

# Moorlands Holdings (N.E.) Limited

# Hollyacre Bungalow

## Inspection report

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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 ●

# Summary of findings

## Overall summary

The inspection took place on 13 June 2018 and was announced. This meant the registered manager or registered provider didn't know we would be visiting.

At our last inspection in December 2017 we found the service was not meeting all our fundamental standards and was rated as 'requires improvement' and following this comprehensive inspection due to further breaches of our regulations the service was rated inadequate overall.

At the last inspection there were issues regarding staffing levels, person centred care, and staff training and equipment. We asked the provider to send us a report on their actions and they completed the outstanding issues raised. At this inspection we found some improvements however, further issues were found and in some areas the service had deteriorated.

The service had a registered manager in place. A registered manager is a person who has registered with the 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. Feedback from staff and relatives regarding the registered manager was positive.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still 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 this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to 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 so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Hollyacre Bungalow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hollyacre Bungalow accommodates 10 people in one building.

The care service provided at Hollyacre Bungalow at the time of our inspection was not in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were not protected from the potential risk of harm due to a lack of preventative measures in place at the home. We found a lack of fire safety procedures including; poor maintenance of fire safety doors and exits and an inadequate fire safety risk assessment.

Maintenance checks were not always carried out at the home and we found that there was no gas safety check in place at the time of our inspection.

Peoples medicines were not managed safely, we found medicines administration was not always recorded correctly and policies in place for staff were inadequate. When people were administered 'as and when required' medicines and topical creams, directions were not clear and the records to support this type of administration were not adequate.

Medicines were not audited regularly and stock counts were not taken and issues were not always found or addressed. Audits were not effective therefore didn't highlight issues found regarding medicines administration and recording.

People were not supported to have choice and control over their own lives and were not receiving person centred care. Person centred care is when the person is central to their support and their preferences are respected.

Care plans were not person centred and were task orientated. These were written in a style that was not person first but more focussed on the medical model of disability which is an outdated view point and focusses on the person's disability and not as an individual person.

Care plans were reviewed regularly by the registered manager however were not updated or improved.

Support for people was not person centred this meant their preferences and dislikes were not respected always. People did not have any planned goals to achieve.

Peoples nutrition and hydration needs were not always met, tools such as recording and monitoring systems to support people were not available and people were not regularly weighed.

Peoples dignity was not always protected by staff supporting them or by facilities available to them to support people with their personal care.

Audits carried out by the registered manager were not always effective at highlighting issues or improving the service.

People who used the service were asked for their views about the support through resident's meetings

however actions were not put into place following the meetings. Peoples relatives and other healthcare professionals were not asked for their views via questionnaires or feedback forms.

People were not supported to take risks safely and personalised risk assessments were not in place to ensure people were protected against a range of risks. Where they were in place they were not robust.

Staff had received safeguarding training, and were able to describe signs of abuse however, they were unclear of what they would do to report concerns to protect people.

People who displayed behaviours that can be seen to challenge others were not supported adequately as staff were not trained. Ineffective records were kept and a lack of oversight of incidents showed a lack of understanding and meaningful support for people.

Staff recruitment was carried out with safety checks in place for new staff however, there was no photo identification within some staff files to prove their identity.

There was not always sufficient staff to meet people's needs safely and in an individualised way.

People were not supported by staff who were trained to meet their individual needs, Staff were trained in for example; safeguarding and first aid. Additional training was not in place or planned for areas specific to people's individual needs.

Staff received regular supervision and support from the registered manager.

People were not always supported to maintain their independence by staff that understood and valued the importance of this.

Notifications of significant events were not submitted to us in a timely manner by the registered manager.

Health care professionals, including GP, district nurse or specialist consultants were Involved in people's care as and when this was needed and staff supported people with any appointments as necessary.

The home was tidy and free from malodours however kitchen facilities were not maintained to a working standard. The outside of the building was unkempt and not inviting.

Staff, relatives and other professionals told us the registered manager was approachable. We found they had a good knowledge of the needs of people who used the service.

People and their relatives could complain if they wished and were knowledgeable of how to complain or raise minor concerns.

People were not supported to access information in a variety of formats to suit their needs and no evidence was presented that had been made to suit individuals.

People were not always supported to take part in a wide range of activities at home and in the wider community as active citizens and to suit their individual preferences.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance. You can see what action we told the registered provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

People were not always protected from potential risks by ineffective fire safety procedures and fire hazards were found at the service.

There was not always enough staff to meet people's needs individually.

Medicines were not always managed, administered and recorded safely.

People didn't always have individualised risk assessments in place and some were not robust.

Staff were trained in safeguarding and were able to spot and signs abuse but were not confident regarding reporting.

Staff recruitment was carried out safely with checks on staff in place, but not all records were complete.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

People were not always supported by trained staff to meet their individual needs, such as long term conditions and behavioural support.

Staff training needs were not monitored and managed.

Peoples nutrition and hydration needs were not always met and record keeping around this was not effective.

People who needed them had DoLS in place however, best interests decisions were not recorded effectively.

Staff were supported and supervised regularly.

New staff were supported to complete their induction.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Peoples rights to dignity and privacy were not always respected by staff or from the facilities used to provide personal care.

People were not always encouraged by staff to maintain their independence.

People and their relatives were not always involved in planning their care and support.

Staff were patient and kind towards people.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

People's care was not always person centred and tailored to their preferences.

Peoples care plans were not person centred and were task orientated.

People's relatives knew how to complain if they needed to but no records of issues raised were kept.

Information was not tailored to meet peoples' requirements.

Activities for people were limited and not person centred.

**Requires Improvement** ●

### Is the service well-led?

This service was not well led.

Not all areas were audited and the audits that were in place were inadequate.

Policies for staff to follow regarding medicines administration and fire safety were not adequate.

The registered manager did not send notifications to the CQC of events.

**Inadequate** ●

People's relatives were confident to approach the registered manager to raise any concerns.

Staff and relatives told us the registered manager was approachable and supportive.□

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# Hollyacre Bungalow

## 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.

We visited the service on 13 June 2018 and our inspection was unannounced. The inspection team consisted of three adult social care inspectors.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

We reviewed the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

A Short Observational Framework for Inspection (SOFI) was used during this inspection. SOFI is a way of observing care to help us understand the experience of people who are unable to talk with us.

During the inspection we spoke with the registered manager and three support staff. We observed six people who used the service who didn't use words to communicate and spoke with a further two people. Following our inspection, we spoke with six relatives over the telephone however not all the relatives we spoke with had visited the service within the last six months.

We looked at four people's care plans, risk assessments, three staff files, policies and procedures, meeting minutes, medicines records, audits, accident reports, rotas, and associated records.

# Is the service safe?

## Our findings

At the last inspection we found unsafe staffing levels and equipment that was not safe enough to use. At this inspection we found that some improvements had been made to staffing levels and new equipment had been purchased.

People were not protected from the risk of potential harm from risks such as fire. During our inspection we found that the fire safety risk assessment in place at the service was inadequate as it didn't address the type of building or the needs of the people who used the service.

We also found no practice evacuations had been carried out at the service for over a year period. This meant that staff had not practiced what actions to take in the event of a fire to safely evacuate people from the building. Other potential fire risks we found included; a blocked fire exit and fire safety doors obstructed. This meant that fire doors were not effective and would pose further risks to people who use the service and to staff employed by the service. In addition, we found a missing door handle on a fire door that could potentially trap someone in the room, we brought this to the registered provider's attention who agreed to address these issues.

Following our inspection, the local fire service carried out an inspection of the home and raised concerns. The fire service informed the registered provider of immediate action they needed to take. The registered provider sent us an action plan that addressed these risks and actions taken for us to monitor.

People were not supported by safe medicine administration practices. We found that medicine records for people who required PRN (as and when required) medicines were not always adequate. Where a person required a PRN medicine, a protocol is required to give staff instructions on how to administer and record this type of medicine. The protocols we looked at, needed updating and we found that staff were not following them and an incorrect dosage of medicines was recorded and this was not managed.

Some PRN medicines that were administered were not recorded robustly. Some required recording leading up to administering to state why they were required for example when they are used to treat anxiety. We found that one person's PRN medicine records were not completed correctly as medicines had been given and recorded in the person's daily notes and not the administration record. When people are prescribed these types of medicines they require regular reviews from their GP and other health care professionals, those reviews were not in place. When we raised this with the registered manager they were unable to locate all the records required or provide evidence of medicines reviews.

Other PRN medicines that were administered required further records to be kept. For example, body maps for topical creams, where these were missing the registered manager assured us these would be implemented immediately.

Medicine administration records were not always completed correctly and we found gaps. We looked at the medicines we were unable to make accurate checks of the medicines as there were no stock checks or

records of the amount of medicines carried forward when a delivery of medicines was taken in the home. We pointed this out to the registered manager who informed us they were unaware of this and would implement a system for all staff to follow.

The registered provider had a policy in place for staff to follow for administering medicines. However, this policy was not adequate as it did not cover the types of administration carried out at the home, such as PRN. The actions required to address this were sent to us in an action plan for us to monitor.

We looked at maintenance of the building and saw that not all the appropriate checks had been made to ensure the building was safe. We found that the gas safety check had not been carried out for over one year. When we brought this to the registered managers attention they told us that they had realised during our inspection that the safety check had lapsed and they would arrange it immediately after our inspection.

People who used the service had some individual risk assessments in place. However, these didn't mitigate all the potential risks robustly and there were areas where people didn't have any risk assessments in place for example, mobility equipment or for behaviours that can be seen to challenge others. Where people had risk assessments in place we found that they were not always adhered to or appropriate. For example, for someone who had a risk assessment in place for their wheelchair and to have the lap belt fastened we observed this lap belt not being fastened. Actions to address this were highlighted in the action plan that the provider submitted to us to monitor.

Accidents and incidents were not monitored and not included in audits carried out by the registered manager to ensure any trends were identified to reduce repeat occurrences. Staff accidents and peoples were recorded together. We discussed this with the registered manager who agreed to record them separately and begin monitoring accident and incidents. This was highlighted in the action plan we received from the registered provider to monitor.

This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding training for staff was out of date When we spoke with staff they could describe some types of abuse. When we asked staff what actions they would take if they had any concerns that someone may be at risk of abuse, their responses were not consistent. One staff member told us, "I would go to the manager or the owner." When we asked staff were not clear how to report any issues to the local safeguarding team. We raised this with the registered manager who was unaware of this gap in staff knowledge and was unable to provide us with evidence of how staff were supported to access information they needed to report safeguarding concerns.

We looked at records and we found incidents recorded within handover records and daily notes that could have been potential safeguarding incidents that had not been considered or reported. We raised them with the local authority safeguarding for consideration.

This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, two previous employer references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children or adults. This helps employers make safer recruiting decisions.

We found that proof of identity was missing from two of the three staff files we looked at including copies of passports and birth certificates. This was brought the registered providers attention who told us this would also be addressed and the information would be returned.

People who use the service who were able to speak told us they felt safe living at the service. One person told us, "Yes I do feel safe here."

Peoples relatives who we spoke with told us, "I have no reason to believe that my relative, isn't safe and the staff always seem to be nice with them." Another told us, "I think they are safe, I don't have any major concerns with safety."

Staff were trained in infection control and had regular access to supplies of personal protective equipment for carrying out personal care, medicines and preparing food were available throughout the home.

## Is the service effective?

### Our findings

The staff team were well established and had worked at the service for several years and knew the people who used the service. However, staff were not trained in areas to meet peoples' individual needs such as; positive behavioural support, human rights, or other relevant long-term conditions for example, Parkinsons or epilepsy. Staff training was not managed by the registered manager as there was no system in place to monitor when training had expired or what training each member of staff held. When we looked at some staff certificates we found that some training was out of date. When we brought this to the registered providers attention they agreed to address this within the action plan they submitted to us to monitor.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008

Since the last inspection improvements had been made by the registered manager to ensure staff received regular supervisions and appraisal. These took place with staff to enable them to review their practice. From looking in the supervision files, we could see the format gave staff the opportunity to raise any concerns. Supervisions and appraisals are important in helping staff to reflect on and learn from practice, personal support and professional development. Staff we spoke with told us, "Yes we have them [supervisions] regularly now." Another told us, "I can talk about anything with [The manager]"

For any new employee, their induction period was spent completing an induction programme based on the care certificate and shadowing more experienced members of staff to get to know people who used the service before working with them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection nine people who used the service had a DoLS in place. Where people had a DoLS in place or had applied for one from the local authority this was recorded and monitored by the registered manager.

When best interest decisions were made on behalf of people we found that these were not always clearly recorded in their care plans. We raised this with the registered manager who agreed to address this within the action plan they submitted to us to monitor. We found people who used the service their relatives and appropriate healthcare professionals were involved in making best interest decisions.

Peoples were not always offered choices of meals. There was a menu on display that stated a different choice of what was prepared on the day and when we observed lunch people were not offered any alternative choice and the food was not particularly nutritious as people were having pasta and sauce made from a packet mix.

Since the last inspection a new fridge had been purchased. From looking at kitchen records we identified that fridge temperatures were being recorded but food temperatures were not. We raise this with staff and the registered manager who agreed to implement a recording sheet to ensure food temperatures were taken and recorded.

People who were at risk of losing weight were not always adequately supported to maintain their healthy weight and their progress was not always monitored. We found people were not always weighed regularly and best practice tools available to support such as Malnutrition Universal Screening Tool (MUST). When people had lost weight accurate records were not kept to monitor peoples food and fluid intake. This was raised with the registered manager and the provider who agreed to address this and gain support from other healthcare professionals. This was included in the action plan submitted to us to monitor.

The service worked with some external professionals to support and maintain people's health. The registered manager knew how to make referrals to external professionals where additional support was needed such as care managers, who had visited since our last inspection. People were also supported at home by other healthcare professionals such as the GP and social workers. However, there were areas identified where people would benefit from further healthcare professionals such as behaviour support team and occupational therapy and this was to be addressed by the registered manager.

We found the premises to be unkempt in some places such as the outside of the main entrance and areas of the home such as the conservatory used as storage. We found internal doors were not maintained with a handle missing from one and also a kitchen drawer that was not in working order with the front missing. This was brought to the providers attention at the inspection to be addressed.

## Is the service caring?

### Our findings

People were supported by patient and caring staff. During our inspection we observed some positive interactions between staff and people who used the service. However, we observed some staff practices at the home that did not protect peoples' dignity or privacy. For example, we observed staff openly talking about personal care using the term 'toilet' then the person's name and announcing when personal care was about to take place in front of other people who use the service.

When we looked at people's daily notes and other records we found the way the records were written were not respectful of people or dignified. At times these records seemed derogatory about the people who used the service and task orientated and the term 'toileted' and the person's name was a common theme.

We found the bathroom facilities available to people to support their personal care needs were not appropriate to support dignified practices. People were unable to change in the bathroom and we observed a person who used the service being supported to the bathroom in their wheel chair covered by a towel. We discussed these concerns with the registered provider who assured us this was unacceptable practice and agreed to contact the occupational therapy team for support. This has been highlighted in the action plan submitted to us for monitoring.

This was a breach of Regulation 10 (Dignity) of the Health and Social Care Act 2008

Independence was not always promoted with people as we observed a person being supported to eat their lunch and their care plan stated that they required support to do this themselves. When we looked in people's care plans we found that they lacked in areas that could promote more independence and include more choice and control for people.

When we spoke with people's relatives we received positive feedback regarding the staff. One relative told us, "The staff seem friendly." And another told us, "The staff are always approachable when I have visited."

The registered manager took part in meetings with the care managers to review peoples care plans. However, care plans were not always updated. Not all families or people themselves were meaningfully included in the process and we received mixed comments from relatives. One relative told us, "I have had a meeting with the manager and the care manager to go through things." Another told us, "I am not really involved but I am called if they ever need to go into hospital for anything." Another told us, "No we are never involved in the care plans. I don't know who the social worker is now."

During our inspection we observed a person who used the service being offered the choice of what jacket to wear that day but didn't observe any other choices offered. Care plans we looked at stated some things that people liked for example food but didn't cover all aspects of people's lives. When we spoke with the registered manager about people's preferences it was apparent that they knew people well but this wasn't always reflected within their care plans and we raised this gap with the registered manager who agreed to address this.

We used SOFI to observe the lounge area of the home and we saw staff interactions with people and one person who used the service who we observed was not engaged in any activity and there were no observed interactions between them and staff within an hour timeslot. The registered manager interacted with the person after the observation was completed to support them to have their lunch. When we raised this with the registered manager they assured us that this person had good relationships with staff and that the staff felt under pressure during the inspection.

Peoples personal history or life stories were not in place. where people had a profile in their care plan these didn't always highlight their history. This would be to give staff an insight into the persons background and history to help staff get to know them.

Staff were not all trained in equality and diversity however, the staff we spoke with told us how they would protect the people they supported from any discrimination.

At the time of our inspection one person had an advocate in place however other people who used the service who may have benefited didn't have one. Staff were not sure who had advocacy support in place as this was not made clear within their care plan. Staff were also unsure how to access this type of support if needed. Advocacy is required to enable people to exercise their rights. This was highlighted to the registered manager who told us they would access this support for people through their social worker.

People who used the service did not require any support to follow their chosen religion, culture or beliefs at the time of this inspection. However, we saw from the assessment methods used when a person moved into the home that they were asked if they had any religious requirements and this could be supported if needed.

## Is the service responsive?

### Our findings

People were not supported in a person centred way and their preferences were not recorded or respected always. We observed during our inspection how people had to take turns to go out due to staffing and transport arrangements and this was not responsive to people's individual preferences.

Care plans were not developed in partnership with people and were not an accurate reflection of their personalities, likes, dislikes and choices to give a detailed insight into people's preferences and needs. The care plans also included a one page profile that was written in a medical model of disability style and not person centred. The profiles we viewed gave details of the persons disability and associated behaviours that are seen to challenge others rather than describing the positive aspects of their personality or what attributes they had to offer.

Peoples care plans were not outcome focused and didn't contain any meaningful goals for people to achieve or the opportunity to thrive. The care plans we looked at were task orientated describing what tasks staff needed to carry out for the person and to the person and these were not written in a person first style.

People were supported to take part in activities such as going out for lunch, however due to staffing levels and transport arrangements these outings were limited. Some people accessed day services during the day but other people that were home during the day didn't always go out. We found from looking in peoples' activity records and daily notes that this had improved since our last inspection however this was still very limited and not always person centred as people had to go out in groups to do one activity together.

People were supported to take part in activities at the home such as, jigsaws and previously sewing however this was also limited. We found a person's sewing had been removed from them due to risky behaviours and no alternative activity had been sought for that person. People did have access to sensory equipment however this was also limited and other options had not been explored.

Relatives we spoke with told us, "They used to have outings on a weekend and [name] went then but I haven't heard if they are still doing this so I'm not sure if they are still going out." Another told us, "They all used to go out to the seaside and things but I'm not sure if this still happens." A third told us, "I do think more staff would help make them more able to offer more stimulation for people and to go out for coffees more." One of the people who used the service told us, "I watch the telly, I am going to watch telly tonight, I like the soaps." They didn't mention any other activities only what they take part in at day service.

People who used the service who displayed behaviours that are seen to challenge others were not supported by responsive person centred care to help reduce their anxieties or to explore communication links to certain behaviours. People didn't have person centred strategies in place to support their individual behavioural needs. Records we looked at regarding people's behaviour and anxieties were inadequate. They didn't explore why incidents took place, identify triggers or put individualised action in place to reduce or understand people's behaviour or anxieties.

This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008

Communication took place with relatives through phone calls and with some at review meetings. When we spoke with people and their relatives we received mixed feedback. One relative told us, communication is ok, they ring if [name] needs anything. I've known the manager for a long time but I tend not to see them as they're off on weekends and that's when we tend to visit." Another told us, "It has improved since I raised my issues. They may seem trivial but they are important to people. I like to know what is happening and to be involved where I can." A third told us, "They don't keep in touch much. For some reason it's a bit inconsistent. When I do speak to them I get that [name] is OK mostly. They do ring if [name] needs anything."

People and their relatives told us they could complain if they wished. There was a complaints policy in place. No complaints had been raised at the time of our inspection. People told us they were confident they could raise issues if they wanted to and that they would be addressed by the registered manager. One relative told us, "I know how to if I needed to. I have raised small issues with the manager and social worker such as [name] not wearing their own clothes and I hope now that they will be resolved." Another told us, "Yes I would speak to the manager. I have raised concerns when we last visited as felt the place was not clean and looking very run down. The outside is a mess." We were given other examples of issues that had been raised with the manager however, we found no records during our inspection of these issues or of any actions taken to resolve them. The registered manager told us there had been no concerns raised or complaints. We recommend that the registered manager records issues and concerns that relatives raise and also what actions they have taken to resolve them and what the agreed outcome was.

Information was not made available in various formats for people, for example care plans, newsletters or other relevant information in larger print, audio or easy to read. Activity plans were not in place or on display and a menu was displayed but this didn't reflect the food choice on offer that day or some suitable options. Peoples communication was not supported through appropriate care planning or from the use of pictures, symbols or other assistive technology.

No one at the service was receiving end of life care at the time of our inspection.

## Is the service well-led?

### Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service.

The registered manager and the provider carried out audits throughout the service. We saw there were clear lines of accountability within the service and management arrangements with the provider. However, we found that audits carried out were not robust and failed to highlight the issues with, fire safety, medicines, care plans, dignity, person centred care, safeguarding, staff practices and quality control we found during our inspection.

Policies and procedures in place were not adequate for the service or in line with best practice. When we spoke with the provider they told us that they may consider some new policies to be introduced. However, at the time of our inspection the policy for medicines and fire safety were not adequate to meet the needs of the people who used the service or to give staff effective guidance and this had not been addressed by the registered manager or the provider.

During our inspection we looked at records in the accidents/incidents book and in people's care plans. We found some records were not completed correctly. Staff and peoples' accidents were recorded together instead of separately and body maps of peoples' injuries were not completed correctly. Accidents and incidents, we looked at were not analysed or monitored by the registered manager to look for trends or to avoid possible repeat occurrences.

Care plan audits were not effective and people's risk assessments were not robust and in some cases not in place. Care plan audits carried out by management had not picked up our concerns about risk assessments and that care plans were not person centred.

Medicines audits were not effective as we found PRN medicines were given and not recorded appropriately. PRN medicines were given outside of the agreed protocols and signatures were missed, no stock counts were taking place to calculate correct amounts of medicines and body maps were not in place for people. None of these issues were highlighted or found by medicine audits.

Staff file audits were not adequate as we found staff files with identification missing from them and the checklist in place stated everything was in place.

Policies, procedures and practice were not always regularly reviewed considering changing legislation to inform good practice and provide advice. Policies were only kept in hard copy at the service and this made it difficult to review, update or make changes effectively. We saw that items were crossed out and edited by hand.

People who used the service were attended resident's meetings however these meeting didn't create actions to be put into place following the meetings and were tokenistic as not all people could speak and

actively take part.

Peoples relatives and other healthcare professionals were not asked for their views via questionnaires or feedback forms. The registered manager agreed that this needed to improve and would create surveys to go out.

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

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager did not always inform the CQC of significant events in a timely way by submitting the required notifications.

We found that Deprivation of Liberty Safeguards (DoLS) referrals had been made appropriately to the local authority and they had experienced delay from them. However, when they had been granted a notification had not been submitted to us as required. When we raised this with the registered manager they were unaware of this process. We looked at this further outside of this inspection process.

All records we observed were kept secure in the registered managers office and were contained in locked cabinets where appropriate and used in accordance with the Data Protection Act.

Peoples relatives gave us positive feedback about the registered manager. One relative told us, "I mainly deal with the manager and I find them approachable." And another told us, "They call me if we need anything or if [name] goes into hospital or anything."

When we spoke with staff they gave us positive feedback regarding the registered manger they told us, "I have never had a problem with the manager. I can approach them about anything." And another told us, "Things have improved since the last inspection and the manager is listening."

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, and to share experiences regarding people who used the service.

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  People were not supported by person centred care.
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  Peoples were not always treated with dignity and respect.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected from potential risks due to a lack of fire safety procedures, risk assessments and fire hazard.  Medicines were not managed or administered safely.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were not protected from abuse and improper treatment as staff were not knowledgeable to take action.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

People were not supported by appropriately trained staff to meet their individual needs.