

A & D Rhoden

The Hylands Retirement Home

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 21 and 22 April 2016 and was unannounced. The last inspection took place in August 2013 and the standards inspected at that time were met.

The Hylands Retirement Home offers accommodation and personal care for up to 46 older people. At the time of the inspection there were 40 residents living at the service.

There is a registered manager in place. 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.

People felt safe and were confident they could raise concerns with the staff team. However, there were no robust systems in place to assess quality and safety. The registered provider had not adequately monitored the service to ensure it was consistently safe.

The service did not have effective systems in place for identifying trends in risk to individuals. Accidents and incidents were recorded in people's individual files, but there was no analysis of these or an overview to monitor them to identify how risks of re-occurrence could be reduced.

We have made a recommendation about recording of risk assessments and clear guidance for staff.

Staff had been recruited safely and all relevant checks had been carried out before they delivered care and support to people. People told us that staff were attentive and available in sufficient numbers to meet their needs.

Staff were trained in their roles and we saw that additional training was being sourced from a local provider to meet the training needs of new staff. This meant that staff had the appropriate knowledge to support people.

We found that staff were communicating with each other, their senior care workers and registered manager. However, supervision and appraisal were not offered consistently or used to develop and motivate staff and review their practice or behaviours. Staff training or good practice needs were not identified through supervision. There were no opportunities for staff to have regular private discussion with their registered manager to raise concerns or review their personal development.

Staff encouraged people to be as independent as they wanted to be. People told us they felt they were treated with respect and kindness. People also told us the staff approach was caring and they made positive comments about the care they received.

The care plans we saw did not all contain a full assessment of people's needs and were lacking in

information. People were not consistently consulted about their own care needs, nor were they involved in planning, reviewing, or making suggestions regarding improvements they wanted to make. The registered manager had not made sure that people received person-centred care that met their needs and reflected their personal preferences.

People who used the service and their relatives told us they felt confident about talking to the registered manager to raise any issues.

However, the service had not encouraged more formal feedback from the people who used the service. There was no robust process in place to allow the service to adequately monitor and assess whether people had received a quality service. For example, by using surveys or questionnaires.

Leadership within the service was inconsistent. Assurance and auditing systems were not in place to monitor and drive improvement in the quality of the service. The views of people, regarding their experience of the service were not being gathered to ensure that issues were identified and standards of practice were not continually evaluated to ensure they were maintained. Staff were not adequately supervised to encourage motivation and development of the staff team. Records relating to each person were not detailed or complete and the registered manager and provider had not understood what matters must be notified to CQC and had not made notifications requested by law.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person centred care, staffing and governance. You can see what action we have taken at the back of this report.

We found two breaches of the Care Quality Commission Registration Regulations 2009. This related to the notification of deaths and of other incidents. This is being followed up and we will report on any action once it is complete.

Where a service is rated as 'inadequate' in any key question but is rated as 'requires improvement' overall, special measures re-inspection timescales apply. This means that this service will be re-inspected within six months, not 12 months.

If the service remains inadequate in any key question after the re-inspection, the service will become subject to the special measures framework.

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.

Risk assessments were not consistently reviewed and this could impact on the safety of people using the service.

People's files were disorganised and there was a lack of consistent documentation information in files regarding reviews and guidance for staff.

People told us they felt safe.

Staff demonstrated verbally that they had a good knowledge of people's health needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Care workers had not received regular one to one supervision or appraisals, which are used to develop and motivate staff and review their practice or behaviours.

New staff were required to complete the care certificate to provide them with appropriate skills and knowledge to carry out their roles effectively and competently.

People told us the staff were well trained and knowledgeable.

Is the service caring?

Good ●

The service was caring.

People and visitors told us that the staff were kind and caring.

Staff gave clear explanations to people regarding their care and support in a manner and pace that was appropriate to individual needs. People told us they did not feel they were rushed when receiving care and support.

Staff encouraged people to maintain their independence and people told us they can go out when they wanted to without supervision.

Visitors told us they were made to feel welcome by staff and that people received the support they needed in a friendly and helpful manner.

Is the service responsive?

The service was not consistently responsive to people's individual needs.

We found that care plans contained limited information for staff relating to the needs of people.

People made positive comments about their care, however, they were not consistently involved in their care planning and this could impact on the level of person-centred care being provided to people.

People and staff told us they would speak to the registered manager if they wanted to make a complaint. The complaints procedure was on display to bring it to the attention of people who used the service.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Quality assurance processes were not in place to adequately monitor and audit the service.

Audits were not completed and this meant the service was unable to assess whether people felt they received a quality service.

The provider had failed to submit the required notifications to CQC as required by law.

We found that records were inadequate across a number of areas and did not consistently contain detail or outcomes.

Staff and people told us they felt the registered manager was approachable and they were confident to speak to them if they

Inadequate ●

had an issue to raise.

The Hylands Retirement Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 April 2016 and was unannounced. On the first day of the inspection the team consisted of two adult social care inspectors and a specialist professional advisor (SPA). A SPA is a health and social care professional with a background relevant to the service being inspected. The SPA for this inspection was a nurse with experience of working with older people and people living with dementia. One adult social care inspector continued with the inspection on the second day.

Prior to the inspection we reviewed the information we held about the service. This included notifications, safeguarding information and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports and we contacted the local authority contracting team for their views. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we carried out observations of staff interacting with people to observe care and to help us understand the experience of people living at the home. We spoke with the providers of the service, one of whom was also the registered manager, and the administrator during both days of the inspection.

We spoke with five people who used the service and four visitors. We reviewed the care records for six people and had discussions with seven care staff members, two domestic staff and a kitchen assistant. We looked at four staff recruitment files. We reviewed records, including policies and procedures and emergency plans.

We looked at most areas of the home including some bedrooms, communal lounges, medicine storage area, dining room and the office. We observed a lunchtime meal being served and the medication round being completed during the morning.

Is the service safe?

Our findings

People we spoke with told us they felt safe and one person said, "I feel safe here, I couldn't have managed at home and if I buzz them they [care workers] appear quickly, so I am not left waiting." A relative we spoke with said, "I know [relative's name] is being checked on and is safe here." Another person told us, "They [care workers] check on us very two hours during the night." Care plans confirmed that nightly observations were recorded, with the time of the check and the signature of the member of staff carrying out the check. During the inspection we saw that staff responded to the call system in place in a timely manner.

All of the staff we spoke with told us they had received safeguarding training. The training records confirmed this. One staff member told us, "We do a good job and are very careful when moving and handling residents." Another member of staff said, "I feel people here are safe and we have safeguarding training and read the care plans that let us know how to care for someone safely." Staff we spoke with demonstrated a good awareness of the types of abuse which can happen and were clear about who they would report concerns to. They knew the meaning of the term 'whistle blowing' and told us what they would do if they had a concern. Whistle blowing is raising a concern by disclosing information about a wrong doing within an organisation. One staff member said, "If I saw anything abusive I would report it to the registered manager." Another told us, "I know that whistle blowing is telling someone about my concerns and I know I could tell CQC." The staff handbook was detailed and included the service policy on safeguarding, bullying and whistleblowing.

We found that the service had not used an accident and incident book to record instances since August 2014. This meant that we could not see how well accidents and incidents were managed. Information regarding accidents and incidents was recorded in people's care plans, which meant that information was not reasonably accessible for review or analysis of any general risks within the environment.

We looked at risk assessments relating to people's needs. They were stored in care plan files and included risk assessments for falls, mobility, dressing, nutrition and medication amongst others. Information outlined the specific risk, the reason for concern, measures implemented and when reviews should be carried out. However, information was kept in three separate files which made it very difficult to find and review the information.

Individual risk assessments relating to falls were present in three of the care plans we reviewed. We spoke with one person who had experienced a fall and they told us, "I feel a bit shaky, but they [care workers] are helping me." And, "I am getting better slowly." They also explained that they would let staff know if they felt any pain. We spoke with a relative who told us, "Staff cannot watch everyone 24 hours a day and [person's name] has progressed well since coming back here from hospital."

We found that although risk assessments were done, they were not adequately reviewed to ensure people were kept safe. We saw that two people had suffered falls in March 2016 and April 2016 but their risk assessments had not been reviewed or updated accordingly. This could impact on people because staff would not have access to up to date information and guidance on how to ensure the risk of falls was

minimised. Although staff and the registered manager were able to tell us about the health issues and vulnerabilities of people, and they demonstrated a good knowledge of their care and support needs, the lack of reviews being recorded indicated that record keeping was not consistently robust and did not give staff clear instructions when risk issues for people had been identified.

We recommend that the service seek advice and guidance from a reputable source about best practice regarding documentation of any risk relating to a person and clear guidance for staff.

When we walked around the premises, we found the hallways were clutter free, well lit, displayed exit signs and allowed safe access to the lift areas. Records confirmed to us that the fire extinguishers, emergency lighting and fire alarms had all been inspected regularly and within appropriate timescales. The work place fire safety risk assessment included an assessment of hazards in the building, people at risk and control measures in place. This was reviewed annually and was due for review in May 2016. One staff member told us, "The Fire safety officer gave us evacuation advice when he came to give us training." The registered manager explained that they have CCTV in operation on all landings and public areas. This demonstrated that the premises and equipment were managed to keep people safe.

Emergency out of hours arrangements were in place and consisted of two care workers on duty at the service and one worker sleeping in. The provider was also on call from their home address nearby. A senior care worker told us, "The person sleeping in or [registered managers name] will be on call and we know that we ring 111 or 999 depending on the emergency. We always try to send a member of staff to hospital with a person, which means they are not there alone at a time when they might feel scared or be in pain."

People told us they thought there were enough staff employed to meet their needs. One relative said, "There are enough staff, they're always around, popping in and talking to residents." A person who visits regularly to provide a service to the people told us, "I feel there are enough staff to keep people safe and if I need help with anyone they [care workers] are there for them straight away." The rotas showed that there were two senior workers and two care worker on duty throughout the day time. A senior care worker was responsible for the rota and they told us, "We have quite a few part-time workers who will come in to cover shifts when people are off sick. It can be difficult sometimes, but we have always managed it between us and haven't needed to use agency staff."

During our inspection we saw there were adequate numbers of staff on duty. The registered manager explained that they employed a team of cleaners and two staff who served meals and cleared and set the dining tables. This meant that the care workers were not required to complete any duties in addition to providing care and support to people.

We reviewed the staff recruitment process and found that staff had been recruited safely. Their files contained ID documents, appropriate references and employment history. Disclosure and Barring Service (DBS) checks had been issued before staff commenced employment. The DBS checks assist employers in making safer recruitment decisions by checking prospective care worker members are not barred from working with people who need social care support.

We observed medicines being administered and the staff member was courteous and offered water to help people take their medicine. The drug trolley was tidy and the Medicine Administration Records (MARs) were up to date and reflected the medicines given. The controlled drugs (CD) cupboard and stock book were appropriately managed and secured. CD's are medicines that have strict legal controls to govern how they are prescribed, stored and administered. The stock control system was recorded and kept in a locked room. The medication returns book was detailed and recorded medication returned was signed and dated and

stamped by the local surgery.

When we spoke to staff about medicines they told us, "I ring the doctor if we have any queries or if something doesn't add up. I questioned some medication today." The service policy gave guidance to staff in the handling and administration of medicines. We spoke with two people who administered their own medication and they confirmed that their medicines were supplied appropriately and stored securely.

Is the service effective?

Our findings

The service did not use a training schedule to record and plan staff training needs. The administrator told us they looked through staff files individually to find out when they had been trained and to assess future requirements. This system gave no clear or reasonably accessible overview of training needs for new or existing staff. We discussed this with the administrator who acknowledged that a different method of recording staff training needs, for example a spreadsheet, would be more effective and would allow for one point of reference to review completed training and plan for future needs. The administrator said they would address this issue.

We reviewed staff files for supervision and appraisal records and found that the registered manager completed supervision with senior care workers. Supervision is a meeting where staff can discuss their work, continuing training and professional development and highlight any concerns they may have.

However, senior care workers had not had supervision since January 2015. The care worker files we reviewed had received their supervision in November 2015 and this was carried out by senior care workers. Timescales in which supervision and appraisals were carried out were irregular and the appraisal forms we reviewed were brief and lacked adequate information to form a complete appraisal. This demonstrated that although staff did communicate with each other on a daily basis, they did not have a process in place to accurately record and review regular and comprehensive supervision and appraisal meetings, to develop and motivate staff and review their practice or behaviours.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing.

When we asked people if they felt the care workers were well-trained they made positive comments including, "The staff are well trained and very knowledgeable." And, "They [care workers] are trained to look after us properly."

All new staff were required to complete the Care certificate; this is a qualification that aims to provide health and social care support workers with the knowledge and skills they need to provide safe and compassionate care. A senior care worker we spoke with confirmed that a local training provider visited the service fortnightly and delivered and monitored the theory element of the care certificate. The competency element of the training was checked by a senior care worker.

New staff shadowed more experienced care workers and their practical skills were observed during induction. Staff files confirmed this and contained induction checklists that had been signed when tasks had been carried out competently. We observed training certificates in staff files and information regarding an end of life care training program that included input from a local hospice. Fire safety training had been delivered in November 2015 and included evacuation process guidance. Staff gave us examples of training they had undertaken that included first aid, manual handling and understanding dementia.

The service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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.

We found that staff had received training around the MCA and Deprivation of Liberty Safeguards (DoLS) in December 2015. The DoLS protect people's liberties and freedoms lawfully when they are unable to make their own decisions. This meant that staff were aware of the legislation and associated guidance. We looked at one care plan which contained a DoLS document that had been renewed in February 2016. When we requested information regarding the number of people who had DoLS in place the registered manager told us there were six in place. However, they had failed to submit any DoLS notifications to CQC, which is required in law.

We spoke with staff about how they gained consent from people and they told us, "We always ask for consent before we do a task and make sure we're doing what the person wants us to do and how they like it to be done."

People's health needs were appropriately met. Their daily notes were detailed and up to date and recorded if any calls had been made to a doctor or district nurse. One staff member said, "If we need a district nurse we ring a national number to make our request, then it is sent by them to the local district nurse team. This is a quicker method and can mean a referral is dealt with on the same day." And, "We also support people to go to dentists, doctors, hospital appointments and will book free transport if family cannot take them."

We observed the lunchtime meal being served and one person told us, "I like the food and have a big breakfast and don't eat lunch very often, but might have something at tea-time. The staff are very good to me." The dining area was set out well, in a spacious and light environment and residents were properly supported by care workers during their meal.

We observed that staff were attentive to people's needs and knew their names. They asked people if they would like more drinks and spoke to people respectfully. There was a calm environment in the dining room and people and staff were chatting to each other in a relaxed and friendly manner. Staff assisted people from their chairs when they required support and people left the dining room when they chose to. This demonstrated that people were supported to have enough to eat and drink and were assisted appropriately during meal times.

One person told us, "I get weighed every four to five weeks and the nurses come in." One relative told us, "I can see [person's name] is eating well and has put weight on." We found that the associated care plan detailed the person's weight gain and noted that they were eating and drinking well. Two of the care plans we observed contained dietary assessments to establish if a person was at risk of malnutrition or not being hydrated. Staff recorded details about food and fluid intake and completed weight charts that were reviewed monthly.

Is the service caring?

Our findings

People told us that staff were kind. One person told us, "I just ring the bell if I want anything. They [care workers] always come straight away, they are very good." Another person said, "They [care workers] are very helpful." The visitors we spoke with said that people received the support they needed and that staff were friendly and helpful. One relative told us, "[person's name] has a good interaction with everyone. Staff are kind and caring towards [person's name] and I like that." Another visitor said, "I feel the staff are caring with everyone." During the inspection a number of relatives were visiting people and we saw that they were welcomed by staff.

The people we saw were appropriately dressed and their rooms were personalised. We observed staff showing compassionate care to the residents. For example we observed a member of staff spending time chatting to a person about local social events they had both attended. We saw that staff explained to people they were assisting about what they were doing and why, before any care and support was provided. The interactions observed were friendly and we saw people were treated with respect. One person we spoke with said, "The staff are caring and we have fun. I have good banter with them." Another person told us, "I felt low at one time and they [care workers] pulled me round." The person explained that staff had been thoughtful towards them and ensured they were not socially isolated.

Staff spent time with those people who needed physical assistance to ensure they were comfortable and they encouraged people to join in with some activities. Staff responded positively to people and took time when they assisted them. This ensured that people were given the attention they required. One staff member told us, "We can spot when someone is not themselves and we're considerate and gentle. Some people like to hold hands with us." And, "We have lots of positive interaction, which is at the heart of caring." During our visit we saw that staff knew people well and enjoyed gentle banter and good conversation together. This demonstrated that staff supported people in a caring manner and spoke to them appropriately, in a way they can understand.

People told us they were never rushed and could spend all day in the communal areas or in their own rooms if they wished. One person told us, "I like to get out and about and I just let them know if I'm going out." One relative said "[person's name] came here for a two week stay and decided they wanted to stay." And, "If there are any problems they ring me straight away." Another relative said, "The staff respect the fact that [person's name] was a very independent person."

We spoke to staff about how they provided information to people and one staff member told us, "Some people don't have family, so we encouraged one person to see a solicitor about their financial security and got them some support."

We observed that people who used the service were given enough information by staff before they offered any personal care and this care was offered discreetly. One person told us, "I feel my dignity and privacy is respected by all the care workers, especially when they are dealing with my personal care."

We discussed with people and staff how independence was maintained and one person said, "I go to visit my family sometimes, so am away for a few days and I just let them know when I am going to leave and come back." Staff told us, "We will encourage people to be independent and would be there in case they needed some support. We respect their choice in trying to keep their independence." One person said, "I go out on the bus and go to a local group. I let the staff know and I get a taxi if I need to."

Is the service responsive?

Our findings

People had a range of care plans in place. Each care plan was created following an assessment of risk to determine whether a care plan was required. However, care records demonstrated that a full assessment of people's needs had not always been carried out. We found poorly completed care plans which meant there was a lack of information present regarding people's care needs. People's records lacked information on what they needed assistance with and what they could do themselves. For example, for one person their care plans in relation to a range of issues were not completed. Examples included a well-being plan, continence assessment and plan, moving and personal care plans, activities, communications, diet and hydration plans, which were not completed. Risk assessments for this person had no review date.

Each person had a care plan, an individual file and a daily notes file. The individual files did not have any particular order or associated subject areas for the paperwork they held. This highlighted the lack of coherent planning for managing people's care needs.

In another person's file we saw the family contact and social company, and sleep and rest care plan was blank. There was a lack of information on toileting routines for one person who had experienced continence issues. This meant it would be difficult for a member of staff to gain an overview of a person's support needs and any associated risks.

These findings showed that accurate, complete and contemporaneous records for each person using the service were not in place and that the systems for recording people's care and treatment needs and delivery were ineffective.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

Staff demonstrated to us that they knew people well and they could tell us about people's individual histories. We saw one example of a 'Life history' that a family member had completed and it was very detailed and included photographs taken through the person's life. However, this was the only example we saw and it was not filed with the person's care plan, so we were unable to establish if staff had access to it or not. We discussed this with staff and they told us, "We have sent out requests for 'life histories' to families and some have come back. When doing care plans we go and speak to the person to ensure it contains what they want and we ask the family to be involved in the care plan." We saw five people's files that contained limited information about people's life histories and this aspect of their care. This meant staff would not necessarily have knowledge on people's interests and past life to help them understand the person and their individual needs unless they or a relative could tell them.

Formal care plan reviews were not taking place recording people's comments, suggestions and any improvements they wanted to their plans of care. We asked people about their input into their care planning and one person said, "I didn't have input into my care planning or reviews." However, another care plan stated that the review had been completed with the person and monthly reviews had been carried out and

recorded. There was a lack of consistency that meant there was a risk that people's comments would not be acted on and their care preferences may not be acknowledged in response to changing or deteriorating care needs.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

People told us the staff were approachable and they could ask staff if they needed to speak about anything. One person said, "I can just speak to the staff in the case of a complaint, they always get things sorted out for me." Another told us, "They [care workers] treat me as a person and I can tell them things." People had their own personal belongings in their rooms and one person said, "This is my home now and my friends come and visit me." A staff member explained that they tried to match a person with a member of staff who could respond to them and give them what they need, they said, "This helps with a bond being created." This is sometimes known as a key-worker system.

When asked about activities being offered to people, staff told us these were arranged on an ad hoc basis depending on what else was going on during the day and what people asked to do. We spoke to staff about how they offer choice to people and they told us they encouraged people to make choices about what they would like to wear, if they would like to do activities during the day and how they would like to be supported. They said generally activities took place twice daily, once in the morning and once in the afternoon.

During our visit we saw staff engaged people with a game activity in the morning and in the afternoon we saw a member of staff holding a quiz. People said that they enjoyed the activities but would at times like "more things to do" within the home. One relative described how they have taken their family member out in a wheelchair that they are free to borrow from the service and they said "[person's name] goes out with someone from church every week, but there are no activities to go out organised by the home."

We did not see any complaints documented in the service files and people told us they were satisfied with the service and did not have a cause to complain. A complaints procedure was displayed to bring it to the attention of people who used the service. Staff we spoke with told us, "If someone had a complaint I would speak to them about it and see if we could solve things. I would talk to my manager about it and log it in the daily notes." One person explained that they didn't have any complaints and would talk to the registered manager if they did. They went on to say, "I don't have any cause for worry and it wouldn't do me any good to bottle things up, so I would talk to someone."

Is the service well-led?

Our findings

There was a registered manager in post. However, we saw that some of their management tasks were being undertaken by a senior care worker who was carrying out an administrative role, including notifications, and not all of these tasks were completed as the law requires. Following the inspection the registered manager wrote to us to say this was due to a miscommunication on their part with the member of staff undertaking this role. For example, we found the provider and registered manager had failed to submit the notifications on deaths, accidents and incidents and authorisations of deprivation of liberty applications as required. Notifications give CQC specific information about incidents which may affect the people who use the service or the running of the service. We have asked for additional information from the registered manager regarding notifications.

This was a breach of Regulations 16 and 18 of the Care quality Commission (Registration) Regulations 2009 – Notification of death and notification of other incidents.

We identified with regard to management systems around risks, care records and quality assurance there was a lack of effectiveness that had a significant impact on the quality of the service. We found that people's care records were in disarray making it difficult to assess their accuracy. Formal supervision was not being carried out on a regular basis to feed into the training plan and promote staff development.

We identified several areas that needed improvement particularly with regards to care records and overarching systems and processes. It was unclear from the service records how people were supported to record their opinions about how they would like to receive their care. The individual preferences of people and their personal histories were not consistently present in their files.

Throughout the inspection we found that the standard of record keeping was poor. When accidents or incidents had occurred records to show these had been investigated or any action taken in response were not in place. This meant there was no practicable way of assessing whether incidents were being reported so that action could be taken to investigate.

The lack of risk reviews being recorded indicated that record keeping was not consistently robust when risk issues for people had been identified and staff did not have clear guidance on how to minimise risks relating to people.

The provider did not have effective systems in place for identifying trends in risk to individuals. Accidents and incidents were recorded in people's individual files, but there was no analysis of these or an overview to monitor them to identify how risks of re-occurrence could be reduced.

Although the providers maintained a close, daily presence in the home we found formal quality monitoring systems had not been established. This meant that the home was not being continually assessed and monitored. For example, we found poor quality care plans with a lack of personalised information and missing care plans.

We asked the administrator to evidence the quality assurance audits carried out and they told us about the service newsletter. We found that provider distributed a newsletter every few months that included one brief open question asking for people's views on the service. Newsletters had been sent out in December 2015 and March 2016. The administrator told us there had been two responses to the request for views made in December 2015. This method of requesting feedback did not encourage a response from people and relatives and meant the provider was unable to adequately monitor and assess whether people felt they received a quality service.

One specific survey had been carried out by the administrator relating to the menu preferences and it asked people if they were happy with their meals. 39 people were asked for their views and 19 had responded. This resulted in changes to the menu. However, we found that the lunch time meal was not offered with an alternative choice, other than to have a choice of accompanying vegetable. When we discussed this with staff they told us that if someone didn't like what was on the lunch menu, they would try to ensure they can have an alternative. We saw that people's views were not formally recorded as part of care plan reviews or through a formal quality assurance process. This showed a failure to act on people's feedback at a more strategic management level.

Although we found care staff listened to people on a day to day basis, there were a lack of mechanisms in place to record and act on people's feedback about the service. We were told that there were no other quality audits carried out. This meant there was no structured process to action improvements within agreed timescales so that the provider could assure themselves that the service was performing to agreed standards. We identified a number of breaches of regulation during this inspection, which could have been identified and addressed had a robust quality audit system been in place.

We were shown the provider's policies and procedures. These did not contain sufficient information on the organisation and its agreed governance and audit systems. Records were poorly maintained with a chaotic approach to document management. Care records were often blank, ineffectively completed and contained insufficient information. The inconsistent record keeping made it difficult for information to be found.

Staff told us they did not have regular staff meetings that included all staff members. One staff member said "We had a day staff meeting last week." All of the staff we spoke with confirmed that the registered manager was approachable and they could raise any issues with them and were confident that action would be taken in response. We saw these were an opportunity for quality issues to be discussed. However where action points had been raised, these were not recorded, monitored and signed off. This was not conducive to continually improving the service.

At the time of the inspection there was no structured plan in place to drive improvement within the service. We concluded these factors were a major barrier to providing a high quality service.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance.

The staff said the registered manager was a visible presence in the home and was supportive. Staff thought the home had a good culture of care and that people's wellbeing was of paramount importance. One staff member said, "We can talk to the manager and go to them with concerns." Relatives we spoke with all confirmed they would feel confident to raise any concerns or issue with the staff or the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Service users were not protected because the provider had not made sure they received person-centred care and treatment that was appropriate, met their needs and reflected their personal preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Service users were not protected against the risks associated with lack of governance because the provider did not assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties.