

Albury Care Home Limited

Albury Care Homes Limited

Inspection report

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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?

Inadequate 

Overall summary

This was an unannounced inspection which took place on 07 December 2015.

Albury Care Homes Limited provides support and accommodation for a maximum of 33 older people who require residential care. The home provides both permanent and respite services. At the time of the inspection there were 21 people living at the home, a few of whom were living with the early stages of dementia. Two people required assistance to move using a hoist. All other people were independent in this area and required minimal support with their care needs. The majority of people who lived at the home funded their own care.

The home has 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 was not present during our inspection. The two directors that owned the home came and supported staff through the inspection process.

Systems to assess the quality of the service provided in the home were not effective. Records in the home were

Summary of findings

not always accurate or up to date. The registered provider could not verify that robust recruitment procedures had been followed to ensure agency staff were safe to support people. Prompt action had not always been undertaken on the home environment and equipment to ensure it was safe. All staff were not consistently provided with one to one supervision and training to fulfil their roles and responsibilities and there was little evidence that staff received training specific to the needs of people who lived at the home.

Risk assessments and care plans were in place that considered potential risks to people. However, the content and quality of information in care records varied.

There was a basic activity programme in place and we found that although people had raised concerns about the lack of stimulation and opportunities to go out into the community these had not been addressed and planned activities outside of the home had not taken place in 2015.

Staff did not have time to sit and talk to people as they were focused on delivering care and completing tasks. However, we observed that people received personal care and support promptly and at the times they preferred. Call bells were responded to quickly and people said that this was the norm. Although we observed that staff at times appeared busy and rushed

we saw no signs of impatience with people. Staff appeared dedicated and committed. We have made a recommendation about this in the main body of our report.

People said that they consented to the care they received and we found that correct procedures had been followed if people lacked capacity and were being deprived of their liberty in anyway.

Everyone, apart from one person said that they were happy with the support they received to manage their health. Medicines, in the main were administered, recorded and stored appropriately. People also said that they were happy with the choice of food and drink in the home.

People said they were treated with kindness and compassion. Our observations supported the views of people. Staff were seen to be respectful to people, talk to them kindly and to promote their dignity and privacy when providing care.

People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The registered provider was unable to verify that suitable checks had been completed for agency staff to ensure they were safe to support people.

Prompt action had not always been undertaken on the home environment and equipment to ensure it was safe.

People said that there were enough staff to meet their needs at the times they wanted or needed.

People said that they felt safe from harm and staff understood their responsibilities in relation to safeguarding people from abuse.

Medicines were managed safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

People were not supported by staff who received training that helped them to gain the skills and knowledge needed to care for people. Some staff did not receive one to one supervision in line with the registered providers policy.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) as applications to deprive people of their liberty had been made. Therefore people's rights were protected.

People were supported to maintain a healthy diet and told us that food at the home was good. In the main, people's health care needs were met.

Requires improvement



Is the service caring?

The service was caring.

People told us that they were treated with kindness and that positive, caring relationships had been developed. We observed that staff knew the needs of people and promoted their dignity and privacy.

People told us that they exercised choice in day to day activities and the care they received.

Good



Is the service responsive?

The service was not consistently responsive.

Although people received the care they required this was task focused.

People were not always supported to participate in activities or to access the wider community.

People felt able to express concerns and in the main these were acted upon.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well-led.

A culture of inconsistency was in bedded at the home that was driven by a registered manager who had not ensured systems and communication empowered people.

Quality assurance processes were not effective because audits had not resulted in actions being taken to mitigate risks or to improve the quality of service people received. As a result, people received an inconsistent service.

Inadequate



Albury Care Homes Limited

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 07 December 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience who had experience of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed the completed PIR and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that

had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with nine people who lived at the home and one visitor. We also spoke with three care staff, a cook and the two directors of the home, one of which was the nominated individual. We contacted three external health and social care professionals prior to our visit. None responded to our requests for information.

We observed care and support being provided in the lounge and dining areas and we also spent time observing the lunchtime experience. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included three people's care records, everyone's medicine administration records, staff training, support and employment records, quality assurance audits, minutes of meetings, menus, policies and procedures, complaint records and accident and incident reports.

Albury Care Services Limited was last inspected on 03 October 2013 and there were no concerns.

Is the service safe?

Our findings

Records did not evidence that robust recruitment checks had been completed to ensure agency staff were safe to support people. The home was using agency staff to cover vacancies. The information on file for agency staff did not demonstrate that all necessary steps had been taken to ensure they were suitable to work at the home. There was confirmation that agency staff had a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. There was no confirmation from the agency that supplied the staff that other checks to verify their suitability to work with people had been undertaken and on the day of inspection the directors of the home could not confirm if this was supplied. With regard to permanent staff recruitment records all contained evidence of all required checks having been completed apart from a recent photograph of them. Therefore, appropriate checks had not been completed to ensure staff, including agency staff, were safe to work with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our inspection the registered provider has informed us that they have liaised with the recruitment agency who confirmed all required checks were completed.

Prompt action had not always been undertaken to ensure the home environment and equipment was safe. A fire safety maintenance inspection took place during November 2015. This identified a number of concerns that included some emergency lighting not working, a lack of smoke detectors and fire safety checks not always being completed at the recommended frequencies. The directors informed us that these had been resolved but when exploring further they confirmed a number of outstanding issues remained. We instructed that documentary evidence be sent to us within 24 hours that confirmed arrangements were in hand to address the outstanding issues due to the potential fire safety risks to people and this was provided. We passed on our concerns about fire safety management to Surrey Fire and Rescue Services, as they are the lead agency for fire safety management to ensure that the arrangements being made by the directors was appropriate and safe.

A water hygiene and legionella assessment of the premises took place during February 2015. The report detailed a number of areas that required attention. Whilst there was evidence of some actions having been undertaken this was not the case for all. When we discussed these with the registered provider they told us that they were not aware of the outstanding matters. The lack of action to mitigate risks to people's health and safety was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection Surrey Fire and Rescue Services confirmed that they visited the home and were satisfied with the arrangements that the registered provider had taken to address the outstanding fire safety matters. They told us that these would be completed in January 2016. The registered provider also sent us documentary evidence of actions taken to address the outstanding water safety matters.

Other aspects of the home and equipment had been serviced and checks had been completed to ensure it was safe which included hoists and the purchasing of specialist beds.

People who lived at the home and staff told us that in the main there were enough staff on duty to support people at the times they wanted or needed. Some people did comment that at times staff appeared rushed and did not have long to sit and chat with them. For example, one person said, "The staff are kind but can be brusque rushing in and out of the room saying they will be back in a moment which can be some time later". During our inspection we observed that people received care and support promptly and at the times they preferred. Call bells were responded to quickly and people said that this was the norm. However, our observations confirmed that staff did not always have time to sit and talk to people as they were focused on delivering care and completing tasks.

It is recommended that the registered person researches and implements staffing levels that are not solely task focused.

A director told us, and records confirmed that staffing levels were decided on individual dependency assessments. Staffing levels consisted of four care staff during the morning, three during the afternoon and two during the night. Separate kitchen and domestic staff were scheduled on shift. However, records and discussions with staff

Is the service safe?

confirmed that ancillary positions were not always covered. This resulted in care staff having to undertake additional tasks such as serving meals and cleaning. A director confirmed that an overall assessment was not completed when deciding safe staffing levels that considered other aspects such as the layout of the home (three floors and ancillary staff).

Risk assessments were in people's care records on areas such as moving and handling, skin integrity including pressure sore risk assessments, malnutrition and mobility. However, the quality of records varied. Some were detailed whilst others contained basic information. Despite the lack of detail in some records we found that staff knew and understood the risks to people.

Accidents and incidents were looked at on an individual basis and action taken to reduce, where possible, reoccurrence. People's individual care and support needs were reviewed when incidents occurred to help keep them safe. We noted that all people wore a call bell alarm around their neck in case of a fall or emergency. The registered manager completed a monthly falls audit that was based on the number of falls that a person sustained.

Everyone that we spoke with said that they were happy with the support they received with their medicines. The medicine trolley was locked and secured to the wall in the clinical room when not in use. Access to the clinical room was open during the time of our inspection and we

observed it also was used as the staff room for storage of personal items. We observed staff administering medicines during the day, ensuring people were encouraged in a kindly way to take their prescribed medicines.

Safe systems were in place for the management of medicines. Medicine administration records (MARs) sampled showed us there were no recording gaps of administration. Records showed us the provider ensured there were instructions for the use of PRN medicines (for when required medicines) in the MARs. Profile sheets, individual to the person concerned were in place and most included a photograph of the person and clearly indicated any allergies or specific instructions, for example, how to offer the medicine to a person.

People said that they felt safe from harm. One person said, "Yes I do feel safe living here" and "Yes I think my possessions are safe in my room". A second person said, "I feel safe here, I am well looked after and the staff are very good".

Staff said that if they had any concerns about the safety of people they would have no hesitation in reporting these to the registered manager. A copy of the local authority safeguarding policy was in place for staff to refer to if needed. The registered manager maintained a record of events that had been referred to the local authority safeguarding team along with a brief record of actions taken to safeguard people.

Is the service effective?

Our findings

Records were not in place to evidence that all staff received regular, formal support through a programme of training and one to one supervision that enabled them to care for people and to fulfil their roles and responsibilities. The induction record for staff consisted of one piece of paper with headings of areas covered. There was no evidence that staff induction was based on a nationally recognised induction framework despite the providers policy stating this was provided and that records would evidence this. Staff received supervision and appraisal but this was inconsistent. For example, of the five staff files that we looked at, three included evidence that they had received either one to one supervision or appraisal and two did not. Staff said that they were supported by the registered manager on an informal basis but were unable to say how often they received regular, formal one to one supervision and support.

Staff had received fire safety and basic life support training during November 2015. We were shown a training matrix but informed by the directors that this was not up to date. We looked at staff individual training certificates and records and found half had not undertaken moving and handling training in over a year. One of the directors showed us evidence that they had recently completed an instructor course that would enable them to provide this training to staff. We were informed this would take place the week after our inspection. The home had been using agency staff to cover vacant positions. With regard to training information for agency staff there was a record of training they had undertaken but this did not include dates when this had been completed. As a result there was no way of knowing if their training was up to date.

There was very little evidence that staff were provided with training specific to the needs of people who lived at the home. There were people who lived at the home who had diabetes, had continence needs or who were living with the early stages of dementia. We were informed that two staff had received training in relation to supporting people with specific diabetes and continence needs but there was no documentary evidence to support this. Neither of the two staff who had received training in these areas were on duty during our inspection. Staff that we spoke with told us they

would not know how to support people with specific diabetic or continence needs. The training matrix detailed 12 staff, of which six had received dementia awareness training.

The above evidence demonstrated that staff were not consistently provided with support and training to fulfil their roles and responsibilities. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's legal rights to consent were upheld. 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. During our inspection we observed and heard staff ask people's permission before carrying out tasks. Records showed us how the provider protected people with limited capacity to make decisions about their own care and treatment and how they followed correct procedures in making applications to the local authority for authorisations in line with legal guidance.

Staff could tell us the implications of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. For example one staff member told us that if people were not able to go out unescorted this may mean their liberty was deprived or if a person lacked capacity and safety rails were used on their a bed if they were at risk of falls from a bed. 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). Records were in place that evidenced that DoLS applications had been submitted to the local authority authorising body for people as required.

We observed that people who were able, walked round the home freely and were not restricted in any way. There was a combination lock on the front door but we observed that people had the freedom to leave the home whenever they chose to. Two people told us that they went out into the community by themselves and we observed this to be the case for one person during our inspection.

Is the service effective?

People said that they were happy with the choice of food and drink at the home. One person said, "I love the food". We observed that the lunch time period was a calm event. Some people choose to have lunch in the dining room and others in their bedrooms. The dining tables were attractively laid out with festive decorations and condiments. Staff informed people verbally of the choices of food available. We did note that there were no menus on the tables that would have helped them to understand the choices of meals available. On the day of our inspection there was a choice of beef casserole, sausages and salmon bake for the main course and rice pudding, sponge pudding, lemon cheesecake and ice-cream for dessert. We observed that most people ate all of their lunch.

Specialist and dietary requirements were catered for and included in the menu options in place at the home. However, when we asked the member of staff who was serving lunch to show us the pureed option they showed us mashed potato, finely grated mixed vegetables, spaghetti Bolognese and gravy from the beef casserole. This was not served to a person who required a pureed meal as another member of staff intervened and ensured the person was given an appropriate pureed option. Later in the afternoon

when speaking with the member of staff who had been serving the meals, they apologised and said they had got flustered and had forgotten to mash or puree the food on the day of the inspection, but said they usually did this.

Care plans included information about people's dietary needs and malnutrition risk assessments. Where people were at risk of malnutrition or dehydration fluid input charts had been completed and people's weight was monitored. Referrals to specialists were made if people required further support with eating or nutrition.

At other times during the day we observed that people were offered drinks and snacks that included a choice of hot and cold drinks, cakes and biscuits. Water jugs were seen in people's bedrooms. Two people told us that they had kettles in their rooms to make a hot drink whenever they chose to.

All apart from one person said that they were happy with the support they received to manage their health care needs. This included calling the doctor as required and also having access to chiropody, opticians, dentists and district nurses. We noted that the provider had received a number of completed questionnaires from external healthcare professionals. All complimented the home and said that staff took appropriate action in relation to managing people's health care needs.

Is the service caring?

Our findings

People said that the staff were kind and caring and that they were treated with dignity and respect. One person said, “Yes the carers treat me with respect”. Another person said, “They look after me well”.

People’s rights to privacy were promoted. When being shown around the home we observed that the majority of people’s bedroom doors were closed which promoted people’s privacy. Each person had a traditional type doorbell next to their bedroom door and on occasions staff were observed using these before entering people’s rooms. All bedrooms at the home had en-suite bathrooms which enhanced people’s rights to privacy. Staff understood the importance of respecting people’s rights to privacy and demonstrated this when caring for people. One staff member told us about how they enabled a person’s dignity. They said, “Make sure not to disturb a person, knock on the door before entering their private space, cover the person when washing them”. We observed that when one person in the lounge needed to be moved with the aid of a hoist staff positioned screens around the person to maintain their privacy.

Efforts had been made to support people to maintain their dignity and appearance. People were seen wearing colour co-ordinated shirts and cardigans of their choosing and non-slip footwear. Staff had ensured people were wearing clean reading glasses, gentlemen were freshly shaved and many ladies had their nails varnished and their hair was set in styles of their choosing. A hairdresser attended the home regularly and people spoke highly of this service.

Staff were seen to be respectful to people. Staff were heard talking to people in a kind and considerate manner. For example, they explained to people what help they were providing and spoke calmly and with respect.

People told us that they were able to get up and go to bed at a time that suited them and this was confirmed during our observations on the day of inspection. When we arrived at the home at 9.30am many people were still either asleep or in their rooms. People were observed rising at times that they preferred. People could receive visitors at times of their choosing. One visitor told us, “X is settled and happy. The home is very good”.

Throughout our inspection the atmosphere at the home was very calm and quiet. One person confirmed this was the norm and told us, “I like living here as it is quiet”. We observed staff were kind in their approach to people. We observed one staff member giving feeding assistance to a person requiring this care. The member of staff was observed to interact encouragingly with the person, did not rush the person, and was sitting at the person’s eye level. Staff we spoke with were knowledgeable about the preferences of people.

The majority of people who lived at the home funded their own care and said that they had made the decision to choose it as their home. People said that they were involved in the initial assessment and completion of their care plan when they first moved into the home. After this point, people said that the registered manager and staff asked if they were satisfied with the care they received on a day to day basis. They confirmed they were satisfied with the informal processes in place.

Is the service responsive?

Our findings

People views about the choice of activities available to them varied. Two people said they would like more to stimulate their brains and suggested a quiz would be good. Some people said they attended communion in the home when the clergy from the local church visited to take a service.

There was very little in the way of mental stimulation for people and communication of events that people could participate in. There was an activity board in the entrance hall of the home that did not have any information on it. The director printed off a sheet that detailed activities for December when we requested this. This gave basic information about planned activities that were due to take place of an afternoon, Monday to Friday. People were confused as to when and where activities were taking place in the home. One person was heard telling others that an exercise session would take place that afternoon but another said that staff had informed them the session had been cancelled. People told us that they hoped there would be some entertainment over the Christmas period as singers had been in from schools in previous years. There was a notice in the entrance hall about forthcoming Christmas singers who would be visiting the home but this had not been communicated to people.

No activities were planned or occurred during the morning of our inspection and people confirmed that this was the norm. People stayed in their rooms or sat in the lounge, read newspapers or slept. We saw that there was a small amount of books, jigsaws and games available in the conservatory. However, people were not encouraged or supported to use these. The registered provider informed us that regular quizzes took place and that staff spent time with people. There had been no outings arranged this year. We noted that some people had raised the lack of activities in surveys they had completed. Comments recorded included, 'Would like singers to come in more often. There have been no outdoor activities since I came here' and 'Not always told when activities are on'. We noted that during a relatives meeting in April 2014 the issue of outings had been raised. The registered manager had asked relatives to volunteer to assist in order that these could take place. We raised this with the directors of the home who agreed the reliance on relatives was not an appropriate response to meet people's needs.

During our inspection one person raised concerns about a particular health concern with us. We found that despite the person and their family raising concerns with staff two days prior to our inspection and assistance requested from external health care professionals this had not happened or been followed up. As a result, we discussed our concerns about this with the directors of the home who then arranged for a district nurse to visit that same day.

The above evidence demonstrated that the registered person had not ensured people received person centred care that reflected their needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with spiritual needs however again there was a reliance on relatives and friends if this involved attendance at services outside of the home. One member of staff told us, "Families assist people to church as their preferences. One person takes themselves to church locally". The provider had arrangements for a weekly church service to be held at the service for those people who wished to attend.

During the afternoon a visitor came to the home and encouraged people to do a few hand and shoulder exercises whilst they were sitting in their chairs in the lounge. People appeared to enjoy this activity and responded positively to the stimulation.

The care that people received was task focused. People said that they were happy with the support they received to manage their care needs but that staff did not have much opportunity to just sit and spend time in their company chatting. One person said, "I get my medicines at the right times but staff are often in a hurry rushing in and out". Our observations supported the comments made by people. Throughout the inspection staff were seen completing many tasks and had very little time to spend with people. A director told us that staff did spend time talking to people but that we may have missed this if it occurred behind closed doors and that our presence had impacted on time spent with people by staff.

Everyone that we spoke with said they had no complaints but if they did have a complaint they would tell the registered manager. A copy of the providers complaints policy was on display in the home for people to refer to if they needed to. A record was in place of complaints received and a brief record of actions taken to investigate

Is the service responsive?

the complaint and outcome. At the entrance of the home, we saw that there was information displayed regarding the fees, service user guides and how to make comments, complaints or suggestions. Contact details for the Commission were also displayed so that people could make contact if they wished to share information about the service they received.

People had assessments, care plans and other health and care related documentation in place but the level of detail varied and at times was not accurate or up to date. For example, for one person records showed us a health care professional visited twice a week but another record stated

they visited once a week. Another person's records stated that they had seen a GP in April 2015 but when we explored this further we found that they had seen a GP in September 2015 but this had not been recorded. Daily report records completed by staff were brief and not meaningful in relation to the support planned and delivered. For example, one person's record stated the person had 'spent the day in the room and watched TV'. The lack of person centred and accurate records meant records did not always reflect the care and support people received. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

People who lived at the home said that the registered manager and the directors of the company were friendly and approachable. The registered manager was not present during our inspection. The two directors of the company were present and assisted us when requested.

Communication, and systems and structures at the home were fragmented and this translated into a culture of inconsistency in the way people were cared for and treated. We noted that the registered manager had raised the lack of team working during a staff meeting in January 2015. There was no evidence of steps that the registered manager had put in place to address this. We did not get a response, positive or negative from staff when we asked for views on management of the home. We spoke with the directors of the home about the support given to the registered manager. They told us that they provided supervision but that this was not recorded. We were later supplied with documentary evidence that a group supervision had been held with the directors and the registered manager during September 2015 and that an external consultant visited the home during October to offer support to the registered manager.

Before our inspection the registered manager submitted a PIR to us as requested. This contained detailed information about the services provided at the home and how in the registered managers opinion, compliance with the domains of safe, effective, caring, responsive and well-led was achieved. The evidence from our inspection did not support some of the information supplied by the registered manager in the PIR as this indicated that the home was compliant with the Health and Social Care Act.

Systems to assess the quality of the service provided in the home were not effective and did not ensure people received a consistent, good quality service. A number of audits and checks were undertaken internally by the registered manager and by external consultants commissioned by the provider in order to monitor the quality of the service and drive improvements in best practice. However, we found, at times, shortfalls had not always been identified or prompt action taken to mitigate risks to people or to improve the quality of service. For example, when exploring actions taken in response to a fire and Legionella assessment both of which detailed a

number of areas that required attention we found that a number of areas were outstanding and these had not been identified within any of the homes quality monitoring systems.

An audit titled 'Managers monthly assessment' was last completed in October 2015. This covered areas that included cleanliness, call bell response times, equipment, staff training, and falls analysis, records and staff supervision. This identified some gaps in monitoring records and cleanliness. For other areas it stated 'all up to date'. This did not reflect our inspection findings or a health and safety audit that was completed in November 2015 which identified gaps in staff training. We also noted that the audits were not being completed monthly as indicated they should in the title of the form.

The provider had obtained the services of a consultant who had visited the home during July 2015, completed an audit and met with the registered manager in October 2015 to discuss areas for improvement. The audit report identified a number of areas for improvement which corresponded with our findings. These included staffing levels, supervision and care planning, risk management, quality monitoring and records. We found little evidence of actions taken by either the registered manager or the provider to address the shortfalls and as such this impacted on the quality of service that was provided.

Records in the home were not always accurate or up to date. These included agency staff records, risk assessment, care plans and daily records and staff records. For some people their records did not include all appointments with their GP. For one person their records did not clearly indicate who was appointed by the court of protection to make decisions on their behalf. This meant there was a risk the persons rights may not have been upheld in line with legal requirements.

The above evidence demonstrated that effective systems were not in place to monitor and make improvements to the quality of service people received or to assess and take action to mitigate risks. It also demonstrated that accurate and up to date records were not maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Surveys were completed that obtained the views of people, professionals and staff in order that they could drive improvements at the home. The surveys completed by

Is the service well-led?

people in October 2015 and November 2015 in the main, expressed positive views about the home. Comments included, 'Staff always helpful and professional' and 'Most importantly my mother is very happy and content'. One person did raise the issue of the lack of activities which we found still to be the case during our inspection.

Residents meetings took place where people were able to give their views but the frequency varied and there was little evidence that these were used to influence change. Records were in place that confirmed meetings had been held in March, April and July 2015. During the July 2015 meeting people were asked for their views on staffing, activities, meals and concerns. No one raised any issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person had not ensured people received person centred care that reflected their needs and preferences. This was a breach of Regulation 9 (1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured prompt action was taken to mitigate risks to people's safety. This was a breach of Regulation 12(2)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had not ensured effective systems were in place to monitor and make improvements to the quality of service people received or to assess and take action to mitigate risks. Or ensured that accurate and up to date records were maintained. This was a breach of Regulation 17 (1)(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>

This section is primarily information for the provider

Action we have told the provider to take

The registered person had not ensured staff were consistently provided with support and training to fulfil their roles and responsibilities. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that appropriate recruitment checks had been completed to ensure staff including agency staff were safe to work with people. This was a breach of Regulation 19 (1)(a)(b)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.