

Flightcare Limited

Orchard Nursing

Inspection report

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Date of inspection visit:

26 February 2018

28 February 2018

05 March 2018

Date of publication:

23 April 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 26 and 28 February and 05 March 2018. The first two days of the inspection were unannounced and the third day was announced.

The last inspection of the service was carried out in August 2015 and at that time the service was rated as good.

Orchard Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Orchard Nursing is registered to provide accommodation, personal and nursing care for up to 31 people. There were 26 people living at the service at the time of the inspection.

The service does not have a registered manager, the last registered manager left in November 2017. 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. A manager has been appointed and they have applied to CQC to become the registered manager.

At this inspection we found breaches of the Fundamental Standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were related to Regulation 12 Safe care and treatment, Regulation 15 Premises and equipment, Regulation 10 Dignity and respect and Regulation 17 Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

Parts of the premises and equipment used by people were unsafe. Fire exit routes were obstructed and call bell cords in bathrooms and toilets were tied up out of people's reach. Rooms containing hazards which posed a risk to people's health and safety were not secured. At the time of inspection fire exit routes were cleared, call bells were made accessible to people and rooms containing hazards were secured.

People were placed at risk of the spread of infection. Items of equipment used to help people with their comfort and mobility were unclean. This included easy chairs, hoists and stand aids. Clinical waste had not been disposed of in line with safe infection control procedures. At the time of the inspection equipment was cleaned and clinical waste disposed of appropriately.

People were placed at risk of receiving ineffective care. Supplementary care records including fluid balance and positional change charts were not accurately completed to reflect the care and support people received. In addition the records did not include important information about people's needs. The records

were amended at the time of inspection to include the required information about people's needs and the expected outcome.

People's dignity was not always respected. People were left waiting for assistance to use the toilet which caused them unnecessary stress and discomfort. Staff left people waiting whilst they focused on tasks rather than responding to people's personal care needs. Despite this we observed examples where staff provided personal care to people in a dignified way.

Checks to monitor the quality and safety of the service were not always effective. There was a lack of robust checks on the environment and cleanliness of equipment which resulted in a failure to identify and mitigate risks to people's health, safety and wellbeing. There was also a failure to carry out regular checks on care records and staff practice resulting in people being placed at risk of receiving ineffective care which was not responsive to their needs.

We have made a recommendation about activities and the environment. Throughout the three days of inspection we observed a lack of activities for people to take part in. The majority of people were sat in lounges either watching TV or asleep and staff did not offer them any form of stimulation. Improvements to the environment had been made, however it lacked stimulus and wayfinding for people living with dementia.

Medication was safely managed. Staff responsible for the management and administration were suitably trained and competent. Safe processes were followed for obtaining, storing, administering and recoding medication. People received their medication on time.

People received care and support from suitable staff. A range of information was obtained about applicants to help the registered provider make safe recruitment decisions. This included obtaining information about applicant's qualifications and skills and carrying out back ground checks.

People were protected from abuse and the risk of abuse. Staff had received training about how to protect people from abuse and they were confident about recognising and reporting any concerns they had about people's safety. People told us they felt safe and would tell someone if they were worried about anything.

Staff received appropriate training and support for their roles. New staff commenced a 12 week induction on appointment and all staff were provided with ongoing training relevant to their roles, responsibilities and the needs of people who used the service.

Each person had a care plan which was developed on the basis of assessments carried out. People and relevant others were involved in the development and ongoing reviews of care plans. This helped to ensure they accurately reflected people's needs, wishes and preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Parts of the premises were unsafe and equipment used by people was unhygienic.

Recruitment procedures helped to ensure the suitability of staff employed.

People were protected from the risk of abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Care records lacked information about people's needs and the care delivered.

People's needs were effectively communicated.

Staff received appropriate training and support for their roles.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People did not always receive care and support in a dignified and respectful way.

Staff took time to get to know people and had formed positive relationships with them.

People's privacy was observed and their personal belongings were treated with respect.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff did not always respond promptly to people's requests for assistance.

There was a lack of stimulus around the environment and meaningful activities for people to take part in.

People knew how to complain and were confident about expressing how they felt.

Is the service well-led?

The service was not always well-led.

There was no registered manager at the service. The appointed manager had applied to CQC to become the registered manager.

The systems in place to assess the quality and safety of the service and make improvements were not always effective.

Records were not properly completed and maintained to reflect people's needs and the care delivered.

Requires Improvement 

Orchard Nursing

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 registered 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 over three days, the first two days were unannounced. Two adult social care inspectors and a specialist nurse advisor carried out the inspection on the first day. Two adult social care inspectors carried out the inspection on the second day and one adult social care inspector carried out the inspection on the third day.

We observed the interaction between people who lived at the service and staff and we spoke with six people and two family members. We spoke with the manager, quality care manager, two nurses and staff who held various roles including, care staff, kitchen staff and domestic staff.

We looked at areas of the service including communal lounges, dining room, bathrooms, bedrooms, the kitchen and the laundry.

We reviewed a number of records, including care records for six people who lived at the service and four staff files. Other records we looked at related to the management of the service including quality monitoring audits and safety certificates for equipment and systems in use at the service.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received. Notifications are changes, events or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service and the local authority safeguarding team. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Parts of the premises were unsafe putting people's health and safety at risk. On the first day of inspection two fire exit routes on the ground floor were obstructed, one with two wheelchairs and the other with a wheelchair and a stand aid. All fire exit routes must be kept clear of obstacles so that people can exit the building quickly and safely. We raised this with staff at the time and they cleared the exits. On the first day of inspection pull cords to nurse call bells in bathrooms and toilets on all floors were tied up out of reach. This restricted people's ability to call upon staff for their help. Call bells were untied after we raised it with the manager.

The door to both sluice rooms on the first and second floors were wide open, this was despite a sign displayed on the doors with instructions to keep the doors closed. Both sluice room doors had a lock fitted to the outside and the manager told us the doors should be kept locked. The door to the hairdressing room on the first floor was wide open. In addition store rooms on the first and second floors were unlocked. The doors were fitted with locks and the manager told us staff were required to ensure they were kept locked when not in use. The hairdressing room and both store rooms were located close to bedrooms and contained equipment and substances which had the potential to cause people harm. For example, items of furniture, a mattress and mobility aids which were packed in the hairdressing room posed a trip and falls hazard. Both store rooms contained substances including aerosol deodorants, shower gels and shampoos which could pose a health and safety risk if people were to consume them.

Equipment to help people with their comfort and mobility was dirty and clinical waste was inappropriately disposed of increasing the risk of the spread of Infection. Night staff were required to follow cleaning schedules and maintain records of the cleaning tasks they carried out for equipment and furniture used by people. The records showed that stand aids, hoists and lounge chairs had been cleaned during the previous night shift. However, some wheelchairs and easy chairs in a lounge which had not been occupied since the previous evening were heavily stained with dried food and spillages. One lounge chair was littered with pieces of dried food from the previous days evening meal. Two hoists and a stand aid were heavily stained with a build-up of dirt and dust. We saw two examples where clinical waste had been disposed of in domestic waste bins. This included a used incontinent aid and used disposable gloves. This was despite there being clinical waste bins available across the service and clear instructions available to staff about the correct and proper management of clinical waste. Staff also confirmed that they had completed training in infection prevention and control.

This is a breach of Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we reviewed information following an external review carried out by the local authorities medicines management team which highlighted areas for improvement. We obtained a copy of the action plan which the registered provider completed and submitted to the medicines management team detailing the improvements they had made. We checked the improvements as part of our inspection and found the required improvements had been made.

Medication was administered to people by staff that were trained and deemed competent to carry out the task. Medicines were stored securely in a dedicated room which was kept locked when unsupervised. The room was clean and organised and all medicines were stored away appropriately. The quantities of medication were recorded on each person's medication administration record (MAR). Medicines with an expiry date after opening had been labelled to show the date when it was first opened. Handwritten entries made on MARs had been checked and signed by a second member of staff as a way of ensuring the accuracy of the information recorded. Room temperatures and medication refrigerators were required to be taken daily to ensure that they were within recommended limits. However, records showed that on five days in February 2018 the temperature of the refrigerator had not been recorded. The manager told us she had picked up on this and as a result had introduced additional checks to ensure records were completed daily.

MARs included personalised information to support staff on how to give people their medicines and all had allergy details completed and displayed a photograph of the person. MARs were signed to show when medicines were given. Codes were entered onto MARs and a record was entered on the reverse side of the MAR describing the circumstances when medication was not given, for example if it was refused or if a person was in hospital. Protocols were in place for medication which was to be given 'as required' which is known as PRN. PRN protocols detailed what the medicine was for and instructions for use, including the dosage of medication to be given at any one time, the maximum amount to be given in a 24 hour period and minimum amount of time between doses.

Recruitment procedures helped to ensure the suitability of staff employed. Before commencing work at the service, prospective staff completed an application form, attended interview and underwent a series of checks. Checks were carried out with the applicant's most recent employer or training provider and the Disclosure and Barring service (DBS). There was a process in place for ensuring regular checks were completed with the registered nurses employed to ensure their registrations were being maintained and kept updated. These checks helped the registered provider make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.

Checks had been carried out by a suitably qualified person at the required intervals on systems and appliances used at the service to ensure they were in good working order and safe to use. This included checks on the gas and electricity systems, fire alarms and firefighting equipment, portable appliances and hoists.

There was a system in place to place for reporting and recording any accidents or incidents which occurred at the service. Appropriate records had been completed following incidents and they were analysed each month as a way of identifying any patterns or trends. The records showed that preventative measures were put in place to reduce further risks to people.

Each person had a personal evacuation plan (PEEP) and they were regularly reviewed to ensure they provided the right information about how to safely evacuate people from the building. There was enough staff to support people in the event of an emergency. All staff had received training in topics of health and safety such as first aid, fire awareness and evacuation procedures and they were aware of their responsibilities for ensuring people's safety in the event of an emergency.

People told us they felt safe. Their comments included; "Oh yes I am safe here," "They [staff] look after me very well and make sure I am safe," and "I have no worries or concerns, if I did I would let them know." Staff had completed safeguarding training and they had access to the registered provider's safeguarding policy and procedure and those set out by the relevant local authorities. These provided staff with guidance about the different types of abuse, recognising abuse and the reporting procedures. Staff confidently described the

different types and indicators of abuse and they said they would not hesitate to report any concerns they had. The manager and other senior staff understood their responsibilities to inform relevant agencies such as the local authority safeguarding team, police and the Care Quality Commission (CQC) about allegations of abuse. Records showed that safeguarding concerns were dealt with promptly and that appropriate action had been taken to reduce further risks to people.

Is the service effective?

Our findings

People's needs were assessed and a care plan was put in place detailing the area of need and how it was to be met. However we saw examples where some people did not receive care and support in line with their care plan. Whilst we did not find any negative impact on people as a result of this they were put at risk of receiving ineffective care.

Staff were required to encourage, monitor and record the fluid intake of people who were assessed as being at risk of dehydration. Throughout the morning on the first day of inspection we carried out regular checks on three people who were being nursed in bed. Staff provided these people with regular drinks throughout the morning and recorded the amount given onto the persons fluid balance chart. However, we saw examples where those people did not drink the full amount of fluid given. Despite this fluid balance charts were not amended to reflect the actual amount consumed. In one instance we saw that one person's records showed they had consumed 800mls of fluid throughout the course of the morning however our observations showed that they had only actually consumed 200mls.

At 11 am one person had three drinks on their bedside table and no fluid balance chart in place for that day. A staff member told us they had yet to complete one. A fluid balance chart was put in place for the person after we raised it with a nurse. Fluid balance charts were also amended at the time so that they included columns for recording 'fluids given' and 'fluids taken' and staff were provided with advice and guidance regarding this.

Fluid balance charts for four people covering the week prior to the inspection lacked information about people's needs and outcomes. The amount of fluid people were expected to consume each day to remain hydrated was not recorded onto the charts despite there being a section where this should have been recorded. In addition the total amount of fluid consumed throughout a 24 hour period had not been totalled and recorded onto the charts, which staff were also required to do. The lack of information meant it was difficult to assess whether people had reached their target fluid intake. This put people were at risk of receiving ineffective care. At the time of the inspection the required information was added to fluid balance charts.

People assessed as being at risk of skin damage slept on an air flow mattress to help minimise the risk of developing pressure ulcers. The required setting for the mattress was recorded in the person's care plan. However, during our checks we found that air flow mattress settings for three people were incorrectly set. For example one person's mattress was set at 80kg when it should have been set between 40 – 60kg and another person's was set at 90kg and should have been set between 100 -110kg. The mattress settings were corrected after we raised it with a nurse.

This is a breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received the healthcare they needed. People told us they received good healthcare. Their comments

included, "I only have to ask and they [staff] will call my doctor" and "I get plenty of checks to make sure I'm ok." Each person was registered with a GP and they had access to other healthcare services such as dentists, opticians and chiropodists. Referrals were promptly made when required to other healthcare professionals including Speech and Language Therapists (SALT) specialist nursing teams and Dieticians. A record was maintained of all contact people had with external healthcare services and any follow up appointments they were required to attend.

Staff received training and support for their roles. Training for staff in all departments was ongoing. This included refresher training in key topics covered during induction and others topics relevant to people's needs. Training was delivered in a classroom environment by an accredited trainer employed by the registered provider. Staff underwent a competency check to test their knowledge and understanding of the training completed and if needed additional training and support was provided. Training records showed that the majority of staff were up to date with training required of them and further training was planned for those who needed it. The majority of staff told us that they felt well supported by the management team. The manager explained that on commencing work at the service they had identified that formal supervisions with staff had not taken place in line with the registered provider's requirements. The manager had commenced supervisions with staff and records showed they had progressed well with them.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

There were processes in place to protect the rights of people living at the service. Staff had undertaken training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and they knew how to apply the main principles of the act to their day to day practice. Staff gave people choices and obtained their consent prior to any intervention and people told us this was usual. The manager and other senior staff understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who lived at the service had been made to the relevant supervisory body, and authorised at the time of our inspection. The correct process was followed for assessing people's capacity, best interests, and decision making. Assessments were decision specific and the rationale for best interest decisions was clearly documented. These showed that the relevant people were consulted and the least restrictive option had always been considered.

Is the service caring?

Our findings

People were not always treated with kindness, respect and compassion. On the first day of inspection we saw people experienced unnecessary discomfort and anxiety. For example, one person made a request to a number of different staff to use the toilet and on each occasion was told they would have to wait. The person became anxious and shouted out "I'm really wanting to go". Staff eventually assisted the person to the toilet 29 minutes after they made their first request. During lunch we noticed that another person's trousers were wet and we heard the person request to be taken to the toilet for assistance. We alerted a member of staff to this and their response was that the person would be helped after lunch was served due to cross contamination. We raised this with the manager who advised us that they were unaware of this practice. The person was assisted to the bathroom 10 minutes after we first alerted staff to this.

The lunch mealtime experience for some people was undignified. A staff member stood over a person when assisting them to eat their meal which meant there was a lack of eye contact and positive interaction with the person. They member of staff pulled up a chair next to the person after we raised this with them. Another person asked staff on a number of occasions where their meal was. Staff who were at the time assisting others to eat told the person someone [staff] would be along soon with their lunch. The person waited more than 15 for their meal to be served. A staff member placed four bowls of dessert on a table in the lounge; the desserts were left uncovered whilst people ate their main course.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite our observations described above we also saw and heard from people examples of staff treating people with kindness and compassion. People told us, "They [staff] are ever so kind" and "They [staff] treat me very well. I think they are caring." We observed a member of staff providing comfort and reassurance to a person who was visibly upset and another member of staff providing gentle encouragement whilst assisting a person to eat.

Staff maintained people's privacy and promoted their independence. Staff understood their responsibilities for ensuring people's privacy and independence. Their comments included; "I know some people might feel embarrassed so I do my best to make sure they don't" and "I think it's important to encourage the residents to do as much as they can for themselves, for their own dignity." Staff provided people with personal care in the privacy of their own bedrooms or bathrooms and toilets. Staff ensured doors were closed and where appropriate they closed curtains. Staff knocked on doors and waited for a response before entering people's rooms. Care records included the things that people were able to do independently and how staff were to encourage this, such as dress, wash and eat.

People were provided with clean towels and their bedding was changed regularly or when needed. We did however note that some towels and pillows were in need of replacement. This was because some towels were worn and frayed and pillows were lumpy. We raised this with the manager at the time and they placed an order for new towels and pillows.

The laundry assistant spoke passionately about their work and demonstrated a lot of respect and care about ensuring people's clothes and other personal items were laundered and returned to them quickly. People told us their clothes were nicely laundered and returned to them, usually within a day of sending them to the laundry.

People's confidentiality was protected. People's personal records including computerised records were stored securely in offices and only accessed by authorised staff. Staff understood their responsibilities for ensuring information about people was treated in confidence and share only with others on a need to know basis.

People were encouraged to personalise their bedrooms as they wished such as with family photographs and ornaments. Some people had pieces of furniture in their bedrooms which they had brought from their previous home. One person told us that having family photographs and other personal items around them was important. Another person told us that having their personal belongings around they made them feel more at home.

A document titled 'This is me' was developed on the basis of information provided by people, and where appropriate their family members. The document gave staff an overview about 'the person' such as their background, what was important to them and their wishes and preferences. Things recorded included the person's preferred gender of carer, preferred type of toiletries and how the person liked to dress. One person's document recorded that they like to look smart, wear make-up and have their nails painted. Another person's document recorded that they preferred to bath rather shower and that they liked a lot of 'bubbles' in their bath. Discussions which staff held with people showed they knew people well and what was important to them.

Visitors were welcomed at the service and offered refreshments. One person's family member visited daily to provide their relative with assistance at meal times as this was important to both the person and their relative. People were able to spend time with their family members either in the privacy of their own rooms or amongst others in communal area.

The manager and senior staff were aware of the circumstances of when a person may need the help of an independent advocate and they held details of services to share with people who may require this support. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

Is the service responsive?

Our findings

People told us that they received all the care and support they needed, however we identified occasions on the first day of inspection when staff failed to respond to people's needs in a timely way. This included staff failing to respond in a timely way to people's requests to use the toilet and people being left to wait for their lunch time meal. We also identified that there was a lack of opportunities for people to engage in meaningful activities.

Throughout the inspection we observed that there was a lack of opportunities for people to engage in activities or other means of stimulation. The majority of people were either sat in the lounge watching TV or asleep, whilst others occupied their bedrooms. Staff sat in communal areas with people to ensure their safety, however they made little attempts to engage people in any form of activities. This was despite there being facilities available for them to do so such as board games, books and magazines. People commented that there wasn't much to do other than watch TV. One person said, "I do get a bit bored sometimes" and another person said, "I'd like to see a bit more going on." The manager told us the activity co-ordinator had recently left the service and they were actively recruiting to the vacant post. Following the inspection the manager confirmed that an activities co-ordinator had been recruited and was soon to commence work at the service.

Parts of the environment including communal areas and corridors had recently undergone redecoration. Despite the improvements made to the environment there were a lack of signs and other items to promote stimulus and wayfinding for people living with dementia. The manager explained that they had considered this and were awaiting the delivery of items to enhance the environment which would make it more dementia friendly.

We recommend that the service seek advice and guidance from a reputable source, about dementia friendly environments and meaningful activities.

Each person had a care plan based on an initial assessment of their needs. Care plans covered aspects of people's care such as personal care, mobility, communication, nutrition and hydration and healthcare. They clearly identified the area of need, the expected outcome for the person and how this was to be achieved. Care plans were routinely reviewed each month to check that they remained accurate and up-to-date. Additional reviews took place in circumstances when a person experienced a sudden change in their needs and assessments and care plans were updated to reflect this. People and relevant others such as family members were involved in the development and ongoing reviews of care plans. This person centred approach helped to ensure people's wishes and preferences with regards to the delivery of their care and support was captured in their care plans. For example whether they preferred a bath or shower, how they liked to express their sexuality, how they liked to dress and how and where they preferred to spend their time.

Communication systems helped ensure that people received care and support which was responsive to their needs. Staff shared information during a handover meeting at the start of each shift and completed a

daily record for each person. This enabled staff coming on duty to get a quick overview of any changes in people's needs and helped to ensure consistency of care.

Staff recognised when a person needed input from external health and social care professions, for example they liaised with dieticians when they had concerns about a person's nutrition and hydration and with tissue viability nurses (TVNs) for advice and guidance around wound care. A health care professional commented to us that they staff were very good at communicating with them about people's needs. They also commented that staff acted upon the advice and guidance they provided in relation to people's ongoing care and support.

Any equipment and aids people needed to help with their mobility and comfort was detailed in their care plans and it was in place and being used appropriately. For example, people who required it were transferred by the use of a hoist or stand aid and specially adapted lounge chairs were used by people who needed them to help with their posture and comfort.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. Where people chose to discuss their end of life plans an appropriate end of life care plan was developed outlining their preferences and choices for their end of life care. The service consulted with people and, where appropriate, relevant others about the development and review of these plans. There were good links with GP's and specialist nursing services which helped to ensure people received the care they needed during this period of their life.

People and their family members were provided with information about how to make a complaint. A copy of the registered provider's complaints procedure was given to people and a copy was displayed in the foyer near to the main entrance. One person told us, "I've nothing to complain about but would do if I was not happy." Another person told us, "Everything is fine at the moment. I'd let them know if I had a complaint". There had been no recent complaints made about the service, however the manager described the action they would take which was in line with the registered providers complaints procedure.

Is the service well-led?

Our findings

There was no registered manager at the service at the time of our inspection, the previous registered manager left their employment at the service in November 2017. 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.

Soon after the registered manager left their position a manager was appointed and at the time of inspection they had submitted an application to CQC to become the registered manager. People, family members and staff had been notified about the change of manager and they knew who the new manager was.

The management team consisted of a manager, deputy manager, a team of nurses and a care quality manager. The manager was responsible for the day to day running of the service and in their absence; either the deputy manager or a nurse on duty was in charge. The care quality manager visited the service regularly and had responsibilities for overseeing the management of the service and for providing the manager with support and supervision.

Both the manager and the care quality manager had responsibilities for carrying out checks across the service in line with the registered provider's quality assurance framework. However, the registered provider's systems and processes for assessing and monitoring the quality and safety of the service were not always effective. Audits (checks) had been carried out on care plans, accident and incidents, infection control, the environment and medication and associated records. However the checks failed to identify and mitigate risks to people which we found during this inspection. This included hazards associated the environment and infection control, a lack of observation on staff practice and inaccurate and incomplete records for monitoring aspects of people's care. We also identified that there was a lack of meaningful activities for people to take part in and a lack of stimulus and wayfinding for people around the environment. Whilst we evidenced that the concerns were addressed after we raised them with the management team we need to be sure that the improvements are sustained over a period of time.

The registered provider had a comprehensive set of policies and procedures for the service which were made available to staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. However people and others were put at risk because not all the registered providers policies and procedures were being followed as required. This included safety of the environment, infection prevention and control, record keeping, monitoring the quality of the service and record keeping.

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

The manager and staff maintained good working relationships and worked in partnership with other agencies. This included health and social care professionals; such as GPs, social workers and community

nursing teams. External professionals reported good working relationship with the manager and staff at the service.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory notifications. This enabled us to monitor information and risks regarding the service.

The rating following the last inspection was prominently displayed near to the entrance of the service making it accessible for all to see.

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 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed and mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment used by people was not always safe and clean.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes for assessing and monitoring the quality and safety of the service were not always effective.