation of the fire alarm; the two care staff on duty were not aware the noise was the fire alarm. This meant staff may not respond appropriately in a fire emergency and was mentioned to the acting manager to address with a practice fire drill.

We found there had also been improvements in how staff protected people from the risk of abuse. Most staff had

received training in how to safeguard vulnerable people from abuse. In discussions, they were clear about the different types of abuse, the signs and symptoms that may alert them to concerns and how they would report them to their line manager and other agencies. The acting manager had some knowledge about safeguarding procedures although additional training in the use of the local safeguarding risk analysis tool is required.

We found people received their medicines as prescribed. Staff recorded when medicines were received into the service and when they were given to people. One person was prescribed a medicine to calm their anxieties when required but there was no protocol in place to guide staff as to when this was needed. Staff had also made some changes to the medication administration records following discussions with the GP, however they had not consistently countersigned and dated the changes. We saw medicines were stored in a trolley which was secured to a wall in the staff area. We found there was no record of the temperature of this area so it was difficult to audit if medicines were stored at the correct temperature.

We found improvements in cleanliness and infection prevention and control procedures. A build-up of bird faeces had been removed from bedroom windows and specific items of furniture discarded. However, the build-up of bird faeces had started again on one of the bedroom windows.

Is the service effective?

Our findings

People who used the service told us they could see their GP when required and they liked the meals provided.

Comments included, “They send for the doctor quickly; I’ve had drops and I’m waiting to have my ears syringed”, “The food is like being in a hotel; they come round and ask us what we want”, “We get plenty to eat and drink” and “We have no cook on Fridays so we have fish and chips from the chip shop – yes that’s fine we like them.” Relatives said, “They call the doctor straight away and they get hold of one of us” and “There is lovely choice [of food]; I have stayed a couple of times and it was a nice meal.”

We saw most people’s nutritional needs were met. Menus were varied and the meals prepared looked well presented. People were able to have alternatives to the main choice on offer each day. The cook told us they checked with people each day regarding the meal on offer and often changed the menu at their request. There were currently no people under the care of a dietician, although when we checked records we felt two people required monitoring and one of them may need a fortified diet. The acting manager told us they would discuss these concerns with a dietician and record the outcome. There was a nutritional screening tool available, but staff had not used this yet; this may have alerted them to seek advice sooner regarding the two people. The cook told us there were no special diets required apart from low sugar diets for three people. The cook was aware of who required this diet and used sweeteners when making desserts.

We checked the care files for people who used the service. These showed us people had access to health care professionals such as GPs, district nurses, community psychiatric nurses, opticians and chiropodists. In discussions, staff described the concerns that would alert them to speak to a GP or other health professional.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. There were no people subject to a DoLS at the time of this inspection. The acting manager was unsure about criteria for DoLS applications and had not completed MCA and DoLS training. Other care staff had completed this training in the past.

We found the application of the Mental Capacity Act 2005 [MCA] in regards to assessments of capacity, best interest decision making and care planning had not been applied fully. For example, we saw there had been a discussion to make a specific decision relating to one person, however there was no assessment undertaken to show the person lacked capacity to make the decision themselves. This meant there was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 11 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Our regulatory response is to cancel the registered provider’s registration.

In discussions staff told us how they would obtain consent regarding care and support for people who used the service. Comments included, “You assume people have capacity to make their own decisions. Even if people can’t make big decisions about hospital treatment, they can decide day to day choices”, “We help people to make their own decisions and have best interest meetings if they can’t” and “We ask people; we write questions down for one person with communication difficulties and they put their thumb up or down.”

We saw the induction of new staff consisted of reading and signing the employee’s handbook, completing an orientation of the service, meeting people and shadowing more senior staff for two days. A member of staff confirmed this but stated they had not completed an induction record. Staff confirmed they had received training in areas considered to be essential by the registered provider. The training record showed these included safeguarding adults from abuse, moving and handling, health and safety, infection prevention and control, safe handling of medicines, fire safety, basic food hygiene and first aid. Some of the essential training required updates; this was confirmed in discussions with care staff. Most staff had completed other training such as dementia awareness, hand hygiene, communication methods, catheter care and National Vocational Qualifications, or equivalent, in care. The acting manager was in the process of analysing training needs in order to produce a training plan for the coming year. They told us this would look at refresher training and courses reflecting the needs or health conditions of people who used the service. Without this training, staff may not be equipped with up to date skills and knowledge in order to support people’s assessed needs.

Is the service effective?

Staff told us they were able to approach the acting manager as required and they were trying hard to improve the service and support each other. We found staff had not received formal supervision meetings or had appraisals in order to discuss their training and development needs. This meant there was a breach of regulation 23 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Our regulatory response is to cancel the registered provider's registration.

We saw there were some improvements that could be made to the environment to help people living with

dementia. These included signs to help orientate people to their bedrooms, communal rooms, toilets and bathrooms. There were grab rails and raised toilet seats to support people and equipment to assist people in and out of the bath. The service had a lift to the first floor for people who were unable to manage the stairs. A block of wood provided a small ramp over the threshold at the main entrance but we found a hand rail had not been installed to support people when they manoeuvred a slope to the garden area. This was mentioned to the acting manager to address.

Is the service caring?

Our findings

People spoken with told us staff were caring and treated them with dignity and respect. Comments included, “I thoroughly enjoy it here, although I have been upset with all the carers going”, “The carers are nice”, “The girls are very nice; kind and patient” and “They want you to do as much as you can do for yourself.”

One person said, “They are lovely carers day and night; there is just the odd one.” They went on to say they felt some night staff showed frustration in their faces when they responded to call bells. They said they appreciated they called for assistance several times each night but felt the staff could show more patience. Another person who used the service when asked if the staff were caring said, “Yes, all bar one.” These comments were mentioned to the acting manager to address.

Relatives told us staff were kind and caring. Comments included, “Yes definitely, they always talk to people with respect”, “I think he gets looked after really well” and “The staff are nice and they [people who used the service] seem alright and happy.” One relative described how staff dealt with a sensitive issue in a compassionate way.

We observed some positive interactions between staff and the people who used the service. During an observation of the lunchtime experience, we observed staff were very attentive and involved people in discussions. The care staff and the cook checked if people had enjoyed their meal and asked if they wanted more to eat. The cook was observed to assist one person to use their fork and this was completed in a sensitive and caring way. A member of care staff asked a person if they were managing and turned their plate so the person with poor sight didn’t miss the food. We observed staff walking beside people who used mobility aids and this was completed at an appropriate pace. Staff were observed kneeling down to talk to people when they were sitting in chairs and asked questions about their family.

We observed people who used the service were supported to wear clothes of their choice and to look smart. We saw

staff complimented people who used the service. They were overheard commenting on people’s hair, clothing and jewellery. A member of staff said to one person who used the service, “You are looking beautiful today”, to which the person replied, “Yes, I feel beautiful.” These comments helped to raise people’s self-esteem and promote self-worth.

We observed staff provided information to people prior to tasks being completed. For example, when supervising people walking with mobility aids, supporting them to the dining table, explaining the choices available at lunch and assisting people to the toilet. There was a menu board on display which provided information about the meals available each day.

Via discussions with staff it was clear they knew people’s needs well. They were able to describe the care each person required and their preferences. There was a key worker system which enabled staff to form relationships with people who used the service and their relatives.

We observed staff promoted privacy and dignity. Staff were observed knocking on bedroom doors prior to entering and they spoke to people in a friendly and professional manner. Care plans prompted staff to promote privacy, dignity and independence. Staff said, “We make sure curtains are closed and when people are undressed we keep them covered up” and “Always knock on doors and wait until they say to come in.” However, we found one person’s dignity had been compromised due to a lack of important moving and handling equipment.

Most people had their own bedroom unless they had chosen to share one. This afforded them privacy and space if they wanted to spend time alone in their room. We saw that not all the bedrooms, bathrooms and communal toilets had privacy locks and there were no lockable facilities in bedrooms for people who used the service to store personal items. This was mentioned to the acting manager to address.

People who used the service all had relatives to support them, however the acting manager was aware that advocacy services could be used as required.

Is the service responsive?

Our findings

People told us staff were responsive to their needs and most felt able to complain. Comments included, “They buy bottled water for me as I prefer it to tap water”, “They bring in newspapers each day”, “They check us at night every two hours”, “I have never reported anything as I deal with it myself”, “I would tell the manager [about any concerns]” and “Yes, I would tell staff.”

At the last inspection on 16 and 17 July 2014, we had concerns about how assessed needs were translated into care plans so staff had guidance in how to support people. We looked at the care files for five people who used the service during this current inspection. We found assessments had been completed prior to people’s admission to the service. These had mainly been completed by local authority personnel who commissioned the service. Care plans had been produced and the acting manager told us these had been kept under review and since the last inspection they had been updated when people’s needs changed. However, the care plans we saw did not contain important person-centred information about how to support people’s specific needs. For example, how to manage catheter care, promotion of continence, poor sleep pattern, pressure area care and nutritional needs. One person had behaviours that were challenging to staff but there was no clear guidance for staff in how to approach the person when they became anxious.

The care plans had not been updated since March 2014. Care staff and the acting manager had written some changes in an evaluation section but had not transferred these to the care plan. This meant staff would have to trawl through pages of evaluation records to find the updates. This could be time consuming and may cause confusion for staff in how to support people.

We found one person was at risk of skin tears and developing reddened areas to their skin. Although we saw they sat on a pressure relieving cushion during the day, there was no pressure relieving mattress for their bed. This had not been identified as a need by the acting manager or care staff team. We spoke to a visiting health professional during the inspection and they told us they would ensure a mattress was obtained quickly. When we checked with the service later, this had been delivered. We saw the person had swollen ankles and required their legs to be elevated. We observed the person’s legs were elevated but their

position on the stool would not have protected heels effectively and a more appropriate chair may be required. Staff had not recognised that this position may cause additional pressure on the person’s heels. We mentioned this to the acting manager to address. A risk assessment for the person stated pressure areas were to be monitored and staff were to promote movement. However, there was no preventative guidance regarding the frequency of checks and no monitoring charts to show pressure relief had been completed.

We found the registered provider had not responded to a person’s risk and need regarding important moving and handling equipment. This was despite an incident which had occurred two months prior to the inspection. This could potentially impact on the person’s health and wellbeing. We mentioned this to the acting manager to address. Another person had a catheter in situ but there was no stand for the night bag. This meant the catheter may not drain appropriately when the person was in bed.

We judged care planning, the management of potential skin damage for one person and a lack of appropriate equipment to manage mobility for another person meant people had not received person-centred care. This meant there was a breach of regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Our regulatory response is to cancel the registered provider’s registration.

The care files did include information about people’s personal preferences, likes and dislikes and we found staff knew people’s needs well. We observed some measures had been taken to respond to people’s individual needs. For example, during an observation of the lunchtime experience we saw one person used cutlery adapted for their needs and they had a plate guard to assist them to eat independently. Staff described how they had noticed one person seemed over faced with the meals provided. They ensured the person had smaller portions and this was working well.

We observed people who used the service were provided with choice regarding aspects of their daily lives. For example, we saw people were able to choose when to get up and retire to bed, where to sit and spend their day, what food they wanted to eat, where to eat their meals, what clothes to wear and when to go out with their relatives. This

Is the service responsive?

was confirmed in discussions with people who used the service, their relatives and staff. However, we also found that some people's choice regarding the time of bathing had been restricted. This was due to a broken light bulb in the one bathroom used by people who used the service. Staff told us night care staff used to assist some people to bathe early in the morning or in the evening as this was their choice but the lack of appropriate lighting meant bathing could only take place during the day. This was mentioned to the acting manager to address.

We saw there were limited activities arranged for people who used the service. One person, when asked what activities were available said, "That's the problem; there were some the other day but it's not consistent." They also said, "It's alright here but you could do with more people to

have a chat with." Some people told us they preferred to stay in their bedrooms and not participate in activities. One person said, "I keep myself occupied; I knit, crochet, read and do jigsaws." They also said, "I join in some activities such as skittles and we made cards and Easter bonnets last year but I prefer to stay in my room." Staff said, "People are looked after and fed but there is a lack of activities", "There are not enough activities as there are only two staff; yesterday we played games" and "There are enough sometimes but there is a lack of time. The manager has taken someone out at the weekend as an activity."

There was a complaints policy and procedure and people told us they would tell staff if they had concerns. Staff told us they had very few complaints and dealt with minor issues such as laundry straight away.

Is the service well-led?

Our findings

At the last inspection on 16 and 17 July 2014, we had concerns about the financial viability of the service and we commenced enforcement action. In February 2015, due to financial issues, the Court appointed an Administrator to manage the service until it could be sold and enforcement action was put on hold. We continued to have concerns about the financial viability of the service. The continued financial issue was a breach of regulation 13 of the Care Quality Commission (Registration) Regulations. We decided to continue with our enforcement action. This was to cancel the registered provider's registration to carry on the regulated activity of accommodation for persons who require nursing or personal care. The registered provider withdrew their appeal to the decision to cancel their registration and this will now take place.

At that last inspection we also had concerns about the consistency of management. At that point there had been several changes of manager in a short space of time, none of which were registered with the Care Quality Commission [CQC]. Since the last inspection another acting manager has been appointed. Despite comments about the acting manager's kind and caring approach, we had concerns about the level of skills and experience they had in order to manage a service which required so many improvements. We found the acting manager had started to develop good relationships with the people who used the service and they were willing and keen to learn about management of the service. However, they had not received any documented supervision or mentoring from the registered provider in order to improve their knowledge and skills. The acting manager had enrolled themselves on a management course.

At the last inspection we had concerns that the quality monitoring system was under-developed and inconsistent. During this current inspection we found a quality assurance programme had been devised but had not progressed at a pace which was required. There was a full set of purchased policies and procedures, which included audit forms but these had not been used yet. Some checks had been carried out on the environment to ensure that infection prevention and control measures were in place and fire safety equipment was working. However, the last fire drill was September 2014 so new staff had not had their competence in fire evacuation procedures tested. We

found the service had been without specific plastic bags for three weeks, which were used to hold soiled linen during a sluice cycle in the washing machine. The acting manager told us they had reported this to the registered provider but they had not been re-ordered. The Administrator told us they would address this quickly.

An action plan had been formulated regarding improvements to the environment but there were no timescales for this. Staff told us they had decorated four bedrooms, some toilets and the downstairs hallway during night shifts. It was unclear if additional staff had been brought in to complete this task, which if this had not occurred could have placed people who used the service at risk of inadequate care. The rest of the bedrooms bar one all needed re-decorating and some needed re-carpeting. Communal lounges needed re-decorating and re-carpeting. Some furniture was tired and in need of replacement.

We had concerns regarding the timeliness of obtaining equipment following incidents and accidents. For example, one person who fell in January 2015 could not be supported with the hoist as there was no appropriate sling for them and had to wait on the floor for professional support. On the day of the inspection we asked the acting manager if they had acquired the correct sling but this had not been ordered. This meant learning from the incident had not taken place and could be repeated. There had not been a check that important equipment was required or it had not been recognised that important equipment was required. This included a pressure relieving mattress and a catheter bag stand. Staff told us a light bulb, in the only bathroom used to bathe people, had been broken for several weeks so bathing could not be completed in the evenings.

The acting manager had audited a care file for one of the nine people who used the service, however the check was to ensure that documentation was in place and did not reflect on the quality of the information recorded in the care file. It did not highlight the shortfalls in care plan information and risk management plans.

An audit of medicines management had been completed in December 2014 by the supplying pharmacist. They had made nineteen minor recommendations, which mainly consisted of changes to how medicines were recorded. At the time of the inspection these recommendations had not been actioned. There were weekly checks completed by

Is the service well-led?

staff regarding the management of medicines but these had not included the controlled drugs book. The controlled drugs book indicated some medicines were still held in the controlled drugs cupboard. A senior care worker told us these had been returned to the pharmacy but not recorded as such.

There had been a survey completed by six people who used the service since the last inspection and the acting manager told us they had placed a survey for relatives to complete in the entrance. Relatives had not completed them yet and it was unclear if they were aware of them. There had not been surveys for visiting health professionals or staff to check their views about the service.

There had been two incidents since the last inspection that affected the health and welfare of people who used the service. CQC should have received notifications about these at the time they occurred to enable us to check out any concerns. The acting manager told us they would familiarise themselves with what information needed to be reported to CQC and in future send these in a timely manner.

The above quality monitoring issues meant there continued to be a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our regulatory response is to cancel the registered provider's registration.

We found important records were either not in place or were inaccurate. These included staff recruitment, some training records, the staff rota and the controlled drugs book. The acting manager told us they would check records to ensure they were in place, accurate and up to date. The above issues with records meant there was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our regulatory response is to cancel the registered provider's registration.

Despite the issues with quality monitoring we received some positive comments about the acting manager from people who used the service and their relatives. Comments included, "The manager is really nice", "The manager is probably the best they have had" and "It has improved over the last year; staff are more regular and more organised." One person who used the service said, "I'm not sure what is happening with the home; it would be nice to know."

Staff told us they felt able to raise concerns with the acting manager. Staff also said they had a good team and worked well with each other. The acting manager told us they were able to speak to the Administrator when required and they felt confident they would help to address issues.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 CQC (Registration) Regulations 2009
Financial position

The registered provider did not carry on the regulated activity of accommodation for persons who require nursing or personal care in such a manner as to ensure the service's financial viability. The aims and objectives set out in the statement of purpose and registration requirements were not met.

The enforcement action we took:

We served a Notice of Proposal (NOP) to cancel the registered provider's registration to carry on the regulated activity of accommodation for persons who require nursing or personal care. The registered provider appealed to the NOP but after consideration we decided to proceed to a Notice of Decision (NOD) to cancel the registered provider's registration. The registered provider appealed to the NOD but has since withdrawn it.

The decision has been made to cancel the registered provider's registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010
Care and welfare of people who use services

The registered provider had not taken proper steps to ensure that each service user was protected against the risks of receiving inappropriate or unsafe care. This was because there was a lack of risk management and person-centred care.

The enforcement action we took:

The decision has been made to cancel the registered provider's registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010
Assessing and monitoring the quality of service provision

The registered provider did not protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care. This was because there

This section is primarily information for the provider

Enforcement actions

was not an effective operation of systems designed to regularly assess and monitor the quality of the service and identify, assess and manage risks relating to the health, welfare and safety of service users.

The enforcement action we took:

The decision has been made to cancel the registered provider's registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The registered provider did not have suitable arrangements in place for assessing the capacity of people to consent to the care they received. This meant the application of the Mental Capacity Act 2005 in regards to assessments of capacity, best interest decision making and care planning had not been applied fully.

The enforcement action we took:

The decision has been made to cancel the registered provider's registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered provider had not ensured service users were protected against the risks of unsafe or inappropriate care. This was because an accurate record in relation to their care had not been maintained and other records in relation to persons employed at the service were not in place.

The enforcement action we took:

The decision has been made to cancel the registered provider's registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

This section is primarily information for the provider

Enforcement actions

The registered provider had not operated safe and effective recruitment practices to ensure appropriate checks and documentation were in place prior to staff starting work in the service.

The enforcement action we took:

The decision has been made to cancel the registered provider's registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

The registered provider had not taken steps to safeguard the health, safety and welfare of service users by having sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times.

The enforcement action we took:

The decision has been made to cancel the registered provider's registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered provider had not made suitable arrangements to appropriately support staff in relation to their responsibilities. Staff had not received supervision and appraisal.

The enforcement action we took:

The decision has been made to cancel the registered provider's registration.