Aaroncare Limited

Aaron Crest Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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

We inspected this service on the 7, 20 and 21 January 2016. The inspection was unannounced on the 7 January, after the first day the provider knew we would return shortly after to complete the inspection.

The home was last inspected in September 2014 where we followed up on breaches identified at the previous inspection in June 2014. We found the home was meeting the regulations we inspected in September 2014.

The home is situated in Skelmersdale and is easily accessible by public transport. The home provides nursing or residential support for up to 66 people. Nursing care is provided on the top floor of the two story building with the ground floor area supporting people mostly living with dementia. At the time of our inspection there were 61 people living in the home.

Each floor has a lounge and dining room and a smaller quieter lounge used mostly for activities. The kitchen and laundry facilities are on the ground floor of the building and each floor is accessible by a lift and stairs.

The home had a registered manager who had returned from an extended period of leave on the second day of our inspection. 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.

At the time of the inspection all people living with dementia had an initial capacity assessment under the Mental Capacity Act 2008. In two files we also saw a number of decision specific assessments to support best interest decisions made to support people with specific support needs. We did find that some of this paperwork was inconsistent and contained some contradictions but steps had been taken to support people under the legal requirements of the Act. The provider assured us a monitoring exercise would be completed to ensure the paperwork was accurate and relevant to the individuals.

We found a significant reduction in formal staff support in the 12 months prior to the inspection. This included formal supervisions and appraisals, team meetings and the structured deployment of staff to support people living in the home. We found systems and procedures had not been followed or effectively monitored for some time which had led to concerns noted in the management of medicines and support for people who may be a risk of falls.

People living in the home had not been effectively supported with their nutrition and hydration with more people requiring support than those identified by the home. We also found some people who required regular eye tests had not had them and half of the people we noted to require glasses for watching television were not wearing them.

Not all the staff that had been recruited recently had all the information in their personnel files required under schedule 3. Schedule 3 identifies the requirements employers registered with the Care Quality commission need to take to safely recruit staff. This included assessments to determine if anyone required additional and suitable adjustments to better support them in their employment.

The home had two activity coordinators who worked to provide group and one to one activities for the people in the home. We saw two group activities taking place over the course of the inspection. Some people told us they would like more to do. We discussed the role of meaningful activity with people living with dementia and the manager told us they had recently completed the Kings fund dementia environment survey and had submitted improvement plans to the provider which considered meaningful activity. Once approved this would greatly increase the quality of people's life in the home.

We found people's care plans were written in a person centred way but they were not always reviewed regularly and changes at point of review or as needed had not be used to update care plans. This meant people were not always receiving the support they required to meet their needs.

The home had been contracted by the Community Emergency Response Team to provide 10 intermediate care beds. These beds were used to support people in a hope they would not need to go to hospital or to support people after hospital and before they returned home. The team told us the home managed the beds well and dedicated staff had been provided to ensure the success of the programme.

The home sought the views of people living in the home and their relatives by way of an annual questionnaire and results of the last questionnaire had been positive and were displayed in the home's foyer.

We found staff treated people with dignity and respect and positive relationships had been formed between staff and people in the home. However due to a disorganised structure in the deployment of staff people did not always receive the support they needed in a timely way.

We also found concerns with the home's system of audit and monitoring. The interim manager had not completed audits effectively or acted on the area manager audits to improve the service.

You can see what action we told the 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?

Inadequate

The service was not safe.

Staff were not trained to use equipment needed in the event of an emergency.

Staff were not deployed to best meet the needs of the people in the home.

Risks were not effectively assessed or managed to reduce the associated risk

Medication was not always managed or administered safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not supported to ensure they received enough nutrition and hydration.

The provider was taking appropriate steps to meet the requirements of the Mental Capacity Act 2005

Staff did not receive enough suitable training and support. to effectively undertake their roles.

Is the service caring?

Good

The service was caring.

We saw the service took steps to get people and their families involved with developing and reviewing their care plans

Staff treated people with dignity and respect

People were given choices throughout their day.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were available for people to take part in and improvements to the programme were planned

Care plans were written in a person centred way but they were not up to date and people's needs were not always being met.

The home had a comprehensive complaints procedure and system were they learnt from the issues raised to drive improvements.

Is the service well-led?

Requires Improvement

The service was not always well led

The system of audits and monitoring was not implemented appropriately

People's views were actively sought to drive improvements

The home worked well with professionals to deliver specific services

Aaron Crest Care Home

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 the 7, 20 and 21 January 2016. The initial day was unannounced. The provider was aware that we planned to return after the initial day of inspection. The inspection team included two adult social care inspectors and an expert by experience. An expert by experience is someone who has experience of, or has cared for someone with specific needs. In this occasion the expert by experience had experience of working with older people.

Before the inspection, we asked the provider to complete 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 also reviewed the information we held about the home, requested information from professional teams who worked with the home including the local authority and Clinical Commissioning Group (CCG)

During the inspection we spoke with 10 members of staff including the registered manager, acting manager, senior carers, carers, nursing staff, catering and domestic staff and the activity coordinators. We also spoke with two visiting professionals including the CERT (Community Emergency Response Team) nurse. We spoke with 13 people who lived in the home and five visitors.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed 12 people's care files and pathway tracked four people's specific care needs ensuring they received the support they needed to meet their assessed needs. We observed how staff and people interacted specifically during meal times and whilst in the lounge areas of the home. We looked at the environment of the home including people's rooms, the kitchen and laundry facilities and all other areas of the home.

We looked at records the home held to keep people safe including risk assessments, audits and monitoring information. We also looked at medication records and how the home worked with other professionals.

Inadequate

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. One person told us, "Yes I feel safe, I'm well looked after." We saw staff responded to people's verbal requests for support in a timely manner in all but one occasion and all room call bells were answered within an acceptable time. On one occasion we found staff did not respond to someone. Staff told us there were reasons for this but this was not recorded in the person's care plan.

We saw certificates for the professional testing of all equipment were in date including hoists and the lift. The fire system was checked on the first day of our inspection and found compliant with the regulations. However when we reviewed the homes procedures for monitoring fire equipment we found the required monthly and weekly checks had not been carried out for some time. These checks ensured equipment was safe and ready to use in the event of an emergency. The home had recently secured fire extinguishers into boxes and six of the staff we asked to open them were unable to do so. This meant that in the event the extinguishers were required staff would not have been able to access them. When new emergency equipment is provided to the home it is the home's responsibility to ensure staff have the required training to be able to use it. When providers do not ensure they have managed risks and taken all steps to reduce them it is a breach of Regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked in 12 care files and reviewed the information available to support people with specific risks. This included assessments of mobility, falls, nutrition and hydration and communication. We found that when assessments identified people were at risk, the home had not taken the appropriate steps to ensure those risks were mitigated and people were kept safe. This included when people had fallen a number of times and extra monitoring had not been implemented to ascertain if there were any themes to why people had fallen. Across all three incidents we looked at in detail we found referrals and further assessments had not been completed to ensure the home was doing all they could to keep the people safe.

We reviewed the available information the home held for accidents and incidents. We found records were inconsistent across the home. Records were held on each unit, in the manager's office and within people's individual files. We found the information held in the three places was inconsistent. Information in people's files was not recorded on falls logs and within mobility assessments. Information held in the manager's office was different to that held on the floors. When information is inconsistent and the home do not use the available information to address concerns then people are not protected. The home manager had completed a monthly falls audit but the information was not used to ensure steps were taken to keep people safe.

We also found assessments that identified people needed further support with their nutrition and hydration that were not acted upon. We found records of people's weights were inconsistent including records held in the staff offices and the records held within people's files. This left a risk of people not receiving the support they required to stay safe and healthy.

When assessments are not accurate or are not used to reduce risks it is a breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a dependency tool to assess the number of staff required to meet the needs of the people who lived in the home. We found the tool had not been effectively completed for some months but this had not had a negative impact on the available staff to meet people's needs during the course of the inspection. However, we saw staff were disorganised and tools designed to ensure staff were deployed to best meet people's needs were not utilised. On one of the inspection days we saw five staff waiting in the upstairs dining area for the lunchtime meal to arrive. When the meal arrived staff self allocated themselves to undertake certain tasks including supporting people in their rooms with their meals. There was no structure or record of who had been supported and who still needed support. We observed staff having to double check if people had received their meal and had received the support they needed. We saw at the end of the mealtime service a number of people had not eaten their meal and there was a large amount of waste. This included people who had their meal in their room and people who had eaten in the dining room. This showed us that potentially some people required more support to eat their meal than had been provided.

We found a number of staff completed two roles for example the administrator was also the domestic and laundry staff also worked in the kitchen. We found staff moved from one role to another without a clear distinction on boundaries of each role. For example the laundry staff moved between the kitchen and laundry in the same uniform without washing their hands.

Staff had not received adequate supervision to understand the importance of boundaries in the roles. This is particularly important as the home had an outbreak of sickness and diarrhoea during the inspection

We reviewed personnel files for five staff who worked at the home. We found suitable checks had been made to ensure staff were suitable for the role in which they were employed. However we saw on one occasion a risk assessment was requested by the area manager which had not been completed. Upon further scrutiny we saw action was required by the provider under schedule 3 of the Health and Social Care Act 2008 to ensure no reasonable adjustments needed to be made to support the person in employment. We also found an applicant had changed roles whilst in employment at the home without due process being followed.

When staff are recruited and due process is not followed including the requirements under schedule 3 of the health and social Care Act 2008 it is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff administering medicines for people who lived in the home across two medication rounds. We found staff to be polite on both occasions asking people if they wanted their tablets and then administering them. We did not see anyone refuse their medicines and saw when this had happened a note was made to the reverse of the medication record. We reviewed the Medicine Administration Records (MARs) and found this to be the case in all records we looked at.

MARs showed each person's medicines and their method of administration. Records included photographs of people to reduce the risks of misadministration and details of any known allergies. We saw each person had an available care plan for their medicines including any medicines to take as required and short term medicines including antibiotics.

The home had available policies and procedures to manage medicines including details and procedures for managing, storing and disposing of medicines. Staff we spoke with could explain the procedures they would follow and described the recent training provided by the pharmacy who supplied the medicines to the

home. However we found this was the only training a staff member had received since coming into post over 12 months ago. We reviewed the training matrix and found medication training was overdue for all of the nursing staff responsible for administering medicines. We asked to see any competency testing records that had been completed in the last 12 months and was told they were not any. If staff are not routinely trained and their competency tested in key clinical tasks there is a greater risk errors could be made.

There were initials on the MARs that were not on the signatures lists and we were told the signatures needed up dating. We saw the fridge temperatures were taken but there were days when there was no record. One temperature was taken daily but the fridge was able to take both the minimum and maximum temperature in any 24 hour period. Latest guidelines recommended this was the best record to ensure the cold chain was kept of medicines stored in the fridge.

We looked at the records and stock of controlled drugs held at the home. Controlled drugs were stored in an appropriate cabinet. We saw the home had recently started a new register. The old register and new register did not tally and the recording of one controlled drug we looked at was incorrect. The register of controlled drugs had not been audited for some time and daily handover sheets had not been completed daily. The last record of a daily hand over had been signed by two staff to say the records were correct over two weeks before the inspection six days after the initial error was recorded. Controlled drugs were not managed in line with the Controlled Drugs (Supervision of Management and Use) Regulations 2013 (SI 2013/373)). This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw one person who had recently arrived at the home had their medication in a box before they were included in the medication delivery from the local pharmacy. We saw the box had someone else's name on it which could have led to a mistake with their administration. We reviewed the medication held at the home outside of the pharmacy packaging. This included creams, liquids and eye drops. We saw these products were dated at time of opening. However boxed medicines such as required pain killers were not. We asked staff how they ensured these as required medicines did not run out. We were shown a count record but this was no longer being used. The nurse explained a visual check of a stock cupboard which had worked well and medicines had not run out that they were aware of.

We looked at the medicines record for one person who had their medicines administered through a PEG (Percutaneous endoscopic gastrostomy) tube. This is a tube which is inserted directly into the stomach through which special food and fluids are passed. We saw there was clear care plans available to support staff when administering this persons medication. We looked at the food and fluid records which showed how the medicines were administered in line with the care plan. We saw there was not one record that we saw when the person's care plan was followed. We raised a safeguarding alert with the local authority to ensure this person was kept safe.

Medication audits had been completed up to September 2015. We reviewed the detail of these and found they did not pick up on any of the issues noted by the inspection team. We found the auditing system ineffective. We were not confident the home was safely managing and administering all people's medication. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw safeguarding procedures available within staff areas in the home and were told a poster was going to be displayed in the entrance hallway for visitor and resident information. Staff we spoke with understood safeguarding procedures and could clearly explain to us what they would do if they suspected anyone was at risk of inappropriate treatment. Staff also told us they were aware of the whistleblowing policy and were confident to use it if they felt it was necessary. Most staff had received safeguarding training whilst working

at the home or as part of their induction.

The home had a number of risk assessments in place for the safe management of the home. These included an up to date contingency plan for the safe evacuation of the home in the event of a major incident. People living in the home all had an up to date Personal Emergency Evacuation Plan (PEEP) to support this process if required.

We were told many risk assessments were due for their annual review in December 2015 and this would be actioned shortly. However we noted from one of the home manager's audit that the assessments had been observed in September 2015 and were considered up to date.

We found the home had adequate supplies of equipment to safely manage the infection control requirements within the home. An outbreak of diarrhoea and vomiting was managed appropriately on the second day of our inspection with barrier nursing in place and suitable notification to appropriate authorities.

We recommend the provider reinforces role boundaries specifically in relation to infection control procedures.

Requires Improvement

Is the service effective?

Our findings

We spoke with people who lived in the home and their visitors and asked if they felt the home met their needs. We were told by everyone we spoke with that they were happy with the care they received. One person told us, "Its good here, I'm well looked after and the girls (staff) are lovely." We observed how staff interacted with people and found interactions were predominantly positive. Staff took their time to understand what people were asking and ensured they were at the same height as people when communicating with them.

On each day of the inspection staff appeared unclear as to what their specific duties were for the day with continuous questions of "Has this been done." And "Have you done this." We found staff unorganised and discussed this with the manager of the home. We were told there were handover and allocation sheets available for staff to use to better deploy them around the home so everyone should know what they are doing. We found the handover sheets had not been completed for more than three week and allocation sheets had not been used for some time although it was difficult to say how long as many were not dated. We discussed staff deployment with staff and were told staff needed more direction and they were not always doing something productive.

We reviewed the available procedures in place to support staff with their role. We noted that staff had not received supervision for nearly 12 months and clinical staff had no recorded clinical supervision or competency testing on their personnel file. We asked one nurse about this who told us they had not received any since starting at the home over 12 months prior to the inspection. We asked the manager about team meetings and staff appraisals and were told appraisals were due for all staff and there had been one team meeting in the last 10 months. We looked at the minutes for this meeting and found a number of concerns were raised but solutions were not provided. These included requests for staff to receive more care plan training to ensure the care plans were updated. We also saw a request for all care files to be updated but this was not monitored, had not happened and staff had not received the additional requested training.

The provider was not supporting staff effectively to complete their role, staff had not been provided with the supervision, appraisal and appropriate training to carry out the duties they are employed to perform. This is breach of Regulation 18 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We looked in 12 care files and reviewed the information the home held to show people had consented to the care and support they received. We saw people had consented to care paperwork which had been signed in most cases by either the person living in the home or their next of kin. Where people had been assessed as not having the capacity to give their own consent relatives had been asked if they had power of attorney and where this was agreed the person was involved with key decisions.

We saw staff asked people if they could take them to the dining room or if they were ok to have their tablets. We did not see anyone refuse any support or intervention from the staff at the home.

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). 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.

We looked at available assessments for restrictive practice including those for bedrails and covert medication. We found assessments had been undertaken but they were not consistently completed accurately. We saw a number of decision specific assessments in two of the care files we looked at and found whilst started some had not been completed. The home had applied for Deprivation of Liberty Safeguards for those people who required the added support these provided.

On the first day of the inspection the expert by experience ate lunch with the people living in the home. Inspectors observed the lunchtime and evening meal routines four times over the course of the inspection. We found people were not always given the support they needed to eat their meals. We saw people who could not use a knife or fork eating their meals with their fingers. We saw people were presented with their meals in their bedrooms on their bed without the support of a table. We asked staff on three occasions to provide additional support to people who needed it. We found a number of people would have benefited from using more and better adaptive support aids to eat their meals

Information recorded in people's care files was not routinely completed and we saw MUST (Malnutrition Universal Screening Tool) assessments had not been completed since March 2015. Nutritional assessments that had been completed identified concerns in four of the care files we reviewed. We saw assessments that prompted people to be weighed weekly and this had not been completed. In one case we saw a person should have been weighed weekly from October 2015. A dietician referral should have been submitted and their food and fluid intake should have been recorded to keep them safe and healthy. None of these actions had been undertaken or followed up. The CQC raised a safeguarding alert to ensure this person was kept safe.

We reviewed the food and fluid monitoring chats used to ascertain what nutrition and hydration those at risk of malnutrition were consuming. We found records were poor with some days no monitoring being undertaken. We saw charts stopped and started with no clear rationale or change in circumstances recorded in their care files.

We found people were not always supported to ensure they received enough nutrition and hydration. This is breach Regulation 14 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

There were two files we looked at where people received their nutrition and hydration via a PEG (Percutaneous endoscopic gastrostomy) tube. We saw food and fluid charts to support people had received enough food and fluids to keep them healthy. On the first day of the inspection we saw the food used in the PEGs were not stored appropriately but this had been moved on our return for the second day.

We spoke with the chef who was able to tell us of any special diets within the home and we saw records to

support people's needs were correctly identified including pureed diets and diabetic diets.

The home was funded to provide Southport and Ormskirk NHS with 10 beds, nine general nursing beds and one bed within the dementia unit. These beds were intermediate care beds, both step up beds (supporting people to avoid hospital admission) and step down beds (supporting people to enable them to return home). The CERT – Community Emergency Response Team supported the dedicated staff at the home to meet the needs of people using the beds. The team had a Doctor ward round every Monday, Wednesday and Friday and nursing support from the home daily.

We spoke to the CERT nurse about how the home was providing the contract and to the staff who were working on it. We were told The team worked well and each supported the other. The CERT had recently completed a training needs analysis exercise with the dedicated staff.to develop and provide any additional training required. The home were working to develop an initial assessment form to ensure they had everything they needed to meet their needs when people were first admitted to the home.

The home supported people living with dementia and had recently completed the kings fund dementia environment survey. The providers were in the process of agreeing the budget to improve the environment for these people. This included better design of the space on the dementia unit. Better use of signage and colour and the purchase of goods for the inclusion and understanding of meaningful activity for this client group.

We recommend the provider reviews the information the home holds under the MCA and ensures all staff are aware of their responsibilities under it.

Good

Is the service caring?

Our findings

During the inspection we saw staff and people who lived in the home laughing and joking on many occasions. We asked people what they thought of the staff and how they were treated. One person told us they wanted more time to talk with the staff and another told us the staff were very friendly.

We saw people's care plans included information specific to individuals including what they liked to do. The activity coordinator took people out to the shops of their choosing and we were told papers were delivered to the home for people who requested them. Visiting clergy attended the home monthly for those who choose to follow a faith.

Two visiting family members told us they had power of attorney for their relative's care and welfare and were involved with the development of the care plan and had been involved in reviews. We saw letters had been written to all relatives involved with people at the home inviting them to meet with staff to review care plans.

We saw the home used the Alzheimer's society, 'This Is Me' paperwork to gather information on people's lives prior to coming to the home and people's views and preferences on everyday activities. We saw this information was used in the care plans we saw specifically around night time routines. People or close family members had signed in acknowledgement of information within the care plans.

People at the home preferred baths or showers and this was recorded in their care plan. We saw records which showed when people had a bath or shower. The records were kept in a file separated by sheets marked with days of the week. We were told different people liked baths or showers on specific days of the week but we could see that some records had not been completed for some time. We looked at daily records and saw some people had received a bath or shower and it was not recorded on the bath records but on some occasions it was unclear when the last bath or shower had been offered to some people. The provider assured us the records would be audited and better records would be kept going forward.

Staff were respectful to people in our presence and we saw staff knocked on doors before entering rooms and closed doors before supporting people with their personal care. However we did see some situations which were not so respectful including people using a wheelchair with someone else's name on the back and was told people would often lose items of clothing or toiletries which had recently been purchased. Again the manager told us they were working to improve this.

We spoke with the laundry assistant about how clothes were laundered and returned to the rightful owner. We were told many items of clothes do not get named and these are sometimes difficult to return to the rightful owner. It appeared this had been difficult for some time and the home had started inviting family members in to reclaim unnamed belongings. If items were not returned to the rightful owner within two weeks we were told they were disposed of. We saw people had raised concerns over the return of laundered items and discussed this with the manager who assured us better systems would be implemented to reduce this risk.

We saw most people were nicely presented and some had recently had their nails painted by the activity co-ordinator. There was a hairdresser available twice a week and people told us they enjoyed getting their hair done.

We spoke to visitors who confirmed they could visit the home at any time and were made to feel welcome by the staff at all times.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us the staff knew them well. One person told us they liked to do word searches and we saw the activity coordinator getting them a word search to do. Another person told us they did not like taking their pills all together and we saw in their care plan that this was recorded.

We spoke with people about the available activities at the home and got a mixed response. One person told us, "They (activities coordinator) are very kind and help me to read the paper." Another said, "There is not much to do, I just sit and watch the TV." When we spoke with the manager about this we were told that the programme was due to improve when the dementia friendly equipment arrived to support more meaningful activity.

The 12 care files we looked in were well written and included some good person centre information about the people who lived in the home. Over the course of the inspection we pathway tracked four people's care and consolidated information about their support needs. We found all four care plans were not up to date. One had not been reviewed for over three months and did not include details of the person's current needs. This included additional needs in ensuring one person received enough nutrition and hydration and support with their mental health needs.

We found other care plans were not updated to reflect people's current support needs in relation to their mobility and their risk of falls. Where plans were reviewed they consistently said no change when there was available information in the accident and incident records to show there had been changes that meant people needed more support.

People were in the lounge watching television one afternoon of the inspection. We had been told by some family members that hearing aids and glasses had been going missing or their family members were not wearing them as they needed to. We looked in care files and found six people who should have been wearing glasses to watch the television. Four of them were in the lounge watching television and only two of them were wearing their glasses. We discussed this with the provider who told us they were taking steps to address this including prompts in people's rooms as to what aids they needed before they left their room.

There had been a recent incident where concerns were noted around the available chiropody interventions at the home. We looked at information in people's care plans which mostly said people should receive chiropody support every six months to ensure their feet stayed healthy. We looked at four care plans to ascertain if people had received this support. It was not clear in two of the plans when the chiropodist had last visited. We were told any concerns with people's feet would be recorded on the bath records but when we looked at them they again were not clear. The records asked for staff to monitor the feet for pressure areas but nothing else.

When assessments showed additional support was required this was not always implemented including monitoring people's weight more regularly and providing additional support with their mobility. We also saw two occasions where someone had not received an eye test since being in the home when their

assessment stipulated their eyes should be tested 6 monthly.

When people's needs are not effectively assessed and when changing needs are not reflected in support provided there is a risk people will not get the support they need to stay safe and healthy. This is a breach of Regulation 9 of the health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

The home had an annual survey completed by the people who lived in the home and their relatives. The response to the last survey was shared with people at the residents meetings and a copy of the results were available in the homes entrance foyer. Responses to the last survey were predominantly positive and where actions were identified for improvement they were added to the homes improvement plan. There was also a suggestion box in the foyer where people and visitors could put suggestions for improvements.

The home had a complaints procedure which was also available in the foyer and in the resident's handbook. The complaints log included details of complaints the corresponding investigation and the outcome. Complaints were monitored and any themes were identified. There had been one specific theme in the last 18 months where the home had required support from the police. The home had completed an investigation and redeveloped and shared policy and procedures to ensure the situations which led to the events would not reoccur.

Requires Improvement

Is the service well-led?

Our findings

The registered manager of the home had been on extended leave for the nine months prior to the inspection. An interim manager had left suddenly in November 2015. A further manager had been recruited in December 2015 until the registered manager returned. The registered manager returned from leave early and was on site for the last two days of the inspection.

The home was last inspected in September 2014 where it was found compliant against previous identified breaches. Since that inspection it was clear a number of systems and procedures had been implemented to improve the management and service delivered at the home. However it was clear these systems and procedures had not been fully followed which had resulted in the breaches found during this inspection.

Staff told us they worked well as a team but they had not received any formal supervision since the registered manager had been on leave. We did not see any records to show staff had received an appraisal in the last 12 months and we were told whilst these had been planned in September 2015 they had not been completed.

The home had shown to be improving from the latest contracts monitoring from both the local authority and the Community Emergency Response Team (CERT). We spoke to the CERT nurse who told us they were happy with the provision at the home for the 10 contracted beds.

The home had a comprehensive set of policies and procedures which were signed by staff to say they understood the content. Staff had a handbook of procedures to support them which included detail on how to blow the whistle on any care they thought was inappropriate.

A set of audits were in place which were completed monthly by the manager and a monthly audit was also completed by the area manager. We reviewed the available audits and found the manager audits had not been completed since September 2015. We looked in detail at the audits for medication and nutrition as this is where we found the most concern during our inspection. We found the audits were not completed to identify any concerns with practice as most of the areas were ticked to say they had been completed and were accurate. During the course of the inspection we reviewed the evidence to support the audits including the completion of nutritional care plans and the accuracy of controlled drug records. We found a number of discrepancies between the manger audits, the area manager audits and the available information within the home.

The area manager monthly audits identified concerns and issues at the home. Action plans were developed and a home improvement plan was drawn up for the manager to take the action to reduce the risks. We saw the improvement plan had not been actioned since July 2015 and a number of the areas identified on the area manager audit went from, month to month without completion including the completion of staff appraisals.

When providers do not have a system of effective audit to monitor and improve the quality of the service this

is a Breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had meetings to discuss the health and safety requirements of the home. A meeting was in progress on the first day of our inspection and the previous one was held in September 2015. We were told an Health and Safety Audit had been completed and we requested a copy which we did not receive. A number of incidents had taken place where the health and safety of procedures in the home required attention and whilst we did not see evidence of the audit we saw the manager who had taken over in November had addressed a number of the concerns including issuing a number of cause for concern letters to staff to identify concerns and put in place systems and procedures to reduce the risk of reoccurrence. We were assured the systems would be closely monitored and breaches of them would result in disciplinary action being taken.

The provider had held regular resident meetings but only one had taken place since the registered manager had been on leave. When we discussed with the registered manager they immediately set a schedule of meetings for the coming year and displayed them within the home. Questionnaires were distributed annually by the provider. The results were analysed and displayed in the home. We found the last survey conducted in January 2015 had been analysed and the results were available in the home's foyer. The results of the last CQC inspection were also displayed in the entrance hall of the home.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) (2) (3) (I) People's needs were not effectively assessed and reviewed. This meant information required to support people was not up to date and some people's support needs were not being met.

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 Regulation 17 (1) (2) (a) (b) (c) (d) The provider did not effectively implement the system of audit and monitoring to mitigate risk and improve provision. Records were not always accurate or did not contain all the necessary information.

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 Regulation 19 (1) (2) (3) The provider did not ensure all information was available under schedule 3 for all posts offered and accepted.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (1) (2) (a) (c). Staff had not received the supervision and training they

Treatment of disease, disorder or injury

needed to perform their role

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation12(1) (2) (a) (b) (g) The provider did not ensure identified risks were mitigated. Assessments were not completely accurately and were not routinely used to reduce associated risks. The provider was not safely managing and administering people's medication

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Regulation 14 People were not supported to ensure they received enough nutrition and hydration to keep them healthy and safe.

The enforcement action we took:

Warning notice