Akari Care Limited

Piper Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 11 and 19 April 2017. The first day of inspection was unannounced which meant the staff and registered provider did not know we would be visiting. The service was last inspected in May 2015 and received a good rating.

Piper Court is a 60 bedded purpose built care home. It is part of Akari Care Limited. Personal care is provided within the ground floor unit. Personal care for people with functional mental health needs is provided in a small unit on the first floor and there is a further unit providing both general nursing and dementia nursing on the first floor. Functional mental health is for people with a type of illness that has a predominantly psychological cause. It may include conditions such as depression, schizophrenia, mood disorders or anxiety

The service had a registered manager. 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.

Risks to people arising from their health and support needs were not always assessed, and plans were not always in place to minimise them. Risks to the environment were not all in place. On the second day of inspection a notice was on the lift to state the doors were not always aligning with the floor. We asked to see the risk assessment and there wasn't one in place. The registered manager agreed to put one in place immediately and send a copy to CQC after the inspection. We received this on the 25 April 2017.

There were not enough staff to meet people's needs; there was only one nurse on duty to care for 21 people who required nursing care, on the first day of inspection one person who was requiring nursing care resided on the ground floor. Therefore the nurse had to keep going downstairs to check on this person.

Robust recruitment and selection procedures were not in place. Although appropriate checks had been undertaken before staff began work, where concerns were raised no risk assessments were in place. Staff did not receive training to ensure that they could appropriately support people. The clinical lead job description stated they should be a registered general nurse (RGN). However, the service employed a registered mental nurse (RMN) and provided no training to support this person. Nurses employed were not trained on the use of syringe drivers. A syringe driver helps reduce symptoms by delivering a steady flow of injected medication continuously under the skin.

Medicines were not administered safely. An agency nurse administered a controlled drug subcutaneously [via injection] however the prescription stated that this drug was to be administered via a syringe driver only. We raised asked the registered manager to raise a safeguarding alert regarding this. CQC also raised a safeguarding alert.

People's care plans contained a record of assessment, care planning, reviews and evaluations, daily records and external healthcare professional input. However, we found the care plans were not person centred, and did not reflect people's current needs.

Audits were taking place, however were not robust enough to highlight the issues we found during our visit. Many audits did not have action plan in place.

Staff understood safeguarding issues and felt confident in raising any concerns they had, in order to keep people safe.

Staff had received online Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training and demonstrated a very basic understanding of the requirements of the Act. The registered manager understood their responsibilities in relation to the DoLS.

On the first day of inspection the lunchtime experience was not dignified for all the people using the service. Where people needed a pureed diet the ingredients were all blended together. On the second day of inspection improvements had been made.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, care home liaison nurse and other professionals. Feedback we received from health professionals was positive.

The interactions between people and staff were cheerful and supportive. Staff were kind and respectful. We saw staff were aware of how to respect people's privacy and dignity. People and their relatives spoke highly of the care they received.

Procedures were in place to support people to access advocacy services should the need arise.

People had access to activities, which they enjoyed. The service employed two activity coordinators, who worked alternate days.

The registered provider had a clear complaints policy that was applied when any concerns were raised. People and their relatives knew how to raise any issues they had. The majority of complaints were documented, with an outcome recorded to show if the complainant was satisfied. However we found some complaints had not been recorded correctly.

We identified 4 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Regulation 12 Safe care and treatment, Regulation 17 Good governance, Regulation 19 Fit and proper persons employed and Regulation 18 Staffing. 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?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely.

Risks to people were not always assessed to plan safe care.

The registered provider did not follow safe recruitment procedures and staffing levels on the nursing unit were low.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive effective training to ensure that they could appropriately support people.

Staff were not supported through supervisions and appraisals.

Staff knew their responsibilities under the Mental Capacity Act.

There were systems in place to support people to maintain their health and people had received a balanced diet. The service worked with external professionals to support and maintain people's health.

Is the service caring?

Requires Improvement

The service was not always caring.

Records were not in place for people's end of life care wishes and preferences.

Staff treated people with dignity, respect and kindness.

People were supported by staff that knew them well, understood their individual needs and were kind and patient.

People and their relatives spoke highly of the care they received.

The service supported people to access advocacy services.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff demonstrated a person centred approach to care. However records did not match staff knowledge.

People were supported to access activities and follow their interests.

There were systems in place to manage complaints

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager carried out regular checks to monitor and improve the quality of the service; however not all the audits had action plans place and the audits had not highlighted the concerns we raised.

There were gaps in the recording of people's personal preferences, care plans did not reflect current needs, not all paperwork was completed or dated and care plans were not stored securely.

Staff felt supported by the registered manager.

The manager understood their responsibilities in making notifications to the Care Quality Commission.

Piper Court

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was last inspected in May 2015 and received a rating of Good.

This inspection took place on 11 and 19 April 2017. On the first day the inspection team consisted of one adult social care inspector, one specialist advisor and two experts by experience. A specialist professional advisor is someone who has a specialism in the service being inspected such as a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of our inspection 56 people were using the service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider was asked to complete a provider information return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR in a timely manner.

We contacted two external healthcare professionals, including Stockton County Council to gain their views of the service provided at the service.

During the inspection we spoke with 14 people who lived at the service and five relatives. We looked at eight care plans, and Medicine Administration Records (MARs). We spoke with six members of staff, including the registered manager, one clinical lead nurse, two agency nurses, senior carers, care staff, administrator, cook, activity coordinator and cook. We also spoke with a visiting healthcare professional. We looked at four staff files, including recruitment, training and supervision records.

We also completed observations around the service.

Requires Improvement

Is the service safe?

Our findings

We looked at the way medicines were managed. Medicines were not always stored securely and there was no record of daily checks being carried out of the temperature of the room where medicines were stored or the temperatures of the refrigerator where medicines were stored. This meant we could not evidence that both temperatures were within safe limits.

On the first day of inspection we asked to see how controlled drugs were stored. Controlled drugs are drugs that are liable to misuse. We found the controlled drugs cupboard was not safe. There were two controlled drug registers but the indexes on both were inaccurate. Drugs that had come into the service over the previous few days were not recorded. Bottles of Oramorph were being used out of sequence and drugs were not being returned to the pharmacy in a timely manner. The clinical lead asked if they could sort out the cupboard saying, "Someone else deals with the drugs as I am more into mental health." As they were often the only nurse on duty, therefore their responsibility, we could not ascertain who 'somebody else' was. We went back and looked at the controlled drugs cupboard later on that day and everything was then well indexed and accurate.

On the second inspection day we saw that an agency nurse had written in the daily notes, 'Oramorph would not have been appropriate at the time, subcutaneous Morphine 2.5mg given. However this is only prescribed on the continuous infusion (syringe driver) side, there is nothing on the normal administration side for pain.' On looking at the prescription Morphine was only prescribed to be used via a syringe driver, the agency nurse had ignored the prescription and administered via injection. This meant the medicine was not administered in the way it was prescribed. We discussed this with the registered manager who said they would raise a safeguarding alert and discuss it with the agency. The Care Quality Commission also raised a safeguarding alert.

The registered provider had completed medicines audits, but these had not identified the issues we found.

The registered provider had introduced a new electronic system for recording medication administration. We observed a medicine administration round and found the staff members knew the electronic system well and could easily explain how it worked. Staff explained the safety aspects of the electronic system. This meant that safety measures were in place to prevent incorrect medicine administration.

Medicine stocks were recorded when they were received into the service and then system checked quantities daily or as often as necessary. The system would alert the staff member if stock was becoming low. This meant that accurate records of medicine stock were kept so the service would know when to reorder medicine.

Environmental risks to people were assessed and monitored. Fire and general premises risk assessments had been carried out. We saw documentation and certificates which showed that relevant checks had been carried out on gas appliances, manual handling equipment, electrical installation and portable electrical equipment. Records confirmed that monthly checks were carried out of emergency lighting, fire doors,

water temperatures and control of substances hazardous to health (COSHH). The lift in the service had been out of action and although it was fixed, it did not always align itself to the floor. Notices were in place to highlight this to people however no risk assessment was in place. We asked the registered manager and the area manager what was happening with the lift. We were told they were waiting to hear if they needed a complete new lift or a new cooling system. The registered manager said they would put a risk assessment in place immediately and send a copy to CQC. We received a copy of the risk assessment on 25 April 2017.

A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may require support to leave the premises in the event of an emergency. However where people's needs changed the PEEPs were not updated. For example one person's PEEP had the incorrect room number on and stated level of mobility not impaired. However, this person was now on end of life care and could not mobilise without support from staff.

Risks arising from people's health did not reflect current needs. There were no risk assessments in place for people who had catheters, syringe drives or were insulin dependent diabetics. Where people's needs changed the reviews said 'no change.' For example one person was a falls risk due to using a zimmer frame. The last review had been done on the 3 April 2017 stating no change. We asked the senior carer if this person still used a zimmer frame and we were told the person had been unable to mobilise for approximately three months. They were unable to tell us why reviews said 'no change.' The person was now bed bound and receiving end of life care, however this was only documented in the daily notes and no care plan or risk assessment was in place. Another person was using a wheelchair; there was no mention of this in the care plan. They also suffered from night time incontinence and there was no care plan or risk assessment for skin integrity. The senior carer on this unit could explain everything about this person and knew their needs really well, but very little was documented.

These findings evidenced a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We asked people and their relatives if they thought there was enough staff on duty. People's comments included, "If staff are busy because there aren't that many I do have to wait sometimes-must be worse if you cannot move about and need help,", "It's okay but sometimes the different staff are rushed and busy," and "No they are badly pushed." A relative said, "The senior carers always have a lot to do." One staff member said, "We could do with a senior carer on the nursing unit, as the only nurse I am very pushed."

There were not enough staff on duty. On the first day of inspection there were 21 people who required nursing care. 20 people were on the nursing unit upstairs and one person was downstairs on the residential unit. Three people had syringe drives in place one of these people being downstairs. There was one nurse and four carers. We were concerned the nurse who was an agency nurse was rushed to meet the needs of people on both floors. We discussed this with the registered manager who agreed it was difficult due to being over two floors and would look into it. The Royal College of Nursing guidelines recommends one nurse to 18 people who require nursing, however this does always depend on dependency levels.

The service employed a clinical lead. The clinical leads job description stated that they should be a registered general nurse (RGN); however they were a registered mental nurse (RMN). We pointed this out to the registered manager who although had signed this form were not aware it stated they must be an RGN.

Recruitment procedures were not in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought, however we found for one person one reference was from an agency who said they cannot

comment on the person's practice as they don't observe them working and the other reference was from the registered manager of Piper Court who had also interviewed the person. We discussed the need for a more independent reference to be sought. The service requested that a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults. For two people the DBS check came back with convictions and we found the registered manager had not put any risk assessments in place to cover these convictions.

These findings evidenced a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons employed).

People said they felt safe at Piper Court. Comments included, "Yes I am safe, staff are always on the look about and there are always plenty of people around," "Yes I feel safe," and "I am safe because we have our own rooms and it is a secure environment." Another person said, "I do feel safe but don't like the fact that other residents wander in and out of my room during the day and when I am asleep at night." We passed this comment onto the registered manager.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. One staff member said, "I understand safeguarding totally."

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as loss of heating or loss of hot water. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were monitored monthly. The registered manager monitored these monthly to find any patterns or themes.

Requires Improvement

Is the service effective?

Our findings

Staff were not adequately supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The home's staff supervision policy stated that all staff would receive at least four supervisions each year, one of which would be an annual appraisal. The six staff files we looked at showed they had only received either one supervision or one appraisal. The registered manager stated they had recognised the need to improve on supervision and had produced a yearly timetable to make sure they or appointed person captured every member of staff in 2017.

Staff were not suitably trained. All training was done online, however no competency checks were taking place to make sure staff were putting the training into practice. For example, staff had only received online training for manual handling, one member of staff had never worked in care before and this was the only training they received and had never been competency assessed to make sure they were using manual handling techniques correctly. The clinical lead had received no training from Akari Care since starting in March 2016. They had never had any competency checks completed. Another registered mental health nurse was employed along with a registered general nurse. None of the nurses had received face to face training or any competency checks.

No staff had received training or refresher training on the use of syringe drivers. The agency nurse on duty on the first day of inspection did not know how to use a syringe driver and a district nurse needed to attend the service to support. On the second day of inspection the agency nurse on duty needed a member of staff to witness an administration via a syringe driver. They were told that there was a member of staff downstairs who was trained to do this. The service's policy stated 'additional details on the administration of syringe drivers must be recorded on a syringe driver monitoring record. This record must be signed by the registered nurse and witnessed by a competent person who has been assessed by the home manager in order to witness the setting up of the syringe driver.' We looked at the care workers training records and found they had received no training or had never been assessed by the home manager.

On our second day of inspection we were told that the two nurses employed by the service had received syringe driver training. We later found out this was online, however the services policy stated 'staff should undergo a competency assessment and receive appropriate training before being assessed as competent by an approved assessor.' The online training was not sufficient and did not cover their own policy.

Due to all the training now being online we found some staff were spending a day studying up to ten subjects including safeguarding, Mental Capacity Act (MCA), deprivation of liberty safeguards (DoLS) and manual handling. We found the training to be ineffective and the way the service worked with syringe drivers was unsafe. The registered manager agreed and said they would rectify this immediately.

These findings evidenced a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff we spoke with told us they received training. One staff member said, "All our training is online now. I have learnt to do my job as best as I can."

New staff undertook a twelve week induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member said, "The senior carer usually does the induction for new starters."

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

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

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. The registered manager and staff had an understanding of the MCA and the DoLS application process. At the time of our inspection 23 people were subject to a DoLS authorisation.

People were supported to maintain a healthy diet. People were regularly weighed to monitor their nutritional health. Where weight loss had occurred, appropriate referrals were made to dieticians and the speech and language therapy (SALT) team.

People were asked what they thought of the food. On the first day of inspection the choice was gammon or liver and people were not very complimentary about the food. Comments from people included "I have to eat it so I put up with it", "Unappetising at best", "Unimaginative every day, always soup and sandwiches for tea," and "We get a choice with meals but sometimes dessert is repetitive we had pears and cream three times last week."

People who required their food to be pureed had every ingredient blended together and did not look appetising. We found this to be undignified and discussed this with the registered manager. On the second day of inspection people were very complimentary about the food and the pureed food now had every ingredient blended separately.

On the second day of inspection lunch was roast pork dinner with Yorkshire puddings. However there was a lack of condiments on each table, only one table had salt on and no one was offered any condiments such as apple sauce to go with their pork. We asked staff why this was not offered. One staff member said, "Oh I don't like apple sauce with pork." Another staff member said, "Oh yes I could not eat pork without apple sauce." Neither staff member could explain why it was never offered to the people who used the service. One person who used the service asked a member of staff if they were joining them for lunch, the member of staff said no. We fed this back to the registered manager who said they would look at the dining experience and

felt staff joining in meals was a good way to encourage people to eat more.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and language therapist and psychiatrists.

Requires Improvement

Is the service caring?

Our findings

On the first day of inspection three people were on end of life care. We found no end of life care plans in place to cover peoples wishes and preferences at this time.

People and their relatives told us they were happy with their care and staff were kind and caring. People we spoke with said, "Staff are very good, kind and considerate," "Staff are very kind," and "They do their best." However one person said, "Their [staff] heart is in the right place but they are so busy, I haven't had a bath in months just wash downs." We looked into people's bathing routines and found bath charts to be blank. We could not evidence whether this was down to record keeping or that people were not receiving baths. We would also expect to see more personalised preferences in care plans rather than 'bath charts.' We passed this onto the registered manager who said people do receive baths or showers but staff were not recording it.

Relatives we spoke with said, "I think the care my relative receives is very good and they have more mature staff to look after them," and "I can't fault the care, they [staff] are all very good." Another relative said, "My relative came in with a grade four pressure sore and it has improved significantly it was the size of a fist and is now the size of a finger nail."

People said care was delivered with dignity and respect. All the people we spoke with agreed that staff always knock on their doors, keep curtains and doors closed when overseeing dressing and personal hygiene and that they are supervised when taking a shower. One person we spoke with said, "They [staff] always knock before entering my room," another person said, "They close the curtains and the doors and help you get dressed." One relative we spoke with said, "They [staff] treat everyone with dignity, they close doors and keep very private."

Staff encouraged people to maintain their independence. We observed staff supporting people where needed but standing back and allowing them to do things themselves when not needed. One person we spoke with said, "If I want to do things for myself they [staff] will let me," another person said, "I choose my own clothes but sometimes need assistance to get dressed," and another person said, "I can shower on my own and they [staff] wait outside."

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. One person we spoke with said, "I am going to visit my wife in hospital this afternoon." We saw this person being collected by a friend to go and visit his wife.

Procedures were in place to support people to access advocacy services should the need arise. At the time of inspection three people had independent mental capacity advocates (IMCA's). IMCA's support people who lack capacity to make specific important decisions. One relative we spoke with said, "[Relatives name] has a social worker they discuss things with but mainly leaves things up to me."

Requires Improvement

Is the service responsive?

Our findings

We looked in detail at the care plans for eight people who used the service. Care records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service.

Care plans contained inaccurate out of date information. For example one persons' mobility care plan stated walked with a zimmer frame however they were now bed bound. Another person's plan said they walked independently; they went to the smoking area outside and received a normal diet. However this person was also bed bound, needed support with mobility and had difficulty swallowing. Another person had 12 care plans; however eight of these were blank other than the heading. These eight included personal needs, skin integrity, nutrition and communication. The mobility care plan said bed bound only, no other information. The diabetic care plan only stated what insulin they used. This person had two syringe drivers in place and these were kept tucked under the bedclothes, anyone who was not aware of this would not be able to see them and the person had to be disturbed each time they were checked. The care plan did not state this was how the syringe drivers were kept. This person's care plan provided very little information on how to look after this person.

One person's care plan had very little information recorded on the first day of inspection. On the second day this person had deteriorated and was now on the delirium pathway. The delirium pathway assists in the coordination of care and to improve how people are managed during a delirium episode to improve care and minimise adverse outcomes. One staff member knew this person well and understood their needs. They explained how they supported this person and their current needs. We looked in this person's care plan and very little of what the staff member told us was documented. There was a risk that other staff members may not know this person as well as the staff member we spoke with and could not support this person's needs. The registered manager agreed that the care plans would be updated immediately to reflect current needs.

We found that staff provided personalised care that was to the person's preference and wishes. However this was not always sufficiently documented and reflected in people's care plans. The care plans were not individual to the person and had none or very little information on the their life history. Knowing a person's life history provides staff with a deeper understanding of peoples likes, dislikes, wishes and preferences and also provides information so staff can respect their needs and beliefs.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked people and their relatives if they were involved in their care plans. People we spoke with said, "My relatives sort out my care plans." Another person said, "I may have seen the care plan, what would it look like?" Relatives we spoke with said, "We are fully involved," and "My relative tells them how they like their care."

People we spoke with were happy with the activities that were available. Comments included "There is a lot

going on", "Yes I sometimes join in with bingo or book reading," and "Yes we did Easter eggs on paper today in arts and crafts." One person we spoke with said, "We could do with a lot more activities and entertainment." And another said, "I used to play darts but I could not imagine doing that in here."

One relative we spoke with said, "[relative] doesn't really take part in activities but they do encourage them to join in." Whilst we were speaking to the relative the activity coordinator came to speak to the person. The activity coordinator told them what they were doing and asked if they were interested or if there was something else they would like to do in their room.

Some people preferred to stay in their own rooms and watch their television. One person said they liked to do painting in their own room.

The service employed two activity coordinators who worked 9am – 4pm and covered all days between them. We observed activities taking place. On the first day of inspection people were making Easter egg pictures. On the second day of inspection there was a book club taking place.

One staff member on the mental health unit said they were trying to take people out whether it was just for a walk or for a coffee.

There was a basic policy in place for managing complaints, which contained information on the timescales for resolving complaints. The complaints file contained a summary sheet detailing when the complaint was received, date acknowledged, action taken and date of resolution. More detailed information was contained in the file with full notes on investigations that had taken place.

People and relatives we spoke with said they knew how to complain but had not had reason to. Comments included, "I have no cause to complain," and "I would complain to a carer." However one person had complained about the treatment of their relative and felt the complaint was not dealt with. We passed this onto the registered manager.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been registered with CQC since April 2016.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager completed audits in medicines, infection control, bed rails, mattresses, kitchen and staffing. The registered manager had found through audits that supervisions were not taking place and lack of detail in care plans reviews.

We had concerns not all audits contained an action plan to address any issues or concerns. We found the audits had not picked up all the issues we found. For example care plans not documenting current needs, training competencies not taking place, lack of training for nurses, and incorrectly appointed nurse, temperatures not been taken of medicine rooms and disorganisation of the controlled drugs cupboard.

We found the care plans were reviewed monthly but all stated 'no change,' even though there were changes. One care file had a full audit clipped to the front, the audit identified concerns with the care file but it was not dated and did not highlight who was responsible to correct the concerns.

We found a large amount of records and paperwork was not dated, therefore we could not evidence when things took place such as meetings or care plan evaluations.

Care plan files were not stored securely on the nursing unit and the residential unit. The care files were in an open office in an open cupboard and anyone had easy access to them. We discussed this with the registered manager who said staff were aware the cupboards should be locked and would again discuss this with staff.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked people and their relatives what they thought of the registered manager. Comments from people included, "We get on with them alright," "The manager has done a lot to improve the service," "Good chap always speaks to me," and "The manager is quite good and trying to get things sorted," Relatives we spoke with said, "I think majority of staff are friendly, they know [relative] and me. The manager doesn't get involved day to day but does hold residents meetings but I know if I have any issues I can knock on their door" and "It has changed a lot since this manager came." We asked staff what they thought of the registered manager. Staff we spoke with said, "Any problems or concerns his door is always open. Very approachable," and "Since this manager took over it has been more of an open door policy."

We asked the registered manager how they obtained feedback from people and their relatives. A survey had taken place in April last year with responses from 13 people who used the service, eight visitors and 18 staff. 17% said that families do not get updates, 8% said they felt the home was not inviting, 8% said complaints

were not listened to and 8% said they did not feel valued. We asked the registered manager what had been done about these comments. We were told that an action plan had been put in place and acted upon. We asked to see this action plan but did not receive it. We contacted the registered manager after the inspection to send a copy of the action plan to CQC; however we still did not receive it. Therefore we could not evidence that anything had taken place to address the concerns people who completed the survey's raised.

The registered manager held 'resident and relative' meetings to keep people informed of any updates or changes. We asked to see the minutes of these meetings but we were told that the activity coordinator has them at home. The activity coordinator did show us the minutes from the last meeting on the first inspection day, however this was not dated. The activity coordinator wrote March on the top and we had to prompt them to write 2017. We could see that topics discussed were activities and food.

We asked people and their relatives if they attended these meetings. Comments included, "Yes I go when they have them," "There has been none to date," and "If they are during the daytime I can attend but I am unable to come in the evening."

Meetings took place on a two monthly basis for staff. Topics discussed were sickness, workload, completion of records, key worker system and safeguarding. We saw from the minutes of a meeting in January 2017 that the low attendance to meetings was discussed and going forward attendance was to be compulsory, unless the staff member had a valid reason. Minutes from the March 2017 meeting highlighted that care plans were not being re written, if a care plan was over a year old it must be rewritten and writing 'remains the same' or 'no change' will not suffice. However records we looked at showed that this was still not happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The service was also displaying the rating from the last inspection.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always administered accurately and they were not stored correctly. Risk assessments relating to the health, safety and welfare of people using the service were not completed or updated to reflect current needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not stored securely. The provider's audits did not highlight the concerns we found, action plans were not always in place and not all paperwork was dated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider employed a registered mental nurse (RMN) to work as a registered general nurse (RGN) in the role of clinical lead. The registered provider did not provide training for the RMN to enable them to be competent in this role. The contract/job description stated for the role of clinical lead the person must be an RGN. Where the provider discovered information that suggested a staff member was not of good character both before and after employment, the provider did not take appropriate action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was not supporting staff through regular and effective training, to enable staff to fulfil the requirements of their role. Staff were not receiving regular supervisions to support them in their role.