

Aquarius Lodge Ltd

Aquarius Lodge

Inspection report

20 Approach Road
Margate
Kent
CT9 2AN
Tel: 01843 292323

Date of inspection visit: 24 and 26 March 2015
Date of publication: 15/07/2015

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



Overall summary

This was an unannounced inspection that took place on 24 and 26 March 2015. The inspection was carried out by one inspector, a specialist advisor and an expert-by-experience.

Aquarius Lodge provides accommodation and personal care for up to 17 older people, some of whom are living with dementia. The property is a three storey detached building and bedrooms are on all three floors. There are communal lounges and a dining room. There were 13 people using the service when we visited.

There was no 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. The provider had appointed a manager to run the service on a day to day basis but they were not registered with the CQC.

Issues we identified at this inspection were acted on when we brought them to the attention of the manager

Summary of findings

and provider. However, the quality assurance processes and systems were not effective. Shortfalls were recorded but the provider had not addressed shortfalls until prompted to do so by CQC.

Potential risks in the environment such as broken call bells, scalding risks from hot water, uncovered radiators and the lack of window restrictors had not been managed. The fire risk assessment had not been reviewed and there was a lack of fire training and practice drills. Not all areas of the service were clean and hygienic. Some bedrooms had strong odours and the laundry was not managed safely to prevent the risk of the spread of infection.

Individual risk assessments were in place to prevent or reduce the likelihood of harm and most people were protected against the risk of harm. Some people were at risk of isolation or had behaviours that could cause a risk of harm to themselves or others. There was a lack of guidance about how to manage these individual risks. People received their medicines when they needed them, but medicines were not stored safely.

Although staff understood people's needs, training had not been kept up to date and staff had not received the training they needed to ensure they had the skills to give safe care. There were sufficient staff on duty to help people and people told us that staff 'always' gave them the support they needed. Staff felt they received good support and were confident that the manager listened to what they had to say.

Activities were limited and people did not have the opportunity to take part in a range of different pastimes. There was a lack of appropriate signage around the building, as advocated by dementia care good practice guidelines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, proper

applications had been made when this had been required. Policies and procedures were in place relating to the Mental Capacity Act 2005 (MCA) and the DoLS. When people lacked the mental capacity to make decisions the manager was guided by the principles of the MCA to ensure any decisions were made in the person's best interests.

People felt safe and staff understood about different types of abuse, however staff did not know who they could report concerns to outside of the service. There were safe recruitment practices in place to ensure that only suitable staff were employed. People's complaints and concerns were acted on and addressed.

People spoke positively about the care and support they received. People told us that staff were caring and, 'helpful'. Staff knew and understood what people liked and did not like. Staff talked to people about their care plans and listened to what people had to say.

People's nutritional needs and needs with eating and drinking were assessed, although people did not always receive the support they needed when eating. People's healthcare needs were monitored and appropriate advice sought from health care professionals to make sure people's health needs were met.

People's views were sought through questionnaires and conversations with staff. There was an open and transparent culture and staff understood their roles and what their accountabilities were.

We have made a recommendation to the provider so that they can make improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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.

Risks to people from the environment had not been assessed and managed. The cleanliness of different areas of the service was poor. Individual risks to people were assessed, but there was limited guidance for staff about how to reduce these risks.

People received their medicines when they needed them, but medicines were not stored safely.

People felt safe and were supported by staff who could recognise abuse. Staff were not all aware of who else they could report abuse and concerns to outside of the service. There were enough staff on duty to meet people's needs.

There were safe recruitment practices in place although gaps in employment history were not thoroughly checked.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff training was not up to date, but staff were given the support and supervision they needed.

Staff knew how to support people at the service. They were aware of the requirements of the Mental Capacity Act 2005 and how to support people to give consent.

People's health care needs were monitored and they were supported to access health care professionals as needed. People's nutritional needs were assessed but not everyone had the support they needed to eat safely.

Requires improvement



Is the service caring?

The service was not consistently caring.

People felt well cared for and were supported by staff who understood their needs.

Staff listened to what people had to say but information was either not provided to people or not accessible to people to support them to make choices.

People were cared for by staff who respected their privacy and dignity.

Requires improvement



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

People did not have the opportunity to take part in a range of activities, but were supported by staff who spent time talking with them.

The complaints procedure was not accessible to people, although complaints and concerns were addressed.

People had their needs assessed when they moved in. People were supported by staff who knew and understood their needs.

Is the service well-led?

The service was not consistently well led.

There was not a registered manager in place, although a manager had been appointed to oversee the day to day running of the service.

The provider did not always address the shortfalls at the service identified through quality assurance checks.

Staff were given the support they needed and understood their roles and responsibilities.

People were asked their opinions of the service and these opinions were acted on.

Requires improvement



Aquarius Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 26 March 2015 and was unannounced. The inspection was carried out by one inspector, a specialist advisor and an expert-by-experience. The specialist advisor was someone who had knowledge and experience of working with people living with dementia. The expert-by-experience was a person who had personal experience of using or caring for someone who uses this type of care service and had specialist knowledge of people living with dementia.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals.

During our inspection we spoke with six members of staff and the manager. We spoke with seven people using the service. We were not able to speak to any relatives or friends as there were no visitors when we visited the service. We observed the lunchtime meal and also observed how people were supported throughout the day with their daily routines and activities. We looked at how staff spoke with people and observed staff carrying out their duties. We looked around the communal areas, some people's rooms with their permission and facilities such as the kitchen and laundry.

We looked at a range of records including care plans, monitoring records for five people, and medicine administration records. We looked at four staff records and records for monitoring the quality of the service provided, including audits, complaints records and meeting minutes.

The last inspection took place on 28 November 2013. There were no concerns identified.

Is the service safe?

Our findings

People told us that they felt, 'looked after' and 'well cared for' by staff. People thought that staff made sure they were safe. One person told us, "I feel warm and safe here". Other people said "It's nice living here", and, "I really like it here". Although most people told us that they felt safe, risks posed to people by the environment placed people at risk of harm.

The call bell system was not working properly. Two people told us that their call bell did not work and one person said, "I have to shout loudly or turn my television up to get their (staff) attention, otherwise they don't know I need them". Another person used their call bell at lunchtime but there was no response when they used it and staff told us they had not, 'heard it ring out'. There was a weekly call bell check in place and this had identified in October 2014 that four of the bedrooms call bells did not work. All the checks carried out in 2015 also identified that these same call bells 'needed fixing'. These call bells had not been repaired which placed people at risk if staff did not know they needed help. The manager told us that the provider had been looking at purchasing another system, but this had not happened. After our inspection the provider gave us evidence that the call bells in all occupied rooms were now working.

Safety checks were carried out on the premises but issues found were not addressed. Some radiators in hallways did not have guards and were hot when touched, which put people at risk from potential scalds. Water temperatures were checked on a weekly basis and these recorded that the taps in some rooms, including two of the bathrooms, had temperatures as high as 58 degrees centigrade with no action taken to reduce the temperatures. The Health and Safety Executive (HSE) advises that, 'High water temperatures (particularly temperatures over 44 degrees centigrade) can create a scalding risk to vulnerable people who use care services'. Although no one had been scalded, people were at risk because of the high water temperatures in some of the bedrooms and bathrooms. The risk was increased as some people were living with dementia. After our inspection the provider gave us evidence that adjustments had been made to water temperature values and water temperatures were now safe.

Checks on window restrictors were not accurate. The checks stated that there were window restrictors on the

windows on the first floor lounge and one of the bedrooms. We checked these windows and found that there were no window restrictors in place. Three bedrooms had been identified as not needing window restrictors, with no explanation as to why they were considered safe. After our inspection the provider gave us evidence that window restrictors were now fitted to all external bedroom windows.

There was a door to the garden which did not have a handle and only a small bolt to secure this access. It was not alarmed and there was no risk assessment to ensure that this exit was safe. It was identified as a fire exit, but was not linked to the fire system. The fire risk assessment had been completed in 2010 and had not been updated. Fire drills were not carried out regularly and there were no systems in place to ensure that all staff were aware of the fire procedures. After our inspection the provider gave us evidence that he had taken steps to address the issues related to fire safety.

People had not been protected against risks posed by an unsafe environment. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with regulation 12 (2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all areas of the environment were clean. The bin in the kitchen did not have a lid and was placed close to where food was being prepared. There was a mop in a bucket of dirty water left in the corner of the kitchen. Two rooms smelt strongly of urine and two other rooms had a smell of damp. The laundry was not clean. The floor, walls and sink were dirty and stained. Tiles were broken and there was exposed chipboard which could not be easily cleaned and so posed a risk of infection. There was no proper system for making sure that clean and dirty laundry was kept separate. There were two baskets of dirty washing waiting to be placed in the washing machine next to a large pile of washed clothes waiting to be placed in the tumble dryer.

The provider had not made sure that an appropriate standard of cleanliness had been maintained in all areas of the service. This was a breach of Regulation 8 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Individual risks to people were identified and assessed. There were risk assessments for safe moving and handling procedures, falls, skin integrity and people's nutritional needs. Most identified risks had guidance which was personalised and individual to the person. Risks relating to supporting people who had behaviours which may be challenging had been identified but guidelines were not in place to show staff how to reduce the impact on people.

Staff did not always follow the guidance that was available. One person was at risk from choking and there was information about how to reduce this risk including ensuring the person's food was cut up. Staff had not followed the guidance as at lunch time the person's meal was not cut up into manageable bite size pieces and staff did not supervise and support this person with their meal. Staff did not check to make sure this person ate their meal safely.

People were at risk of receiving unsafe care and support because staff were not always following the guidelines on how to manage risks. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had changed supplier for medicines and a new system had been implemented the day before our visit. The medicines cabinet was newly installed with new prescriptions but the cabinet was untidy and in disarray. Bottles were sticky where the contents had dripped down the side of them onto the cabinet. Boxes were not closed properly and so the blister packs containing medicines inside the boxes were at risk of falling out. Bottles and boxes did not have a date that showed when they had been opened so staff would not be able to check that the right amount of medicines had been administered. People's medicines were mixed up so there was a risk that staff might pick up the wrong bottle or box. The manager took immediate action to address this when we pointed it out. After our inspection the provider gave us evidence that there were on-going checks to ensure medicines were stored safely. Not all staff had received training in medication administration, which meant that the manager or another member of staff had to return to the service to administer medicines if there was no one on duty who had been trained. This was being addressed with additional staff undergoing medicine administration training.

There were new medication administration record (MAR) charts in place, these had been completed appropriately. Audits and checks were carried out on medicines to make sure stocks were at the correct level. All the medicine administration record (MAR) charts we looked at were completed accurately, with no unexplained gaps. There were protocols in place for 'as and when' required (PRN) medicines so any adverse side effects were known and could be discussed with people.

Accidents and incidents were recorded and reported. Actions were taken following accidents including to reduce risks of falls. When a person had an increase in falls referrals were made to the falls clinic. Staff told us how they made sure people were not at risk from falls and helped them to walk safely. Staff helped people walk around safely.

Staff understood the importance of keeping people safe and knew what constituted different types of abuse. There was a policy and procedure in place which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. Staff had been given the information and signed to say they understood what they would do if they had any concerns about people's safety. Staff told us they would report their concerns to the manager, but were unsure about who else they could report concerns to, such as the local safeguarding authority. Staff were aware of whistle blowing procedures and how they could report any concerns to the manager.

There were systems in place to recruit new staff. Appropriate checks were carried out including obtaining a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. References were obtained and checks were carried out on people's employment history although not all gaps in employment were recorded as having been explored. The manager said they had spoken with staff about any gaps in the employment history and any missing records and had set actions for staff to bring in the relevant information.

People told us that staff were available to help if they needed them. The manager used a dependency tool which calculated how many staff were needed to meet people's assessed needs. The duty rota showed there were consistent numbers of staff on duty. Staff said there were enough staff available to support people. Agency staff were

Is the service safe?

not used. Additional staff were allocated when people needed support to attend appointments. Care staff were supported by apprentices, which were staff who were

learning and developing their skills whilst working at the service. Apprentice staff were aware of their responsibilities and knew what they could and could not do to help people.

Is the service effective?

Our findings

People told us that they felt staff ‘looked after’ them. One person said, “As soon as I moved in they (staff) took care of me”. Another person told us, “I like how staff help me”. Most of the time staff supported people with their individual needs and responded appropriately when people needed assistance. However, there were some occasions when people either did not receive the help they needed or staff did not check to ensure they had the help they needed.

Staff training had not been kept up to date. Staff had National Vocational Qualifications (NVQ’s) in care at level two or above and all staff had completed moving and handling training. However, the majority of staff had not completed basic training in other areas to ensure they had the skills to support people. The manager had asked the provider to arrange training, but they had not been forthcoming. After we pointed out the shortfalls, the provider arranged for a comprehensive training programme to take place and booked training for all staff on a range of courses including safeguarding, infection control, food safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) and health and safety. After our inspection the provider gave us evidence that these were all booked to take place by 10 April 2015. Not all staff had received training in the specialist needs of people such as dementia awareness. The provider did not give us evidence to show that these training courses had been booked.

The provider had not supported staff to receive the training and development necessary for them to carry out their role. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New members of staff had an induction. This covered the routines of the service, fire procedures, reading care plans and policies and procedures. New staff told us that they were supported by more senior staff and apprentice staff told us that they were always supervised. The manager was in the process of contacting Skills for Care, which is an organisation that works with employers to help raise

standards across the care sector, in order to support new members of staff to obtain the Care Certificate. This sets out the learning outcomes, competences and standards of care that is expected from staff working in the care sector.

Staff told us that they felt supported by the manager. They said she was available to give them advice or answer any questions. Staff received regular supervision on a one to one basis which gave them the opportunity to discuss their role.

We observed at lunchtime. Two people did not get the support they needed at lunchtime. Both people did not have their meals in the main dining room. One person had their meal in their room. A member of staff brought them their meal and placed it on the bed next to them. The person wanted help to cut up their meal but the member of staff did not stay and check whether they needed any help. The person managed to eat their meal but they told us it was, ‘hard to cut the sausages’. Another person was sat in a separate lounge on their own. Their care plan stated that they needed support with their meal and should be ‘supervised’. The person was not supported or supervised whilst they were trying to eat their meal. Some food fell on the floor and they only managed to eat a small portion of the food that was left.

Most people told us they liked the meals and comments included, “The food is very good”, “You get loads to eat here” and, “I have no problems with the food they serve here, even if there is too much sometimes”. One person told us they didn’t like the sausages that had been served for lunch. People were not aware of any alternative meal and had not been offered another choice. Menus were not displayed so people had to rely on staff to tell them what choices were available at mealtimes. However not all staff knew what was on the menu so they could not tell people what was available to enable people to make a choice.

People’s needs for eating and drinking were assessed. The cook knew about people’s nutritional needs and told us how diabetic diets were managed and how meals would be served at different consistencies to help people who had any swallowing problems. Care plans recorded people’s likes and dislikes such as how they liked their coffee or tea to be prepared, and what food they preferred. Staff kept records of what people had eaten and drank, but did not check the quantities that people had consumed over a set period to make sure they were eating and drinking enough.

Is the service effective?

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) procedures is legislation that sets out how to support people who do not have capacity to make a specific decision and protects people's rights. Care plans recorded when people could not make a decision about different activities and gave staff guidance on how to support people. When needed, appropriate advice had been taken with regard to people's individual capacity. A best interest meeting was arranged when people were not able to make an informed choice or make a decision. Bed rails were only used if it had been assessed as the best way to keep people safe and they, or their representative had agreed to them being used.

Staff told us how they supported people and respected their choices. Staff told us that some people would at times refuse personal care. Staff explained that they would either leave the person and ask them if they wanted help later or offer them different choices, such as having a shower or just a wash if they preferred.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the

rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There was no one who had been assessed as needing a DoLS authorisation when we visited, but the manager had made an application on a previous occasion and kept this under review in line with the DoLS recommendations.

People were supported with their healthcare needs. Care plans contained information and assessments about how to support people with their nutritional, skin care and continence needs. Referrals were made to health professionals such as the doctor, chiropodist, dentist, dietician and district nurses as needed. People were weighed and action was taken to address any weight loss such as contacting the dietician or doctor for advice. People attended medical appointments when they needed to. Staff recorded and knew why people needed to see their G.P. or other health care professionals. Outcomes were recorded and advice from health professionals was followed.

Is the service caring?

Our findings

People told us they were happy with the support they received from staff. One person said, “They (the staff) are kind and really helpful”. Other people told us, “They know me and know what I like”, and, “It’s nice living here”. People told us about the different things staff helped them with. They said, “I like my nails painted and the girls always do that for me”, and, “I get all the help I need”.

Information for people to access, such as the complaints procedure, what was on the menu or what activities were on offer were either not available or on display where people could not access this information. This did not support people to make choices.

Staff communicated with people in different ways. They spoke slowly and clearly with people and answered any questions calmly and patiently. Staff used people’s preferred names. For people who had less verbal communication, staff understood how to communicate with them. Staff used small gestures such as touching someone’s hand and sitting with people so they could make eye contact. People responded positively to staff, who were cheerful and spent time laughing and joking with people.

Staff knew and understood people. Staff told us about how people liked to spend their day and what they liked to do. Staff were patient and responded to people’s needs. Staff answered questions when they were asked and took the time to talk to people and listened to what they had to say. Staff supported people to be as independent as possible and offered support in an unobtrusive manner by asking people discreetly if they wanted any help.

Staff treated people with dignity and respect. People’s privacy was respected and they chose whether to have

their bedroom doors open or closed. One person needed assistance with personal care and staff spoke with them tactfully and quietly and helped them to their room without any fuss. Another person became distressed and staff spoke calmly and quietly with them and gave them the support they needed.

People’s rooms were decorated to their own taste. The manager was in the process of organising the redecorating of rooms. The manager told us how they involved people and gave them choices about their rooms and asked people about how they wanted their rooms decorated. People had their own belongings and rooms were personalised with photographs, ornaments and memorabilia. Some people had brought their own furniture with them.

Care plans had information about people’s lives and their backgrounds. There was information about people’s likes, dislikes and preferences. This was important because it helped staff to understand and get to know people. All the staff we spoke with knew the people they were caring for. The manager and staff said they talked to people about their lives.

People were supported with any individual religious or cultural preferences. Representatives from a local church visited on a regular basis and people were able to take Communion in private. There were no restrictions on families visiting and although there were no visitors during our time at the service; people confirmed that they could have visitors when they wanted.

The manager told us that no one had an independent advocate. Some people could make their own decisions and the manager confirmed that they contacted families if people needed support with any decision.

Is the service responsive?

Our findings

People told us they were given the help they needed. One person said, “I like to go to bed about 9.00pm and I can do that”. Another person said, “I can choose when I want to get up and sometimes I like a lie-in”. Another person told us, “I am never pressured to do anything I don’t want to”. Staff talked to people about their care plans during a monthly review and if people wanted, they could look at their care plans. People were encouraged to have a say about how they wanted their care to be provided.

Activities were limited. There was no information on show about any activities that were available, so people did not know what was being planned and what was on offer. Staff spent time talking to people and there was an allocated member of staff who stayed in the main lounge. This member of staff talked with people and supported and encouraged people who wanted to do art activities. One person was enjoying doing their knitting and they were supported with this. Most people spent their time watching television.

One member of staff had been allocated to provide activities for two hours each afternoon. The member of staff told us that they had only recently taken over this role and were in the process of developing a range of activities. They told us that some people liked playing dominoes and card games. They said that sing-a-longs and time spent ‘remembering days gone by’ were also popular. People did not tell us about other activities they took part in, but everyone we spoke with said staff would spend time talking to them.

Outside entertainers visited and people were supported to go out. Some people attended day centres and other people were supported to go shopping at local shopping centres.

We recommend that the provider seeks advice and guidance from a qualified source about meaningful activities suitable for people living with dementia.

Some people were living with dementia and recognised dementia care research recommends that environments should support people’s well-being with appropriate signage and colour schemes. There was a lack of signage in the service. Bedroom doors were not personalised and some did not have a number on the door making it difficult for some people to find their way around.

People had an assessment of their needs before they moved in. People’s needs with regard to their personal, emotional and health care needs were assessed and a care plan was written. Assessments took into account what people could and could not manage and people were asked how they wanted to be supported.

Care plans were specific and individual to the person. When a person had a particular need such as communication difficulties there was guidance for staff about what communication aids to use. Care plans recorded how people liked to be supported with their personal care. If people did not like support with personal care or felt embarrassed, the care plans detailed how to support people. A care plan for a person’s nutrition detailed what aids and adaptations they needed to help them manage their meals independently and these were supplied. There was information in the care plans about different conditions such as Parkinson’s disease or people’s specific dementia related illness. However, these sections of the care plans lacked detail about how to support people with these conditions. Staff told us they would like to know more about people’s individual conditions.

Care plans were reviewed on a monthly basis and gave an overview of the support people had received and if there had been any changes in their care and health needs. Care plans were updated after visits from professionals such as the G.P or district nurses.

Staff helped people throughout the day, such as assisting them to the toilet or with their mobility. Staff told us how they supported different people. One member of staff explained how one person liked to be supported with their personal care and this reflected the information in the care plan.

The complaints procedure was on display in the entrance lobby. This was where visitors signed in and was not accessible to people who used the service. The manager said that staff encouraged people to tell them if they had any concerns and staff confirmed this. People told us that they would talk to staff or the manager if they had any concerns. The manager told us that they were looking into different ways of encouraging people to voice their opinions if they had any concerns or complaints.

When complaints were brought to the attention of the manager, action was taken. One person had mentioned something they had been unhappy about to a member of

Is the service responsive?

staff. This had involved another member of staff who had not acted in accordance with this person's wishes. The manager had taken immediate action and resolved the situation and the person was happy with the outcome.

Is the service well-led?

Our findings

There was no registered manager in place. There had been no registered manager registered with the Care Quality Commission (CQC) since 2010. This was a breach of the provider's conditions of registration. The provider had appointed a manager who was in day to day control of the service and provided leadership on a daily basis and was present during our inspection. The manager planned to apply to CQC for registered manager status although this had not yet happened.

People knew who the manager was and knew the staff. They knew who to talk to if they wanted to discuss anything. The manager spent time each day in the communal areas talking to people. The provider spent time at the service and also worked on shift on occasions so they knew and understood people's needs.

There were quality assurance processes in place, but actions were not taken when shortfalls were identified. The provider had limited understanding about some of the key risks at the service and was not proactive in making improvements. Infection control audits and environmental checks had not identified areas of risk. Risks posed by the environment had not been addressed, putting people's safety and welfare at risk. Training for staff was not up to date so staff had not been supported to develop their skills. The manager had recognised shortfalls in the service and had brought them to the attention of the provider. However, these had not been acted on by the provider. The provider should have plans for continuous improvement as well as plans to remedy environmental hazards and risks. This should be on-going rather than reactive to CQC inspections.

The provider had failed to manage risks identified through quality assurance processes. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken by the manager as a result of other audits. There was a redecoration plan in place for the bedrooms and this was ongoing at our visit. Staff files had been audited and the manager had requested any missing documents and followed up with staff that these had been

received. Care plans had been reviewed and rewritten in a clearer format which made them easier for staff to read. Medicines were audited to check that people received the medicines they needed safely and on time.

Records were kept about the care people received and the day to day running of the service. Some records relating to people's nutritional needs had not been thoroughly completed. The manager's audits had not picked this up. Some records, such as the gas safety certificate could not be located at our visit. We asked the provider to send them to us following our visit and we received the records we asked for

The manager had used different ways to find out people's thoughts on the way the service was run. They had spoken to staff and asked them if they thought there was anything that could be improved. Night staff had reported that people did not want their breakfast if it was served too early. The manager had changed how breakfast was managed and people were now eating breakfast at a time that suited them. The manager told us that there had been positive feedback from people about this. There had been a meeting held for people and this had identified that people would like more activities. This had not yet been addressed. People had been given a questionnaire in January 2015 to ask their opinions of the service. The results from this had been positive with people saying they were happy with the care they received.

Staff knew about the Care Quality Commission (CQC) and the inspection process. Staff had been given information about regulations and core values so they were aware of what they were working towards. Staff told us that their aim was to keep people safe and secure and give them the support they needed. One member of staff told us, "It's about making sure people have a life. I think of how my Mum would like to be cared for and that's what I do here". The manager was aware of the values of the service and promoted this ethos to staff through meetings and supervisions.

Staff were supported to take responsibility for their actions and knew what their accountabilities were. There was an open culture and staff reported any concerns or errors to the manager. Staff had previously reported that the medicine administration record (MAR) charts had not been completed properly and this had been addressed with members of staff who were responsible. This included retraining and further monitoring of the MAR charts and no

Is the service well-led?

further errors had been identified. Staff told us they could report anything to the manager and it was dealt with 'immediately'. Spot checks were carried out and the manager sometimes visited the service unannounced to check staff were carrying out their duties properly.

There were policies and procedures in place and the manager had updated these. Staff were aware of the policies and knew where to access them. Through induction and updates at supervision staff were supported to keep up to date with the systems and processes to support the smooth running of the service.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider had not:</p> <p>Ensured that all practicable steps were taken to mitigate risks to service users by ensuring staff followed risk assessments. 12 (1)(2)(b)</p> <p>Made suitable arrangements to make sure the premises were safe to use for their intended purpose by ensuring call bells, water temperatures, radiator guards and fire risks were managed safely. 12 (2)(d)</p> <p>Assessed the risk of detecting and controlling the spread of infection by ensuring cleanliness was maintained. 12 (2) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered provider had not made suitable arrangements to support staff to undertake training, learning and development to enable them to fulfil the requirements of their role. 18 (2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider had not made sure that the service had systems and processes that mitigated the risks to service users in relation to their health, safety and welfare and that these systems improved the quality of the service. 17 (1) (2) (a) (b)</p>