

Ashcroft House Care Services Limited

Ashcroft House - Leeds

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

At the last inspection in July 2014 we found the provider was breaching seven regulations. People's views and experiences were not taken into account in the way the service was provided and delivered in relation to people's social care needs. Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. People were not cared for in a clean, hygienic environment and not protected from the risk of infection because appropriate guidance had not been followed. People were not protected against the risks of unsafe or unsuitable premises. People were not protected against the risk of being supported by

unsuitable staff as there were not robust recruitment procedures in place. There were not always enough qualified, skilled and experienced staff to meet people's needs. The provider did not have effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

After the inspection in July 2014, the provider wrote to us to say what they would do to meet the regulations in relation to each breach. They told us they would complete all actions by the end of November 2014. At this

Summary of findings

inspection which took place on 19 August 2015 and was unannounced, we found that the provider had taken action to meet some of the regulations they breached at the last inspection, however, they had not completed their plan of action in relation to two regulations and legal requirements were still not met. We also found additional breaches.

Ashcroft House is a large detached property set in its own gardens in the village of Bramhope. The care home provides personal care for up to 32 older people and people living with dementia. At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

At this inspection we found people using the service were not protected against the risks associated with the administration, use and management of medicines. There was a lack of consistency in how people's care was assessed, planned and delivered.

People made day to day decisions such as choosing when to get up and go to bed. However, the provider did not always meet legal requirements because they were not robustly checking people were consenting to care and treatment.

There was only a limited range of activities provided at the home and people sometimes sat for long periods with little stimulation. People enjoyed the food and had plenty to eat. There was a lack in consistency with the support people received with their health needs.

People felt safe. The provider had systems on place to protect people from abuse or allegations of abuse. People told us the staff were kind and caring. We observed people enjoyed the company of staff and others they lived with. There were enough staff to keep people safe; the provider agreed to monitor staffing levels to make sure this was maintained because they sometimes

struggled to cover staff absences. Staff did not always receive appropriate training and support. The provider had effective recruitment and selection procedures in place.

The provider's systems to monitor and assess the quality of service provision were not effective. Actions that had been identified to improve the service were not always implemented. The management team were visible and described by the staff team as approachable.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

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.

There was a lack of consistency in how risk was managed. Some systems helped keep people safe but other systems were not effective which meant people were not protected. People were not protected against the risks associated with the unsafe management of medicines.

Staffing levels were safe and the provider agreed to monitor these to ensure they were maintained at all times.

People told us they felt safe. Staff understood how to safeguard people from abuse and were confident any concerns would be dealt with appropriately and promptly.

Inadequate



Is the service effective?

The service was not effective.

Staff were not always appropriately trained and supported so people may be cared for by staff who do not have the right skills and knowledge.

People were not asked to give their consent to their care, treatment and support. The service was not meeting the requirements of the Deprivation of Liberty safeguards.

People had a good experience at meal times and enjoyed the food but did not decide what they were eating.

Inadequate



Is the service caring?

The service was caring.

People told us the staff who supported them were caring and compassionate.

People looked well cared for and were comfortable in their home.

Staff had good information about people's history and knew the people they were supporting well.

Good



Is the service responsive?

The service was not always responsive.

There was a lack of activity and stimulation.

There was a lack of consistency in how well people's needs were assessed and their care and support was planned.

People felt confident raising concerns with staff.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not well led.

The provider did not take appropriate action following the last CQC inspection.

The systems in place to monitor the quality of service provision were not effective.

People said the registered manager and provider were approachable and available.

Inadequate



Ashcroft House - Leeds

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 was unannounced and took place on 19 August 2015. Three adult social care inspectors, a specialist advisor in governance and an expert-by-experience attended. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts had experience in older people's services.

Before this inspection we reviewed all the information we held about the service. This included statutory notifications that had been sent to us by the home.

We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 26 people living at Ashcroft House. We spoke with 11 people who used the service, one visitor, five staff, the registered manager and the owner who we have referred to in the report as the provider. We observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as rotas, staff recruitment and training records, policies and procedures and quality audits. We looked at eight people's care records and seven people's medicine records.

Is the service safe?

Our findings

We looked at medication records for seven people who were living in the home and found some concerns about medicines or the records relating to medicines for all seven people.

Medicines were kept securely and the temperatures of both the fridge and trolley were recorded twice daily. We saw they were maintained within the recommended safe temperature range. We saw people's medication administration records (MAR) had a photograph of the person along with any allergies they may have.

There were a number of gaps on the MAR even though the prescriber's instruction stated the medicine should have been administered. It was not possible to account for all medicines, as staff members had not recorded the quantity received into the home, or how much had been brought forward from the previous month. Therefore, it was impossible to tell whether or not they had been given correctly. Many people living in the home were prescribed medicines to be taken only 'when required' (PRN). For example, painkillers. There was no information to guide staff on how to give these medicines correctly and consistently with regard to the individual needs and preferences of each person.

We found there was no clear information recorded to guide staff as to where to apply creams or when creams had been applied. We noted one person had been prescribed a steroid cream, however, the administration details on the label had worn away. This meant there was a risk staff did not have enough information about what medicines were prescribed for and how to safely administer them and could result in people's skin conditions not being managed effectively.

We looked at the controlled drugs (CD's) kept in the home and the CD register. The CD's were kept in a locked cupboard in a locked room. Checks of the CD's found one person's pain relief patch was been administered weekly, however, the patch was not a medication that was recorded on the person's MAR chart. The health of this person was placed at unnecessary risk of harm.

Medicines were not always managed consistently and safely. We concluded that appropriate arrangements were not fully in place in relation to the recording and

administration of medicines. This was in breach of Regulation 12(2)(g) (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a number of systems in place to manage risk but some of these were not effective. Each person had a range of assessments for areas of identified risks such as falls, malnutrition and pressure sores. However, it was unclear how they determined levels of risk because the service was not using evidence-based risk assessment tools which helped identify the level of risk and appropriate preventative measures. We received feedback that another agency had identified an action point in November 2014 and again in March 2015 for the home to complete nutritional screening tools. This had not been actioned.

When we looked at individual risk assessments and care plans, we found these did not identify measures in place to manage risk. For example, one person had a sensor to monitor their movements because they were at risk of falls but this was not recorded in the care file. Another person had recently changed from a 'normal diet' to a 'textured diet' but there was no information about this in the person's care plan and a risk assessment had not been completed. A textured diet is the texture of foods best suited to a person's ability to swallow. We were told by a senior member of staff that another person should have a textured (soft) diet but we saw they were offered cornflakes and toast for breakfast. We concluded care was not based on an assessment of the needs of people who used the service. This was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. The registered manager told us they would implement a one page overview of people's support requirements to ensure information was readily accessible.

At the last inspection we found people were not protected against the risk of unsafe premises. At this inspection we found the provider had made improvements and was meeting this legal requirement. The provider told us checks and services were carried out on the premises to make sure they met safety requirements and this included internal checks and servicing from external contractors. We saw

Is the service safe?

from the maintenance records we looked at appropriate certificates were in place. For example, gas safety. We spoke with the maintenance person who told us they had seen recent improvements to the home and these included redecoration and new bathrooms. They told us all minor repairs were addressed immediately. When we looked around the home we saw the premises were well maintained and measures were in place to help keep people safe. We noted that three windows on the upper floor were not fitted with restrictors. We showed this to the provider and by the end of our visit this had been rectified.

We saw general environmental risk assessments had been carried out which included bed rails, electrical safety and laundry. However, when we looked around the home we noted some potential hazards which included open access to internal staircases and steps leading to the garden area. The provider had taken measures such as moving people, from an upstairs room to ground floor accommodation. A table was placed in front of the opening leading to the garden, however, this also restricted access. They had not formally assessed and managed these risks. The provider and registered manager agreed to complete formal assessments in these areas to ensure they were demonstrating they were doing everything reasonable to provide care in a safe environment.

People we spoke with told us they felt safe at Ashcroft House. One person said, "I feel safe here and it's very caring. I don't have to worry about anything. If I've got any worries, I just tell one of the girls. They're very good." A visiting relative we told us their relative was "well cared for, comfortable and safe". We spoke with staff and the management team about safeguarding people from abuse. Staff were confident people were safe and if any concerns were raised they felt they would be treated seriously and dealt with appropriately and promptly. The registered manager told us they had no on-going safeguarding cases at the time of our inspection.

Staff we spoke with told us they had completed safeguarding training. Staff records confirmed all staff had received safeguarding training and regular updates. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

At the last inspection we found the provider did not have sufficient staff to keep people safe and recruitment of workers was not robust. At this inspection we made an

overall judgement that staffing levels were safe but the provider agreed to monitor staffing to ensure safe levels were maintained at all times. Recruitment processes had improved and proper checks were being completed before staff started working at the home. On the day of the inspection we observed people received appropriate support and did not have to wait if they requested assistance from staff. Staff were visible and regularly checked to make sure people were safe. People who used the service told us there were enough staff on duty. Staff we spoke with said there were usually enough staff on duty to meet people's needs although they sometimes struggled to cover shifts when staff were on annual leave or absent due to sickness.

The registered manager and provider told us they did not use a staffing level assessment tool to calculate the number of care staff hours required throughout the day and night even though their 'staffing levels policy' stated 'the number of staff on duty at any time within the home is related to the level of the residents' dependency, time of day and other factors of resident care or risk'. They said they used a set number of care staff at specific times; five on a morning; four on an afternoon/evening and three on a night. We looked at staffing rotas from the previous two weeks which showed that the actual staffing levels had sometimes been lower than the staffing levels discussed. The shortfalls were when annual leave had not been covered. The registered manager said they tried to cover all shifts but did not always manage to achieve this. We spoke with the registered manager and provider who said they would closely monitor staffing levels and would also look at a dependency tool to help ensure appropriate staffing levels were provided.

We looked at recruitment records for eight staff and these showed that the provider had checked the suitability of staff appointed since the last inspection. Candidates had attended an interview and appropriate checks were completed, which included employment history, proof of identity and the disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records.

Although the provider had carried out robust checks on staff that had started employment since the last inspection, we saw that there was no information in staff files to show the provider had carried out DBS checks (previously known as a Criminal Records Bureau check) for existing staff. The

Is the service safe?

provider said these checks had been completed previously but did not hold any relevant information to confirm this. They told us “we need to review them all this year” and agreed they would complete this process.

At the last inspection we found people were not cared for in a clean and hygienic environment so were not protected against the risk of infection. At this inspection we found the provider had taken a number of practical steps to address the potential risks of cross infection. Anti-bacterial gel dispensers were located throughout the home. We observed staff had disposable gloves and aprons to support people with their personal care tasks. Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control and there was evidence staff had received relevant training. This meant the staff had the knowledge and information they needed to minimise the risk of the spread of infection.

We were told there were adequate supplies of cleaning products and protective clothing at all times. The sluice room had been fitted with new equipment and was clean and clutter free.

We looked around the home which included all communal areas and a number of bedrooms and saw the home was

clean and hygienic. We found people were cared for in a clean and pleasant environment. We noted two people’s mattress and one person’s chair was stained. The provider told us they would replace these immediately. The laundry had a dirty to clean route. Clothing was kept in laundry bags or baskets and not loose on the floor, however, this area was cluttered.

We saw an infection control audit had been completed for February 2015. This included hand hygiene, waste management and the general environment. We saw an action plan had been completed which included the dates action needed to be completed and the person responsible for this. We spoke with the registered manager who told us the actions had been completed.

The cleaning schedules were not always completed when ancillary staff were on leave as cover was not always obtained. We looked at the cleaning schedules for the home and found daily tasks did not include sufficient detailed information. For example, Wednesday cleaning schedule stated, vac all bedrooms, vac all corridors, empty all bins, all toilets to be cleaned and extra cleaning that has been done. The registered manager told us they would review the cleaning schedules.

Is the service effective?

Our findings

People we spoke with said they felt comfortable with staff who supported them. In the entrance hall there were certificates of staff training displayed which, included dementia awareness, emergency first aid, safeguarding, infection control, Deprivation of Liberty (DoLS), Mental Capacity Act (2005) (MCA), moving and handling, food hygiene and end of life care.

The registered manager discussed the induction programme and said new employees completed the 'Care Certificate', which is an identified set of standards that health and social care workers adhere to in their daily working life. Staff we spoke with said they had completed a range of training and were happy with the quality of training provided. They said the mandatory areas they had to cover were up to date. However, when we looked at the provider's training matrix this showed that all staff had not completed training that the provider had identified as essential. Only 27% of staff had completed health and safety training which should be done every two years; only 9% of staff had completed food safety training which should be done every two years; 82% of staff had completed first aid training which should be done every two years; 0% of staff had completed annual medication training; 100% of staff had completed safeguarding of vulnerable adults, safe moving and handling and infection prevention and control within the recommended timescales. The registered manager said they did not offer 'nutritional care training' but hoped to include this in the near future. We asked to see evidence that staff knowledge and implementation was checked following completion of specific training courses, however, this was not provided. The registered manager said the training matrix only provided information about training that some staff had completed and did not accurately reflect all the training provided. For example, they told us even though the matrix stated 0% of staff had completed yearly medication training staff had completed in-house medication training, two had completed certified medication training and others had completed NVQ level three training with a specific medication module.

Staff we spoke with said they had opportunity to discuss their performance with a member of the management team, however, this was not as often as the provider had identified in their policy, which stated bi-monthly with an

annual review. We checked five staff records and found staff had only received either two or three sessions in a 15 month period. We concluded that staff were not receiving appropriate support, training, supervision and appraisal as was necessary to enable them to perform their job safely and appropriately. This was in breach of Regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive. The registered manager told us no-one was subject to a DoLS authorisation at the time of the inspection.

The registered manager and staff we spoke with could tell us how they supported people to make decisions and understood that people who did not have the mental capacity to make decisions for themselves had their legal rights protected. They were, however, unsure about their responsibilities under the MCA (2005) including when they should submit an application for a DoLS authorisation. One member of staff said, "I don't know anything about it." Only five out of 22 staff had completed MCA/DoLS training.

We looked at care records and found there was no evidence that people had been asked to consent to care. Our observations and a review of the care records indicated some people lacked capacity to make certain decisions, however, we saw that people's capacity to make decisions about different aspects of their care and treatment had not been assessed. One person's records stated in January 2015 that 'a full mental capacity assessment would take place as soon as possible so a more robust action plan will be put in place'. The registered manager stated this had not taken place.

There was evidence in some people's care records they had moved from a first floor room to a ground floor room and we were told this was to help keep people safe. However, there was no information to show how people were involved in the decision or where they lacked capacity a 'best interest' decision was made. One person had moved from a single room to a double room which they shared with another person who lived at the home. We were told the person was not involved in this decision because they lacked capacity but a family member had supported this. There was no record available to confirm the decision was

Is the service effective?

made in the person's best interest. We concluded that staff were not acting in accordance with the MCA. This was in breach of Regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had a good experience at meal times. We observed lunch and saw people enjoyed the meal. Food looked appetising, hot, and it was well presented. People were given generous portions and when they had finished they were offered more. People told us they liked the food. One person said, "The food is good. I get plenty to eat." Throughout the day people were given frequent drinks of squash, tea or coffee. They also had 'happy hour' where people were offered sherry, baileys, bitter or lager.

Although people enjoyed the meals we found the arrangements for planning the meals did not involve people in making decisions about what they were going to eat. People were only offered one choice at lunch although staff said if anyone did not like the meal an alternative would be offered. The home had a six week menu but these were not being consistently followed. We looked at the week before the inspection and found they had changed either the lunch and/or teatime option every day. Menus were not displayed in the home. We discussed the

arrangements with the cook who said they had identified they needed to revise the menus. The registered manager said they would ensure people were involved in this process.

People we spoke with said if they were worried about anything or felt unwell they would not hesitate to tell a member of staff. One person said, "I did have a pain in my leg, and the doctor said I had to go into hospital."

We saw a mixed overview when we looked at records of healthcare appointments people had attended. People's records showed they had attended health reviews, and GP, hospital and specialist appointments. Speech and language therapists had also been involved but this was not always recorded in people's care files. There was no record for some people to show they had attended optician, dental or chiropodist appointments. The registered manager said they did not know if people had attended these appointments. We therefore concluded the provider had not done everything reasonably practicable to make sure people received care and treatment to meet their needs. This was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

People we spoke with told us they were well cared for, and staff were kind and caring. People described the staff as “very good”. One person said, “The staff are alright. They look after me ok. I do use my bell sometimes at night and they come to help me.” Another person said, “I like the staff.” We observed that staff were friendly and pleasant when they assisted people. One member of staff was talking to a person in their room. They were very kind, spent time chatting with the person and made sure they were happy before they left. During the day staff checked people were comfortable. We observed people enjoying the company of staff and others they lived with.

People could make day to day decisions, for example, choosing when they got up and went to bed, clothing they wore and where to spend their time. We arrived at 8am and found some people were up, dressed and had eaten breakfast whereas others were still in bed. We observed people choosing whether they wanted to spend time in communal areas or time in their room. People chose where to sit when they were in the lounges.

At the last inspection we found people’s views and experiences were not taken into account in relation to their social care needs. At this inspection we saw they had introduced a monthly ‘keyworker meeting’ to help make sure people were more involved in making decisions about their care. Allocated members of staff sat with people every month and completed a form called ‘how are we doing?’ People were also asked about their wishes for end of life care. Most people had a ‘thinking ahead’ plan in their care

file. We saw there was information recorded about people’s life history and interests. A visiting relative discussed a recent example where their relative had been involved in making a decision about staying at the home and was happy with the outcome.

Staff knew the people they were supporting very well. Staff were familiar with people’s preferences, likes and dislikes. We saw people chatting to staff and the owner about their family members. A visiting relative said, “I feel confident that she’s well looked after. When people get to this age it’s hard. I’ve got to know the staff and they’ll stop and have a chat and tell me how Mum’s getting on. I often see the owner when I come. He will have a chat. He’s usually here.”

People looked well cared for. They were tidy and clean in their appearance which achieved through good standards of care. All the staff we spoke with were very confident people received good care. One person said, “You can have a bath or shower whenever you want.”

Staff told us they had received training to help them understand how to provide good care, which included respecting people’s privacy and dignity. Throughout the day we saw staff being respectful. For example, knocking on people’s door before entering. We observed two occasions where people had gone to the toilet independently but had left the door wide open. Staff were not in the vicinity. This demonstrated that people’s independence was promoted however, their dignity was compromised. The registered manager said they would ensure people received the appropriate level of support which promoted independence and dignity.

Is the service responsive?

Our findings

We observed during the inspection that people sat for long periods with very little stimulation and activity. People told us there was often not much going on. Comments about activities in the home included: "We don't do anything. Old people don't do anything. We're all passed that.", "I usually relax in my chair or on my bed.", "I just watch the TV, that's all. I don't know about anything else.", "I'll visit some friends that live here too. I'm not sure if there's anything else going on." We saw several people had a newspaper of their choice delivered. During the afternoon there was 'happy hour' where people listened to music and had a choice of sherry, baileys, lager or bitter. Staff were in the lounge chatting to people. Some people who used the service chatted amongst themselves, others were reading a newspaper or asleep in their chair.

Activities listed on the notice board were: Monday: finger nails; Tuesday: crosswords; Wednesday: happy hour; Thursday: quiz; Friday: Bingo; Saturday: board games; Sunday: jigsaws. The local church had a monthly service in the home. The provider's statement of purpose stated that the home placed 'great emphasis on the wide range of daily activities available, which are shown on the activities board, together with newspapers, videos, tapes and records and a piano'. We looked at the provider's 'statement of purpose' which stated 'the home places great emphasis on the wide range of daily activities available'. We concluded that the range of activities was not wide ranging and needed to be developed before the home was meeting the objectives outlined in the provider's 'statement of purpose'.

At the last inspection we found care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. At this inspection we found there was still a lack of consistency in how well people's needs were assessed and their care and support was planned. Some care records contained good information about how care should be delivered. But we also found people's care was not designed with a view to ensuring their needs were met, which puts people at risk of not receiving the care they needed. We concluded the provider had not made the required improvements.

We looked at one person's care plan and this contained good information about their mobility. It was evident the person's needs had changed and this was clearly recorded. We observed the care plan accurately reflected the person's mobility needs. We saw in another person's care plan their communication needs were clearly identified and guidance was provided to make sure staff knew how to support the person. However, another person's care file contained an accident form to show they had fallen but their care plan stated 'no falls at Ashcroft'. Two people's care plans did not make reference to their special dietary requirements. One person's daily record showed they had required assistance with continence, however their care plan stated they 'could maintain their own personal hygiene'. Another person's care plan did not contain any information about preferences for bathing and showering, even though the records showed they had regularly refused/declined a bath; there was no record of the person having a shower or bath in the previous three months. We concluded the provider had not done everything reasonably practicable to make sure people received care and treatment to meet their needs. This was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the home had received a number of complimentary cards and letters about the care they had provided. Comments included, 'I would like to thank you and all your staff for the wonderful way you have looked after [person], you made this precious extra time with [person] worry free and the family know how well you looked after them'; 'many thanks for looking after [person] so well, I am sure they enjoyed it and I think it did them good to be with other people'.

People told us they would feel comfortable raising any concerns they had with a member of staff.

The registered manager told us they had only received one complaint since the last inspection and this had not related to the care provided at the home. They had a procedure for handling complaints and concerns and this was referred to in the booklet made available to each person when they came to live in the home. The registered manager said they would also display the complaints procedure in the home to make sure it was accessible.

Is the service well-led?

Our findings

At the last inspection we found the provider was breaching seven regulations. At this inspection we found they had taken action to address five of these areas but they had not addressed the other two. We found they were also breaching three other regulations.

We reported at the last inspection that there was a lack of consistency in how they were assessing and monitoring the service. At this inspection we found similar issues. We looked at the quality assurance system and found this were not effective. The registered manager and owner each conducted quarterly audits. We looked at these records and found they were up to date but the audits were not always effective. For example, in December 2014 the audit identified that 'some improvements were needed particularly care plans and activities'. In July 2015 no overall comments were made about care plans and the shortfalls we found with the care planning process were not highlighted by the service. The provider's audit identified that the programme of activities was not kept up to date, however, there was no action identified about how they would address this. The registered manager's audit for the same period, July 2015 was not fully completed. For example, the section in relation to activities and food were blank even though we found these were areas that needed addressing at the inspection.

Checks to determine how well medicines were handled were available. However, the checks had not been completed with great detail, and the concerns and discrepancies we found with medicine management had not been highlighted by the service. The registered manager told us they did not complete formal competency checks for staff following the completion of medication training. It is essential to have a robust system of checks in place in order to identify concerns and make the improvements necessary to ensure medicines are handled safely within the home.

The audit in December 2014 and May 2015 identified that no relatives had attended the home's meetings even though posters were displayed, and we saw no action was taken to progress this. We asked to see the meeting schedule but were told they did not have any dates scheduled. No information about meetings was displayed.

We looked at the accident/incident file. This contained copies of accident and incident forms but there was no information to show they were completing any form of log to monitor frequency or repeated events. We noted there had been 15 accidents in January 2015; 11 accidents in March 2015 and four accidents in June 2015. The registered manager told us there was no formal analysis, to identify trends/patterns.

The provider had a refurbishment plan for the environment, which detailed the work that had been completed between the beginning of September 2014 and the work that was planned to the end of August 2015. This showed the provider had taken action to improve the premises to help ensure people lived in a safe and comfortable environment. The provider had no other service development plan to identify how they would improve the service.

The provider had 53 different policies to help ensure they delivered care to the required standard. These were all dated June 2012 and had not been reviewed to check they were up to date. The provider acknowledged the policies required updating. We looked at the 'quality assurance policy' which stated 'the annual training plan will be updated to reflect the training needs necessary to achieve this quality'. The registered manager told us they did not have a staff training plan.

We looked at what the provider did to seek people's views about the service to help drive improvement and found opportunities were limited. The 'quality assurance policy' stated 'the use of formal and informal questionnaires with residents, staff, families and other visitors – these are available at any time, the results of them are kept in a separate folder, and are also available to all'. The registered manager told us that they did not undertake any formal surveys or questionnaires and no results were available. They said people could discuss their care with their key worker on a monthly basis which was recorded in the care plan.

Most people we spoke with told us they had not participated in any 'resident and relative' meetings. We looked at meeting minutes which showed there had been a meeting in December 2014 and another in March 2015 and they had discussed a range of relevant topics at both meeting which included, activities, food and changes at the home. The last staff meeting was held in January 2014.

Is the service well-led?

The provider had a 'statement of purpose' which outlined the service vision, values, aims and objectives. We found this contained details about service provision that were not being implemented. For example, it stated, 'the home places great emphasis on the wide range of daily activities available'.

At the inspection we identified there was a lack of gathering, recording and evaluating information about the quality and safety of the service and concluded the provider's systems and processes were not operated effectively. This was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found, that since the last inspection the provider had not been effectively assessing and monitoring the quality of the service or taking appropriate action to address shortfalls, we did receive positive feedback from people who used the service and staff about the registered manager and provider. They said they were approachable and available. The provider was present throughout the visit; we observed people who used the service and visiting relatives chatting and it was evident they were comfortable approaching them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment was not provided with the consent of the relevant persons.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not have systems for the proper and safe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive appropriate support to enable them to carry out their duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care and treatment was not appropriate and did not meet people's needs. The registered person did not fulfil their duty by carrying out, collaboratively an assessment of the needs and preferences for care and treatment.

The enforcement action we took:

We have served a warning notice and the provider was told they must become compliant with the Regulation by 30 October 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.

The enforcement action we took:

We have served a warning notice and the provider was told they must become compliant with the Regulation by 30 October 2015.