

Cornwallis Care Services Ltd

Rivermead View

Inspection report

Station Road
Looe
Cornwall
PL13 1HN

Tel: 01503262014

Date of inspection visit:
02 August 2017

Date of publication:
30 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 2 August 2017. This was the first inspection for Rivermead View since registering under a new provider in late December 2016.

Rivermead View is a care home which offers care and support for up to 30 predominantly older people. At the time of the inspection there were 25 people living at the service. Some of these people had a diagnosis of dementia.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left their post. There was an acting manager who had been in post for two months. They told us they were in the process of applying to become the registered manager.

Risks associated with peoples' care and support needs were identified and assessed but not always managed effectively. Changes to peoples' needs were not always recorded effectively. For example, one person had experienced many falls in a short period of time. The accident audit did not show what action had been taken to address the many falls recorded and the falls risk assessment for this person had not been reviewed. Staff we spoke with were knowledgeable about the circumstances around this person's falls and told us they had been unwell. We judged the person had their needs met as the falls had stopped. Another person's care needs had increased over the weeks prior to this inspection. Permanent staff were aware of this person's care needs and they were being met. However, the service were using some agency care staff, to cover for holiday absence, and this person's care plan did not contain current accurate direction and guidance for staff who were unfamiliar with people's needs. This meant the person may not have had their needs met effectively.

The service was in the process of transferring care plan documentation over to a new format. Some people's care plans had been completely reviewed and contained easy to access current information in the new format. Other care plans had undated assessments on a mixture of formats which did not make it easy for staff to find current information. Some monitoring records contained gaps where staff had not recorded care provided. Fluid intake monitoring charts were not totalled each day to ensure people had sufficient fluids to keep them well.

Mattresses provided for people who had been assessed as being at risk from skin damage were not always set correctly for the person using the equipment. People's weight records held by the manager did not contain the names of all the people living at the service and were not up to date. This meant it was difficult for staff to ensure pressure relieving mattresses were always set correctly. Senior care staff told us there had been a recent audit carried out which checked the settings of the mattresses but this could not be found.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. People were asked to sign to consent to their care plan and photographs being displayed in their files. However, some people did not have the capacity to do this for themselves, requiring others to do so on their behalf. Only people with a Lasting Power of Attorney can do this. Some consent forms were signed by healthcare professionals and family members who did not hold this legal power. The manager was aware of this issue and consents were being reviewed at each care plan review. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. A Deprivation of Liberty Safeguard authorisation had been appropriately sought and was in place for one person. The conditions of this authorisation were being met by the service. This had been authorised before the current manager took up their post, however, the service had not notified the Care Quality Commission as they are legally required to do. The manager assured us this would be done immediately.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

Medicines were managed safely and regular medicine audits were being effective. Prescribed creams and liquids were dated when opened. Medicines that required stricter controls were safely recorded, stored and administered.

Staff were supported by a system of induction and training. People were supported by staff who knew how to recognise abuse and how to respond to concerns. Most staff received training relevant to their role and there was a plan for providing on-going training and support and development. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service. Staff told us; "Things are getting better, we have more staff now, when people don't go sick, and the support is good" and "I am happy here, it is a nice home."

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The new provider had increased the number of staff working on each shift. However, there was a concern amongst the staff about repeated short notice sickness absences leading to extra pressure on some shifts. Some staff were working extra hours and morale was being affected. The manager was aware of this concern and was addressing the issue through supervision with specific staff members.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

The premises were in the process of being re-furnished. A new roof had been added and scaffolding was in place to replace gutters and drainpipes. There was a programme of re-decoration and carpeting which was in progress. The service had some pictorial signage to meet the needs of people living with dementia. Some bathrooms were not in use due to failure of the equipment. There was a plan to replace some of this equipment with more accessible wet rooms.

People had access to a range of activities. An activity co-ordinator was in post who arranged regular events for people. These included one to one activities with people who remained in their rooms. Records were kept by the activity co-ordinator of when people joined in an activity.

The acting manager was being supported by the provider and other managers in the group. Visitors and healthcare professionals' comments included; "It is a lovely place, we are always made to feel very welcome at any time, they call us when necessary, no problems at all" and "The new manager is very approachable and seems to know people well here."

Many positive changes had taken place at the service since the new registration.

We found breaches of the regulations found at this inspection. 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?

Requires Improvement ●

The service was not entirely safe. The management of risks associated with people's changing needs was not always robust.

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.

Systems for the management of medicines were robust.

Is the service effective?

Requires Improvement ●

The service was effective. Staff were provided with training and supported well. Formal supervision and appraisal had not yet started but there was a plan in place for them to be provided in the near future.

People had access to a varied and nutritious diet.

The management 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, some consent forms were not signed by people with the appropriate legal powers.

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals 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?

Requires Improvement ●

The service was not entirely responsive. People received personalised care and support which was responsive to their changing needs. However, care plans were not always accurate and did not always reflect people's changing needs.

Pressure relieving mattresses were not monitored effectively and were not always set correctly.

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

Is the service well-led?

The service was not entirely well-led. Records relating to people's care and support were not always accurate.

Audits were not always effective.

DoLS authorisations were not reported to CQC in line with legal requirements.

People were asked for their views on the service.

Requires Improvement 

Rivermead View

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 2 August 2017. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living at the service. Not everyone we met who was living at Rivermead View 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 in communal areas. We spoke with seven staff and four visitors. We spoke with one visiting healthcare professional.

We looked at care documentation for seven people and medicines records for 25 people, three staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with two families of people who lived at the service and two healthcare professionals.

Is the service safe?

Our findings

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and 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 and keep people safe whilst maintaining as much independence as possible. However, risk assessments were not always routinely updated at each care plan review. Where there had been changes in a person's care needs this was not always reflected in a review of their care plan. For example, one person's needs had increased in recent weeks and they were now being cared for in bed, but this was not reflected in their care plan.

There was a report made by agency staff in one person's care file, of behaviour that was verbally and physically aggressive towards others. The agency worker was not aware of any triggers to this behaviour or what action should be taken, as this was not recorded in their care plan. Staff who worked regularly at the service were knowledgeable about this person's care needs. We judged that people were receiving care and support that met their needs but that it was not always recorded effectively.

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

Some people had been assessed as requiring pressure relieving equipment to protect them from the risks of skin damage. However, the pressure relieving mattresses in use at the service were not always set correctly for the person using the equipment. People's weight records held on the computer by the manager, did not contain the names of all the people living at the service and were not up to date. This meant it was difficult for staff to ensure pressure relieving mattresses were always set correctly. Regular monitoring checks on people's skin condition showed there was no impact on people as a result of this. Visiting healthcare professionals confirmed there was no impact on people due to this concern. There was no one living at the service who required input from the district nursing service for pressure damage. Senior care staff told us there had been a recent audit carried out which checked the settings of the mattresses but this could not be found. The manager assured us this concern would be responded to immediately.

Some old format care plans had undated assessments on a mixture of formats which did not make it easy for staff to find current information. Some monitoring records contained gaps where staff had not recorded care provided. Fluid intake monitoring charts were not totalled each day to ensure people had sufficient fluids to keep them well.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends should be recognised, addressed and the risk of re-occurrence should be reduced. One person had fallen 13 times in July 2017, the audit recorded 10 of these falls and there was no record of any action taken to address this concern. We spoke with this person's family who told us they had been kept informed about the falls, that their relative

had an infection. Once the person had been seen by the GP and was treated the falls stopped. Staff confirmed that this person no longer fell now that the infection had been treated. This showed the service had responded to the falls but not clearly recorded this. The audit of accidents and incidents was not entirely effective as it did not contain all the incidents that had occurred at the service and did not show what action had been taken to help reduce the risk of future events. This person did not have a review of their falls risk assessment following these events.

Another person's care needs had increased over the weeks prior to this inspection. Permanent staff were aware of this person's care needs and they were being met. However, the service were using some agency care staff, to cover for holiday absence, and this person's care plan did not contain current accurate direction and guidance for staff who were unfamiliar with people's needs. This meant the person may not have had their needs met effectively.

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

We identified other people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Their care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care plan directed staff to be calm, keep sentences short, do not overload the person and allow time for them to respond.

People and their families told us they felt it was safe at Rivermead View. Comments included; "I feel safe in bed, I like my door locked and the staff do this for me" and "I feel quite safe." A visiting healthcare professionals told us that they found the new manager to be calm and organised. They had confidence that the service was safe, the staff knew people well and would report any changes in people's medical conditions in a timely manner.

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Not all staff had received recent training updates on Safeguarding Adults but there was a training programme in place for this to happen.

The service held personal money for people who lived at the service who were not able to manage their own money. Families provided money to the service for their family members use. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money was managed by the administrator and the manager. We checked the records held for 19 people and found that they were regularly checked and audited. There were no discrepancies in the accounts.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for three people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant the risk of potential errors was reduced and people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration date of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls. We checked the stock held against the records and they tallied. Regular audits of these medicines were being carried out and were effective in identifying any errors.

The service was storing medicines that required cold storage, there was a medicine refrigerator at the

service. There were records that showed medicine refrigerator temperatures were monitored. Medicines that require cold storage should be stored between 2 and 8 degrees centigrade consistently. Staff training records showed staff who supported people with medicines had received appropriate training. An audit trail was kept of medicines received into the service and those returned to the pharmacy for destruction. No one was having their medicines given covertly or self-administering their own medicines at the time of this inspection.

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.

Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced. 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.

The new provider had increased the staffing levels at the service and this had been noticed by people, relatives and visiting healthcare professionals as an improvement. People told us they did not have to wait long for staff to respond to them. The manager monitored the dependency of the people living at the service to ensure there were sufficient numbers of staff. The staff team had an appropriate mix of skills and experience to meet people's needs. 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 usually four care staff supported by a senior care worker, although one member of staff had called in sick on the day of this inspection. The manager had covered some of these hours by asking staff to stay on longer. Agency staff were used to cover planned absences. There were three staff who worked at night. Staff told us they had been under some pressure recently with short notice sickness absence needing them to work additional hours to cover shifts. The senior on duty on the day of this inspection stayed on an extra three hours. The manager was aware of this issue and it was being addressed with specific staff. Staff told us "I love my job," "The manager is lovely, she comes and helps us."

Is the service effective?

Our findings

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. One person had a DoLS authorisation in place with conditions that were being met, there were detailed records to evidence this.

Capacity assessments were seen in care files for specific decisions. One person had been involved in a best interests meeting to discuss them returning home with their family. This had been agreed and the person was due to return to their family in the near future. Another person, who had capacity, had stated specific actions to be taken by Rivermead View staff when telephone calls were made to the service about them. This was well recorded and showed staff respected the person's wishes.

Records were kept when a person had appointed a lasting power of attorney (LPA). However, there was some confusion over who was legally empowered to sign a consent form on behalf of another person. Consent forms were seen that had been signed by social care staff and family members. Only people with a Lasting Power of Attorney can do this. The manager was aware of this issue and consents were being reviewed at each care plan review.

We recommend that the service follow the guidance in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards

The new providers had carried out extensive repairs to the premises since they took over in December 2016. There was a programme of re-furbishment in progress at the time of this inspection. New carpets were due to be fitted in communal areas in the coming few weeks. People's rooms had been re-decorated and new furniture and equipment had been provided. There was some pictorial signage to support people find their way around the building. People who were mobile were able to recognise the bathroom and access this independently. Bedroom doors displayed photographs and people's names to help people identify their own rooms. However, the clock in the entrance hall was showing the wrong time which did not help people to know the correct time. The activities notice board was advertising events for third week in July at the time of this inspection. This was addressed during the inspection.

Some bathrooms were not in use due to failure of the equipment and old fittings. The provider was in the process of planning new bathing facilities. This meant that people were restricted to the use of one

bathroom.

Staff told us, "People get good care here" and "I would have my relative live here" One relative told us, "(Person's name's) room has been redecorated." People told us they enjoyed the food provided to them. Comments included, "Very nice home, clean and does not smell" and "Very nice meals, good breakfast."

Catering staff told us they were very happy working at the service. There were no restrictions to what food could be ordered. The staff were knowledgeable about people's nutritional needs. Staff were available to support people, at their pace, with meals. People were able to eat meals where they chose and at what time they chose. People were eating their breakfast at 10.00 on the day of inspection, as they chose to sleep in later. Food and drink intake was recorded by staff when directed to monitor if they had sufficient.

The manager was in the process of providing the staff with the relevant training updates to help ensure they had the necessary knowledge and skills to meet people's needs. There was an advertised programme of training for staff to attend. There was a training record held by the manager which provided an overview of staff training attendance.

Staff were not receiving regular formal one to one supervision since the new manager took over their role. Some staff had received supervision earlier in 2017 from the previous manager. However, staff told us they had regular staff meetings and could approach the manager at any time with any issues they had. Staff told us they had taken concerns to the manager and that they had been listened to and actions were being taken to resolve the issue. As the manager had only been in post for a short time staff appraisals were not yet being provided. There was a plan to provide this in the future.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which 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.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. Care records showed when people had seen the dentist. Another person wished only to see a specific GP who was not always the one visiting the service. Staff helped this person to visit the surgery so that they could see the GP of their choice.

Is the service caring?

Our findings

Not everyone at Rivermead View was able to verbally tell us about their experiences of living at the service due to their healthcare need. Comments we received included, "Staff are great. I love a laugh with them," "I go outside for a cigarette, I feel safe here" and "I have a mobility scooter downstairs and the staff get it out for me."

We spent time in the shared areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People's dignity and privacy was respected. For example, staff always knocked on doors and waited for a response before entering. Staff spoke with people in a lowered voice when asking them if they needed assistance to the bathroom.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People's life histories were documented in their 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. They spoke about people respectfully and fondly.

Bedrooms were decorated and furnished to reflect people's personal tastes. Staff felt it was particularly important for people to have things around them which were reminiscent of their past.

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 were well cared for. Some women wore jewellery and make up and had their nails painted by the staff. Staff assisted people at their own pace. The atmosphere in the service was calm and relaxed with staff showing no signs of rushing.

People and families had been asked for their views and experiences on the service provided in a survey carried out in June 2017. People were asked about the premises, their bedrooms, bathrooms and the laundry service. Responses were mostly positive with people commenting on the limited bathing facilities. There were plans for new bathing facilities to be provided.

Is the service responsive?

Our findings

The manager was in the process of transferring care plan documentation over to a new format. Some people's care plans had been completely reviewed and contained easy to access current information in the new format. Other care plans had undated assessments on a mixture of formats which did not make it easy for staff to find current information. Some monitoring records were consistently completed, but some contained gaps where staff had not recorded care that had been provided. Some care plan guidance was not being followed. For example, one person's care plan stated they should be weighed weekly. The weight records showed the last weight for this person was recorded in June 2017. Staff told us this person was eating well and there were no concerns. Food and drink intake records kept by staff confirmed this.

Care plans did not show any evidence that people or, where appropriate, their families had been involved in their own care plan reviews. This issue was recorded in the service development plan as due to have been completed in January 2017, this had not been achieved.

Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped encourage staff to make recordings in a timely manner and there was less room for errors. The records were positioned discreetly in order to protect people's privacy and confidential information. Two people's records were completed each time monitoring had been carried out. However, there were some gaps one person's records. This meant it was not always possible to establish when care staff had provided re-positioning for this person. Staff confirmed they had carried out the care but forgotten to record it.

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

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. Visiting healthcare professionals told us staff reported any concerns appropriately and in a timely manner. Only one person required a dressing to an area of skin, and this was improving well.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The manager was knowledgeable about people's needs.

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's

backgrounds and life history from information gathered from families and friends. Staff encouraged people to take part in activities that they knew they had an interest in. Staff were aware of people's preferences and dislikes. Staff knew which music people enjoyed and this was played for them. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

There was a staff handover meeting at each shift change. We observed an afternoon handover meeting which was built into the staff rota to ensure there was sufficient time to exchange any information. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day.

People had access to a range of activities at the service. An activities co-ordinator was employed and organised a programme of events including music, crafts, quizzes and visits from entertainers. There was a varied programme advertised in the lounge area. People were seen sharing magazines and reading papers. People enjoyed the company of their friends and spent time together. We saw people come and go from the service as they chose. The service was holding their summer fete the following weekend and people were very involved in making things and planning events for the day. People told us, "We have people come in to sing to us," "Everything here is wonderful" and "The staff are very nice to me."

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. So specific activities were provided for people in their rooms as they wished. Clear records were kept by the activity co-ordinator of what had been enjoyed by each person. People had their social needs met.

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 information pack provided when people arrived to live at the service. People told us they had not had any reason to complain.

Is the service well-led?

Our findings

Whilst many positive changes had taken place at the service since registration, work was still in progress.

People's confidential records were not always held securely. There was a small office just off the entrance hall which was fitted with a coded lock. This was open at the beginning of the inspection and at other times during the inspection. This room held daily care notes for all the people living at the service. Care plans were held in a lockable cupboard in the dining room which was found open at the beginning of the inspection. This meant people's personal information was easily accessible by people using the dining room and main corridor.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had not notified CQC of the DoLS authorisation which was in place for one person. This had been authorised before the current manager took up her post. The acting manager assured us this would be addressed immediately now she was aware that this had not been done by the previous registered manager.

Audits carried out by the manager were not entirely effective. The record of people's weights did not include the name of every person living at the service and had not been updated since June 2017. The accident and incident audit did not contain all the accidents that had taken place at the service. There was no record of what action had been taken to help reduce further events. The mattress audit which we were told had been completed recently could not be found at the time of this inspection.

The new manager was not registered with the Care Quality Commission. They had been in post since May 2017. The service was in the process of a great deal of change. There was a service development plan in place which showed progress had been made on a number of areas. However, some areas were delayed. For example, the plan stated one supervision with each team member was to be documented by 31 July 2017 this had not taken place.

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

People, relatives, staff and visiting healthcare professionals told us the registered manager was approachable and friendly. Most people told us there had been an improvement in the service over the past few months, with more staff, better food, re-decoration of the premises and the visibility of the manager who worked with staff most days. Comments included, "Changes have been for the better, new paperwork is better," "We have new equipment that works now" and "I find the manager very nice and easy to talk to." One healthcare professional told us, "The place is going in the right direction, there have been noticeable changes for the better, more staff and better monitoring." The manager was working hard with the staff to promote an open supportive culture where staff could bring any concerns to them directly and that they would be listened to.

There were clear lines of accountability and responsibility both within the service and at provider level. The

manager was supported by the provider and other registered managers in the group. Senior care staff supported the manager along with an administrator.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The manager worked in the service every day providing care and supporting staff, this meant they were aware of the culture of the service at all times. Daily staff handovers provided each shift with a clear picture of each person at the service and encouraged two way communications between care staff and the manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Audits were carried out by the maintenance person over a range of areas, for example, window locks, wheelchairs, walking aids and water systems.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users of receiving the care or treatment. The provider did not always do all that was reasonably practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to ensure compliance. The service did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity. The service did not always maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>