

Cornwallis Care Services Ltd

Meadowbrook House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 6 June 2017. This was the first inspection for the service since registering as a new provider in December 2016.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run. There was a manager in charge of the day-to-day running of the service and they were supported by the registered manager, who was also the registered manager for another of the provider's services.

Meadowbrook House is a care home which offers care and support for up to 42 predominantly older people. At the time of the inspection there were 28 people living at the service. Some of these people were living with dementia. The service uses a detached house with two floors. There were only people living on the ground floor of the service at the time of this inspection.

The service had been operating under new ownership for five months and had recently undergone a great deal of renovation and re-decoration of the premises. New equipment and bed linen had been purchased and additional staff had been recruited.

We reviewed the systems for the management and administration of medicines. It was possible to establish that people had received their medicines as prescribed. There were no gaps in the medicine administration records. However, there was a quantity of medicines that required stricter controls which had been drawn up but not used. This was found in a locked medicine cupboard with a date on it of 8 May 2017. The registered nurse and the registered manager were not aware of the presence of this syringe. The service raised an incident investigation immediately and the service took action to amend their medicines policy to include the actions to take in such a circumstance. Internal medicine audits were being carried out to monitor the management and processes in place for the safe administration of medicines however, the presence of the syringe had not been identified.

Care staff were directed in care plans to record in specific files in people's rooms, when they provided care and support for people. While there was no evidence that people's needs were not being met, some records were not always completed accurately by staff. Some skin checks, weights and food records contained gaps where staff had not recorded care that was directed in people's care plans. Some guidance in care plans was not consistent with information provided in the shift handover records or in people's room records. Staff told us they knew people well and often did not refer to records to check what care and support to provide. However, this meant that new staff and agency staff were not always provided with accurate information to refer to about people's needs.

The manager held a record of staff training. This record had not been kept up to date. We requested a revised training record which showed there were many staff who required updates in mandatory training subjects such as health and safety and fire training. Some training, such as safeguarding adults and Mental Capacity Act 2005 had been planned for with training sessions advertised in the service for the coming weeks.

Some information requested by inspectors took time to be located by the manager. This was being held by the deputy manager who was not working at the service at the time of this inspection. Inspectors were also provided with inaccurate information by the manager at inspection, such as the number of people living at the service and the current status of staff training.

The manager had recently created new roles for staff with more responsibility. A head housekeeper and two senior carer posts had been recently created and taken by existing staff. These roles were to support the manager in the day to day running of the service. We have judged that these roles needed time to develop and bring about consistent change. There was a service development plan in place with set dates for specific actions to have taken place. Some actions were delayed, some had just been started. This had led to changes that were in process at the time of this inspection. Such as the provision of moving and handling training for staff and the commencement of audits of health and safety, infection control and the kitchen. It was not yet possible to judge the potential impact of these changes on people living at the service at the time of this inspection. We will review the progress of these changes at the next inspection.

There were many audits being carried out to monitor equipment, personnel files, room files, people's weight records and medicines management. Some of these audits were not yet entirely effective at the time of this inspection but the manager told us, "It is work in progress, we are not quite there yet, but we are getting there." However, some changes had already had a positive impact. For example, people told us the staffing levels had improved and visitors confirmed this.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. However, the manager had not recognised that family members can only sign consent forms on behalf of another person if they hold a lasting power of attorney for care and welfare. Consent forms were signed by family members with no such powers. We were assured this would be addressed immediately.

The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. One authorisation was in place at the time of this inspection. The conditions to this authorisation were being complied with, although the records to support this were not always completed by staff.

Meadowbrook House was clean and tidy with no malodours throughout the service. There were people living at the service who were independently mobile and living with a degree of cognitive impairment. The service had some pictorial signage to meet the needs of people living with dementia. Some rooms had dark blue painted doors to distinguish them from bedrooms, but did not yet have a pictorial sign to clearly indicate what the room was used for.

Staff were supported by a system of induction training when they began working at the service. Most staff had been provided with supervision. Some appraisals had been carried out by the deputy manager. There was a programme in place to ensure all staff received regular supervision and appraisals in the near future. Staff meetings were held regularly. These provided staff with an opportunity to be informed of any changes and raise any suggestions or concerns they had regarding the running of the service.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in

relation to people's daily life were assessed and planned to minimise the risk of harm.

The manager had not held any meetings for people who lived at the service or their families. During the inspection the manager handed out a survey for people and their families to complete. We were told the information from the survey responses would inform a planned meeting to be held in July 2017. The service development plan stated that the service should plan to hold such meetings every two months and be in place by the end of June 2017. Families that we spoke with following the inspection had not received such a survey.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. Many new staff had joined Meadowbrook in recent months, with new nurses planned to join the service in the weeks following this inspection. The service had one nurse post and one part time carer post vacant.

People were treated with kindness, compassion and respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were heard to ask people for their choices and wishes throughout the inspection. One person had made a choice to live in a very cluttered bedroom, which had led to an environment which was difficult for staff to keep clean. This person regularly went out to the local shops alone and enjoyed their independence.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff checked what people ate to help ensure they stayed healthy. However, people's food and drink intake was not always recorded as directed in their care plan. There was no evidence of such records being monitored, totalled and reviewed to help ensure people always had an adequate intake.

Care plans were in the process of being moved to the new providers format. Some care plans we reviewed had been started in the new format. There was guidance and direction for staff which was organised and accessible, although this was sometimes conflicting with other information provided such as on handover sheets and in room files. The handover sheets used at shift changes did not contain specific relevant information on people's care needs, such as when staff should provide re-positioning and record food and drink intake or if a person had any skin damage. This meant that any new or agency staff were not provided with key information. Care planning was reviewed regularly and people's changing needs recorded. However, there was no record that people, or their relatives if appropriate, were included in these reviews.

People and their relatives commented that there was little to occupy them. People had access to some activities. A 1000 piece jigsaw was laid out partially completed in a lounge area. Staff told us it had been there for "a good while" and they told us it was probably beyond most people's ability to complete such a challenging puzzle. Staff told us they arranged activities for people such as bingo and singing. External entertainment was bought in to the service such as visiting dogs and musicians. An activity co-ordinator was due to start at the service the week after this inspection.

The manager was supported by a deputy manager and an administrator. At the time of this inspection the deputy manager was working at another of the providers services. Staff felt supported by the manager and told us morale was greatly improved. The manager was provided with support from the operational manager, the provider and other managers in the group.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action

we have told the provider to take at the end of this 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?

Good ●

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their prescribed medicines in a timely manner.

Is the service effective?

Requires Improvement ●

The service was not entirely effective. Records were not always completed by staff when care and support was provided. While there was no evidence that people's needs were not being met, it was not always possible to establish this from the records.

Staff were provided with training, although mandatory subjects such as health and safety and fire training required updating. Staff were supported with supervision and meetings.

People had access to a varied and nutritious diet. However, records completed by staff were not monitored, totalled and reviewed.

The manager had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, the conditions of a deprivation of liberty safeguards authorisation were not being effectively recorded.

Is the service caring?

Good ●

The service was caring. People who used the service and relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

The service was not entirely responsive. People did not always receive personalised care and support which was responsive to their changing needs, such as correctly set pressure relieving mattresses.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Requires Improvement ●

Is the service well-led?

The service was not entirely well-led. Information provided by the manager was not always accurate. The records relating to people's care, people's money, staff training and appraisals were not being monitored regularly by the manager.

There was a service development plan in place and many audits were monitoring the service provided. Some of these audits were not being effective.

There had not been any residents and families meetings since the new provider took over the service. A survey was being given to people and families at the time of this inspection. Families spoken with following the inspection had not received a survey.

Staff felt they were supported by the manager and were positive about the changes that were taking place at the service.

Requires Improvement ●

Meadowbrook House

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.

The inspection took place on 6 June 2017 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 11 people living at the service. Not everyone we met who was living at Meadowbrook House was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke four visitors, six care staff, the manager, the maintenance person, the administrator, the hairdresser and the operational manager.

We looked at care documentation for five people living at Meadowbrook House, medicines records, six staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with two relatives of people who lived at the service

Is the service safe?

Our findings

People and their families told us they felt safe at Meadowbrook House. Comments included, "It's the friendliness around the home that makes me feel safe," "The staff are always popping into my room to make sure I am ok" and "My room is fine, living here it's good, I feel safe, very safe. Staff when you find them sort any problems out as best they can, when I use the call bell they come."

We reviewed the systems for the management and administration of medicines. It was possible to establish that people had received their medicine as prescribed. There were no gaps in the medicine administration records and staff had signed for each medicine when given. However, we found a 10 ml syringe filled with medicines that required stricter controls which had been drawn up, but not used, on the 8 May 2017. The registered nurse and the registered manager were not aware of the presence of this syringe. The service raised an incident investigation immediately and the service took action to amend their medicines policy to include the actions that nurses should take in such circumstances. Internal medicine audits were being carried out to monitor the management and processes in place for the safe administration of medicines however, the presence of the syringe had not been identified.

Medicines that required cold storage were held safely in a medicines refrigerator. This was regularly monitored so that any fault with the fridge would be identified in a timely manner and the safe storage of people's medicines could be assured. People had been prescribed creams some of which were dated when opened. The manager had raised this issue at a recent staff meeting and staff were encouraged to date all prescribed creams when they were opened. This helped ensure staff would be aware when the item should be disposed of. Medicines that required stricter controls by law were held by the service. We checked the stock held against the records and they tallied. Some people required to have their medicines given mixed with food or drink (covert). This had been signed in agreement by the GP but there was no best interest meeting that had been held to come to this decision as being in their best interests. People who required their medicines at specific times due to their healthcare condition were provided with these at appropriate times.

People's care plans contained risk assessments for a range of circumstances including moving and handling, weight loss and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk. For example, where people had been identified as losing weight they were placed on a weekly weight check and food and drink monitoring charts. Some people had been identified as being at risk of skin damage due to pressure. Staff were directed to check their skin regularly and complete records to show if there were any red areas or broken skin.

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were mostly aware of the whistleblowing and safeguarding policies and procedures. Not all staff had received recent training updates on Safeguarding Adults and not all were aware that the local authority were the lead organisation for investigating safeguarding concerns in the county. However, the manager had identified this issue and a training session had been arranged for the near future.

The service held the personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money managed by the administrator. We checked the money held for four people against the records kept at the service and two did not all tally. It showed the service was holding more money than the records stated. There was no record of regular checks of people's money against the accounts held. Following the inspection visit the administrator told us they had checked this with the staff and found that a staff member had taken money from a relative for a person's use but this had not been appropriately recorded. The administrator had now informed staff that they were to ensure they leave clear records when relatives give money to the service for safe keeping on behalf of a person living at the service. The auditing of people's money was also changed with a separate print out now kept for each person along with both manual and electronic records.

Accidents and incidents that took place in the service were recorded by staff in people's records and reports were sent to the manager for review. However, such events were not yet audited by the manager. The manager told us that they had a clear process in place for recording all incidents and accidents that they would begin to audit them for any identifiable actions that could be taken to help to reduce future events.

We looked around the building and found the environment was clean and there were no unpleasant odours. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

Meadowbrook was being regularly maintained since the new provider had taken over the premises and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety checks had been regularly completed and all firefighting equipment had been regularly serviced. Fire exits were secure and an alarm sounded when they were opened.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

Staffing levels had increased in the past few months with many new staff recruited. People and their families and staff noticed the increase in staff. Comments included, "You definitely notice there are more staff about and they keep an eye on people" and "It is definitely less busy now we have more staff." During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were six care staff on the day of the inspection supported by two nurses. We were told that there were always two nurses on shift supporting the care staff. Staff told us they felt the morale had improved since the new provider had taken over and they all worked well together.

Is the service effective?

Our findings

Care plans indicated when people needed additional support maintaining an adequate diet. Food and drink charts were directed to be kept when this had been deemed necessary for people's well-being. One person, who did not have the mental capacity to understand about a healthy diet, had put on weight over the past year. At a best interest meeting it had been agreed by healthcare professionals and family that the person should have a reduced food intake and that a cooked breakfast each day was not in their best interests. Staff were to offer healthy options at mealtimes and for snacks. This person was frequently asking to leave the service and was closely monitored and so required a Deprivation of Liberty safeguards (DoLS) authorisation. The decision reached at the best interest meeting about their weight gain had been part of the condition of the granting of their DoLS authorisation. The condition stated that staff were to complete a record of the person's food intake and they were to be regularly weighed and this was to be reviewed at the end of June 2017. The person had been weighed regularly and had lost some weight. Their family were pleased at this outcome. Staff had kept regular food intake records up until the 1 June 2017. Following this date there were no records of food taken by this person. We asked staff about this. There was some confusion among the staff about whether the person was still having their food intake monitored or not and there was no indication on the handover sheet that this was to be done on each shift. The manager assured us the monitoring of this person's intake should be in place and that it would be recommenced immediately.

Some people's care plans stated they were to be weighed weekly. This was not always recorded weekly. One person appeared to have lost a large amount of weight between April and May 2017. The service had referred this person to the speech and language service for support. However, the reported weight loss appeared to be a recording error as the weight recorded two days later showed a much smaller loss, with the person returning to close to previously recorded weights.

Although there were gaps in most food and drink monitoring records we reviewed, we judged that this did not have an impact on people living at the service as most people's weights were stable and there was no evidence of dehydration. The staff were regularly monitoring people's weights and referring appropriately to healthcare professionals if required for additional support and guidance.

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.

Some consent to care and treatment forms in care plans were signed by either a relative or member of staff, when the records stated that the person did not have the mental capacity in this area to sign for themselves. When we discussed this with the manager they were not clear that this was inappropriate unless the family member had a lasting power of attorney (LPA) for health and welfare for the person. The service had not recorded if there were any LPA's held by people living at the service. The manager assured us that as each care plan is moved to the new format, the consent element would be reviewed.

The provider was supporting the manager to increase the amount of training done by staff since they took over the service in December 2016. A training record held by the manager was sent to the inspector on email during the inspection for review. This record was not up to date so we requested a revised record following the inspection. An updated copy was sent to us a few days later. We saw that some training which had been undertaken by new staff in their previous employment, dating from before they began working at the service, had been recorded on this training record. However, there was no evidence of any competency assessments in their files to demonstrate that their abilities, knowledge and skill had been assessed as adequate for this service. The training record also showed training that had been attended by some staff three days following the inspection visit. Many staff were due updates on mandatory training such as safeguarding adults, fire safety and health and safety. The manager told us some of these training sessions were already planned to take place in the near future. This was confirmed by the training manager for the provider.

The above contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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 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. One authorisation was in place at the time of this inspection and is detailed earlier in this domain.

People and their families had mixed views about the food provided at the service. Comments included, "The food is ok, a bit up and down," "I had to peel the batter off my scampi, it was that hard I could have thrown it against the wall" and "My relative eats in their room and she tells me it's always nice and hot when it arrives." Meals were provided on a four week plan which included a varied choice of meals. Food was cooked on the premises. The hot meal was provided at lunch time with a lighter meal at tea time, such as sandwiches, crumpets, pasties and soup.

One person who had slept in late on the day of inspection had been given their breakfast at 11.00 am. They were then given their lunch at 12.10. They were seen with their lunch, their pudding and two cups of tea (all cold) in front of them. The person told us they didn't want their lunch as they had only just had their breakfast. During the lunch service one staff member was seen sat between two residents to help them eat their meal. During this time the staff member was also carrying out other tasks, such as serving drinks to other people. This meant they were only able to help people with their meals at intermittent times which resulted in people's food going cold. This was not effective in supporting people who needed assistance to eat their meals.

We recommend that the service seek appropriate advice and guidance from a reputable source regarding supporting people in a person centred way with their food and drink intake.

The service had recently undergone a programme of re-decoration and re-furbishment with a new roof, carpets, furniture and equipment being purchased. A lounge at the front of the service had been completely re-furnished with sofa's and coffee tables and was a peaceful place for people to spend time. There were no malodours throughout the service and the service appeared clean and tidy. There was clear pictorial signage to support people who needed additional orientation to their surroundings. Bathrooms and toilets were mostly clearly marked with pictures and bedroom doors had nameplates with people's name on. There was painting of the service being done during the inspection. Some doors had been painted dark blue

to distinguish them from bedrooms, but did not yet have a pictorial sign to clearly indicate what the room was used for. People's bedrooms were clean and some people had bought in some of their own possessions to give the room a familiar feel, others were more sparsely furnished. The re-furbishment of the service was still in progress.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. Staff told us they enjoyed the face to face training sessions they attended. Training was provided in a variety of ways, on-line electronic training sessions were provided along with paper based courses.

Most staff received supervision. They told us they felt well supported by the manager and their seniors and were able to ask for additional support if they needed it. Some appraisals had been delegated to the deputy manager to carry out. This information was not accessible to the manager at the inspection visit and was sent to inspectors a few days later.

Newly employed staff were required to complete an induction before starting work. This included some training identified as necessary and familiarisation with policies and procedures. The induction was in line with the Care Certificate. One new member of staff had completed their care certificate. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own. There were many new staff working at the service at the time of this inspection and they were being supported by the new senior carer role and the manager.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. Relatives confirmed that their family members saw their GP when they needed to. However, the manager and staff told us they were having some difficulties working effectively with the GP practice and they were receiving support from the Kernow Clinical Commissioning Group to resolve this matter.

Is the service caring?

Our findings

People and their relatives told us the care they received from staff was of a high standard. Comments included, "The girls are so kind," "When I am visiting the girls always pop their head around the door to make sure (the person) is alright." People told us they could get up and go to bed and have a bath or shower when they chose.

We observed staff members knocking on people's doors and waiting for permission to enter, and doors being closed when carrying out personal care in their rooms. Staff were seen sitting and talking with residents that appeared anxious and giving people hugs and kisses. One person had had after shave lotion applied by the care staff.

Thank you cards were received by the service that expressed gratitude about the care and love staff had shown to their relatives with comments such as how one family were able to visit their loved ones day and night during difficult times.

Not everyone living at Meadowbrook was able to verbally tell us about their experiences of living at the service due to their healthcare needs. We observed care and support being provided in the lounges and dining areas of the service. Throughout the inspection people were comfortable in their surroundings with only occasional small signs of some agitation or stress. Staff were kind, respectful and spoke with people considerately. Staff provided care and support in a calm, caring and relaxed manner. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided.

Some life histories were documented in people's care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. In the minutes of a staff meeting we saw the manager encouraged staff to spend time and sit with people when they could to chat and provide company for them.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People appeared well cared for. Some women wore jewellery and had their nails painted.

The service had not held any resident and families meetings prior to this inspection. On the day of this inspection the manager handed out surveys to people and their families seeking their views and experiences of the service provided. The manager told us this was to inform the agenda of a planned meeting to be held later in the summer. Some families we spoke with had not yet received this survey but told us they looked forward to being more involved in the running of the service as they had felt uninvolved in the past and wished to help with the improvement of the service.

Is the service responsive?

Our findings

People had mixed views about the activities provided at the service. Comments included, "I love to listen to my audio books, they are very interesting," "It's boring, there's just nothing to do" and "I don't like watching television or reading, so there's not much to do."

The staff told us they provided activities for people when they had time. A 1000 piece jigsaw was laid out partially completed in a lounge area. Staff told us it had been there for "a good while" and they told us it was probably beyond most people's ability to complete such a challenging puzzle. Staff told us they arranged some activities for people such as bingo and singing. External entertainment was bought in to the service such as visiting dogs and musicians. Photographs were seen of residents and staff celebrating the local celebration of St Pirans day. An activity co ordinator was due to start at the service the week after this inspection. The development plan for the service stated there should be a daily activity programme based on what people say they would like to happen by the 30 June 2017. It also stated that a record of what activities have taken place should be recorded in people's daily notes. From the care plans we reviewed we saw there was no record of recent activities. We concluded there was little relevant and meaningful activity to occupy people's time.

Some people told us they went out with family or friends to local cafes and garden nurseries. Other people went out on their own to the local shops as they chose. A hairdresser was visiting the service at the time of this inspection, they were new to the service and told us they had been specifically introduced to people living at the service. The hairdresser had proved popular among the ladies who visited on a fortnightly basis. However, one family told us the charges for this service had increased with the new hairdresser.

An enclosed patio area was located in the centre of the service with garden tables and chairs. On the day of the inspection people were seen to use the area for smoking in. People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Relatives comments included, "I can't find fault with the staff, nothing is too much trouble, medical needs are dealt with" and " They (the staff) went through his long list of medication with me, they know what he's taking."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Care plans were in the process of being moved to the new providers format. Some care plans we reviewed had been started in the new format. There was guidance and direction for staff which was organised and accessible, although this was sometimes conflicting with other information provided such as on handover sheets and in room files. Such as how often to re-position a person or when they should be having their skin checked for any pressure damage. Care planning was reviewed regularly and people's changing needs recorded. However, there was no record that people, or their relatives if appropriate, had been included in these reviews.

Daily notes were consistently completed by care staff in the paper files. The nurses kept detailed daily care and treatment records on a computer. Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This may help ensure the recordings will be made

in a timely manner. We found some gaps in all the monitoring records we reviewed where staff had not recorded care that was directed in the care plans. We judged this did not have any impact on the people living at the service at the time of this inspection.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin such as pressure relieving mattresses. This was provided but there was no process in place to ensure this equipment was regularly monitored to ensure it was set according to people's individual needs. One of the new senior carers had begun to record all the mattresses in use at the service along with the weight of each person. However, we found mattresses set incorrectly. One person's mattress was set for a person weighing over 100 kgs. They weighed 76.6 kgs. This meant that the auditing of the mattresses was not yet effective in helping to ensure people were lying on mattresses that were set correctly for them and were providing adequate protection against pressure damage. The manager assured us this would be reviewed immediately.

We recommend that the service seek appropriate advice and guidance from a reputable source on the safe management of pressure relieving mattresses.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the service users guide provide upon arriving at the service. People told us they had not had any reason to complain.

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility both within the service and at provider level. The manager was being supported by the registered manager who was also registered manager for another of the provider's services. The operations manager for the provider was also supporting the manager to commence a significant amount of changes to the service. The manager was being supported by the registered manager and the operations manager. However, the manager was not effectively monitoring records held at the service. The guidance provided in people's care plans was not always the same as the guidance found in people's room files or handover sheets. For example, the handover record for the day of this inspection stated a person had skin damage requiring dressings. The care plan showed this had healed. Another person was to have their food and drink recorded as a condition of their deprivation of liberty authorisation, this was not shown on the handover record and was not being done since 1 June 2017. This meant the conditions of this authorisation were not been regularly monitored by the manager.

Some people were to be weighed weekly, this was not always being carried out. These records were not being monitored so this issue had not been identified.

Audits had been recently commenced on medicines administration and pressure relieving mattresses. We found a quantity of medicines that required stricter controls which had not been disposed of since May 2017. We also found a pressure relieving mattress which was incorrectly set. This meant that these audits were not being effective.

Concerns were found with the records relating to people's money held for safe keeping by the service. The money held did not tally with the records kept for two people. The discrepancy had not been previously identified. The management of people's money was not regularly checked by the manager.

The manager gave some inaccurate information to inspectors such as the number of people living at the service. Staff training records were inaccurate. The manager was not entirely clear on who could consent on behalf of a person who had been assessed as not having capacity to consent for themselves.

Accidents and incidents that had taken place since the new provider had taken over the service had not been audited to identify any patterns or trends. There was no record of specific action that had been taken to address any incidents. This meant the risk of re-occurrence was not reduced.

There was a service development plan in place. Many actions were in the process of being implemented. There was an action due to have been implemented by the 28 April 2017 regarding the recording of what activities had taken place and the documentation in people's daily records of their involvement. This had not been completed or signed off by the manager. We did not see such recording in the care plans we reviewed.

The views and experiences of people and their families had not been sought since the new provider took over the service in December 2017. A survey was given to people and visiting relatives on the day of this

inspection to inform a meeting planned for July 2017. This meant people and their families had not been consulted on the changes that had been commenced and more that were planned for the future.

Records which staff were directed to complete when care and support was provided were not being monitored, such as food and drink intake, weight checks and skin checks. This meant that any action necessary was not being identified in a timely manner.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection visit we received positive feedback from people and their families about the manager. Relatives told us the registered manager was approachable and friendly. One relative was in the process of filling in a questionnaire about the service, which they showed us was full of all positive comments towards the service. This contained the following comments, "The manager does a lot for our home," "Even the manager pops in to see how I am doing," "The home looks and smells fresher" and "Whatever I ask to be done is done 100%."

The manager worked in the service, during the week, supporting staff. This meant they were aware of the culture of the service at all times. Staff members appeared happy and content in their roles and told me that the manager was approachable and had an open door policy about any concerns. Staff told us they felt well supported through supervision and regular staff meetings. They told us, "There are no barriers to implement changes. (the) manager is supporting us with the changes" and "From the top to the bottom, everybody mucks in."

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

There was a person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider had commenced a programme of decoration, repairs and maintenance work to the premises. The boiler, electrics and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes must be established and operated effectively to ensure compliance with the regulations. The registered person must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and other who may be at risk which arise from the carrying on of the regulated activity. They must seek and act on feedback from relevant persons and other person on the services provided.