

Prime Life Limited

The Fieldings

Inspection report

Huthwaite Road
Sutton In Ashfield
Nottinghamshire
NG17 2GS

Tel: 01623551992
Website: www.prime-life.co.uk

Date of inspection visit:
24 May 2016
25 May 2016

Date of publication:
12 July 2016

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

We inspected the service on 24 and 25 May 2016. The Fieldings is situated in Sutton in Ashfield in Nottinghamshire and is registered to provide accommodation for up to 47 people. The focus of the service is to allow people to receive care and support in regard to their mental health needs. On the day of our inspection 25 people were using the service.

Prior to our inspection the registered manager had left the service. A new manager had been appointed in March 2016 and had applied to become registered at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive their medicines as prescribed and the management of medicines was not safe. People were not supported in an environment that was always clean and hygienic and were not always protected from risks associated with infection. People were at risk of measures identified to reduce the risk of harm to them not being followed and not being involved in discussions about the risks they took.

People felt safe in the service however not all staff had received training in safeguarding adults to help them identify potential abuse. Records showed that when incidents of suspected abuse were identified these were reported to the relevant authorities. Staffing levels were sufficient to support people's needs.

People were not always supported by staff who had sufficient support, knowledge and skills. People were supported to make their own decisions and in the event a person lacked capacity, a capacity assessment had been completed. Applications had been made to ensure people were not deprived of their liberty without the required authorisation, however improvements were required to ensure conditions were being complied with.

People were supported to maintain their nutritional and hydration needs and to attend healthcare appointments. However the suggestions and recommendations of healthcare professionals were not always followed.

People did not always have their privacy respected and were not always treated in a dignified way. We observed that people were treated with kindness by staff but were not always supported to be involved in planning their care.

Staff did not always read people's care plans which meant there was a risk that staff would not follow guidance contained within plans. Improvements had been made to people's new care plans about people's preferences and how they wished to be supported. People expressed mixed views regarding the activities on offer at the service and records did not always reflect whether people were supported to maintain their interests or achieve their goals.

People felt comfortable approaching the manager with any concerns and complaints. However, there was little oversight of concerns raised to identify any trends. People could not be assured that the quality monitoring of the service was robust and effective.

People's views on the running of the service were sought and people, their relatives and staff felt that the new manager had implemented positive changes at the service.

You can see what action we told the provider to take at the back of the full report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

People did not always receive their medicines as prescribed and the management of medicines was not safe.

People were not supported in an environment that was clean and hygienic and were not always protected from risks associated with infection.

People were at risk of measures identified to reduce the risk of harm to them not being followed and not being involved in discussions about the risks they took.

People felt safe in the service however, not all staff had received training in safeguarding adults. However, records showed that incidents of suspected abuse were reported to the relevant authorities. Staffing levels were sufficient to support people's needs.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were not always supported by staff who had sufficient support, knowledge and skills.

People were supported to make their own decisions and in the event a person lacked capacity, a capacity assessment had been completed. Applications had been made to ensure people were not deprived of their liberty without the required authorisation but improvements were required to ensure conditions of authorisations were being met.

People were supported to maintain their nutritional and hydration needs and to attend healthcare appointments. However the suggestions and recommendations of healthcare professionals were not always followed.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

People did not always have their privacy respected and were not always treated in a dignified way.

We observed that people were treated with kindness by staff but were not always supported to be involved in planning their care.

Is the service responsive?

The service was not consistently responsive.

Staff did not always read people's care plans which meant there was a risk that staff would not follow guidance contained within plans. Improvements had been made to people's new care plans about people's preferences and how they wished to be supported.

People expressed mixed views regarding the activities on offer at the service and records did not always reflect whether people were supported to maintain their interests or achieve their goals.

People felt comfortable approaching the manager with any concerns and complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

People could not be assured that the quality monitoring of the service was robust and effective and there was little oversight of concerns raised to identify any trends.

People's views on the running of the service were sought and people, their relatives and staff were felt that the new manager had implemented positive changes at the service.

Requires Improvement ●

The Fieldings

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.

We inspected the service on 24 and 25 May 2016. This was an unannounced inspection. The inspection team consisted of one inspector, a pharmacy specialist, a special advisor who was a mental health nurse, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we checked the information that we held about the service such as information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with fourteen people who used the service, six care workers, one senior care worker, the manager, training manager and regional director. We observed care and support in communal areas. We spoke with one visiting healthcare professional during our inspection and another two healthcare professionals via telephone following our visit. We looked at the care records of four people who used the service, staff training and the recruitment records of three staff, as well as a range of documentation in relation to the running of the service including medication records and audits.

Is the service safe?

Our findings

People were at risk of not receiving their medicines as prescribed. We observed medicines being administered and saw that safe practices in administering medicines were not followed. For example, on two occasions we saw that a medicine was not given in accordance with instructions on the Medication Administration Record (MAR) and on one occasion we had to intervene to ensure the correct dose was given. In addition, on four occasions we saw a care worker filling in the MAR at least twenty five minutes after medicines had been given. This is not safe practice in accordance with the service's medicines policy. It increases the risk of making a recording error as it relies on the care workers memory to go back and fill in the MAR chart correctly.

People were at risk of receiving medicines that were not effective as manufacturers instructions for storage were not always followed. We found one medicine that should be stored in a fridge was stored in the medicine trolley. In addition, records showed that medicines were not always stored within maximum recommended temperature ranges. The fridge was used to store temperature sensitive medicines and the poor storage could have meant that there was a risk that people's health would not be effectively controlled. The providers medicines policy did not give staff guidance on what steps to take should the maximum temperatures be exceeded. As a result, people could be at risk of receiving medicine that was not effective and did not meet their health needs as the medication stored in the fridge may no longer have been safe to use.

We found that medicines with a short expiry date were not always dated when opened. This is particularly important for some medicines, which have a 28 day expiry when removed from a fridge. We found medicines for two people that had been removed from the fridge but there was no record of the date they had been removed. This means that the medicine may not be effective as it had been out of the fridge for longer than was safe.

Some medicines were prescribed to be given "as directed" but there was no information to let the staff know how to administer these medicines. We looked at the providers guidance about medicines to be administered 'when required'. Although there were arrangements for recording this information we found this was missing for some medicines. This meant there was a risk that care staff did not have enough information about what conditions a medicine was prescribed for and how to safely administer them. In addition no record of administration for creams and ointments were kept so it was not possible to confirm that the medicine had been offered to people or applied regularly. Creams that had been prescribed "as directed" or "when required" had no supporting information to inform staff when or where they should be applied. We also observed that one person did not receive nutritional supplements as prescribed.

Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were not always stored securely and recorded correctly. We found some unidentified controlled drugs waiting for destruction that were not safely stored and one bottle of medicine had not been recorded in the correct register.

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

People were not supported in an environment that was always clean and hygienic and were not always protected from risks associated with infection. We observed that the cleanliness of some people's individual bedrooms and en suite bathrooms was poor. Staff told us that people are encouraged to clean their own rooms but often refused, so care workers cleaned people's rooms. We looked at cleaning schedules and saw that some people had their rooms cleaned on a daily basis and others once, twice or three times a week. Schedules showed when people had refused to have their rooms cleaned by staff, but on other occasions staff had not signed these. According to records, one person had not had their room cleaned for over three weeks. Although we were told by the manager and regional director that people had the mental capacity to refuse to have their rooms cleaned, there was no documented evidence that the risks associated with this had been discussed with people.

The manager told us that they carried out spot checks of cleanliness around the building but that these were not documented. We asked staff about what was expected of them when they cleaned people's rooms. Staff said that they knew by being shown by other staff but did not have a checklist to complete. We showed the manager one person's bed base which was dirty but staff had recorded as being cleaned. The manager agreed it had not been cleaned to an acceptable standard. The manager told us they would ask staff to clean the bed base again and we saw that the room had later been cleaned appropriately.

During our inspection we noticed there was a strong odour in the medicines room, this had been noted during a previous audit by an outside agency but had not been identified by the service. An internal infection control audit had highlighted other issues that required action, such as medicine pots being left to dry following medicines administration. We witnessed this occurred during our inspection. Medicines were administered in plastic containers and water in plastic cups, which were washed out with cold water and a cloth between each use but no detergent was used. We also observed a care worker handling medicine without gloves or hand washing. This meant there was potential for contamination happening between the handling of medicines as well as a potential infection control concern.

The above information constitutes a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

People were at risk of measures identified to reduce the risk of harm to them not being followed and not being involved in discussions about the risks they took. For example, a number of people at the service smoked in their bedrooms. Risk assessments were in place which determined that people were at high risk of harm and measures were identified to reduce the risk to people. We saw that one person had been smoking in their room on the day of our inspection. It was not documented in the person's daily notes that they had been encouraged not to smoke in their room or that this had been reported and recorded as specified by the risk assessment. In addition, records did not reflect that people were involved in decisions about how the risks from smoking were managed. We spoke to the manager who told us that they would speak to people using the service about smoking in their rooms during a residents meeting arranged for the following week.

We looked at the service's fire risk assessment which had been completed in November 2015. Actions had been identified in the risk assessment but had not been signed off to evidence that the required action had been taken. For example, it was highlighted that no fire extinguisher or fire blanket was available in one of the kitchen areas. When we checked, we found neither of these to be in place. This meant that timely action had not always been taken to make improvements to the safety of the environment.

One person at the service used bed rails. However a risk assessment was not in place which considered all the factors to determine whether the use of bed rails was safe and appropriate. The person received one to one support during the night; however, there was no record that alternative options for keeping the person safe had been explored or consideration given as to whether the use of bed rails was appropriate. We received confirmation following our visit that a risk assessment had been completed for the person. We also found that risk assessments were not always updated on a regular basis, for example, one person has a tissue viability risk assessment as they were at risk of developing pressure ulcers. This had not been updated since September 2015. The provider told us that the district nurse team were not monitoring the person's risk in this area although records did not clearly document this. We saw records which confirmed that the person was receiving regular repositioning and that equipment was in place in line with their care plan to reduce the risk of harm.

Records showed that safeguarding concerns were responded to appropriately, however, not all staff had received training to support them to identify potential abuse. Records showed that 17 out of 27 staff had received safeguarding training. The staff we spoke with during our inspection were knowledgeable about the different types of abuse and told us that they would report any concerns to a senior member of staff. Senior staff on duty were aware of their responsibilities and we saw that details for the local authority safeguarding team were available. All of the staff we spoke were confident that the manager would take required action.

People told us they felt safe. One person told us, "Staff are alright and I suppose they do worry about my safety." Another person explained to us they had not felt safe in the past due to the presence of another person who had previously lived at the service. They told us the person had moved out and they now felt a lot safer at the service. Staff also told us that they felt people were safe. One member of staff told us, "Nothing gets swept under the carpet, people are safe". All of the relatives we spoke with felt that people were safe; one person's relative told us they had recently been informed about an incident at the service and felt it had been dealt with appropriately.

People told us there were generally enough staff to support them. One person told us, "(There) is enough staff." Another person told us that staff were, "Usually" available to provide them with support when they required it. All of the relatives we spoke with felt that there were sufficient staff on duty to meet their relations needs.

Staff told us that they thought that staffing levels were sufficient. We observed that there were sufficient staff on duty during our inspection and saw that people's requests for support were responded to in a timely manner. We looked at staffing rotas for the service and saw that staffing levels were usually achieved. A number of people at the service received one to one support from staff. We saw that records were kept but times were not recorded so it was difficult to establish if people were receiving one to one hours they required. Staff told us that they were allocated people to work with and rooms to clean so that they know what they are doing for the day.

People could be assured that recruitment processes were being properly followed. We found that the provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment records of three members of staff and found these had the appropriate records in place. Records showed that Disclosure and Barring Service (DBS) checks had been requested prior to staff commencing employment. The DBS provides criminal records checks that providers can consider along with other information to make safer recruitment decisions.

Is the service effective?

Our findings

Our conversations with staff and records accessed showed that there were some gaps in staff knowledge and training. For example, the service identified a number of training areas that were mandatory for all staff including fire safety, moving and handling and first aid and a number of staff had not completed these. Staff told us that the majority of training they received was in the form of booklets that had been given out for completion. We were informed by the training manager that that booklets were used where there are gaps in training and they will be followed up by in depth training or with competency checks throughout the year. However, at the time of our inspection, competency checks of staff knowledge, with the exception of medicines, were not being carried out.

Records showed that 16 out of 27 staff had received training in mental health and staff told us this comprised of a booklet in mental health which they were required to work through. One member of staff told us that the booklets were in depth but may be difficult for some staff to understand. The manager and training manager told us that staff complete training in positive behaviour support although records showed that only 8 out of 27 staff had completed this training. One member of staff told us they had not always felt confident in responding to the behaviour displayed by a person who had previously used the service. We spoke with healthcare professionals who visited the service who felt there had sometimes been either delay in staff seeking appropriate advice or a lack of knowledge regarding professionals involved with a person. This meant that people were not always supported by staff who had sufficient knowledge and skills.

The above information constitutes a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Most of the people we spoke with told us that felt they received support from sufficiently competent staff. One person told us, "The staff are alright. They do look after me", whilst another person said, "Staff do make me feel better."

Although staff told us they felt supported by the manager, several staff members told us that had not received formal supervision which considered their work performance and training needs since commencing work at the service. The manager told us that they had identified supervision as an area for improvement and could not locate records during our inspection visit to evidence that regular supervision was being carried out prior to them coming into post as manager.

Most of the staff we spoke with told us they had received a sufficient induction when they started working at the service. One care worker told us they were, "Thrown in at the deep end" when they had commenced working at the service. However, they told us that there had been a big improvement in training since the new manager had been in post. We spoke to other recently recruited members of staff who told us that they had received an induction which prepared them for their roles and responsibilities, including a period of shadowing more experienced staff and having the time to get to know people who used the service.

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 told us that they made their own decisions about their daily routine within the service and whether they went out. One person stated, "I can please myself what I do." Another person told us, "I often go to the shop for the newspaper. I can go when I want as long as I tell them I'm going."

Staff told us that people made their own day to day decisions. One staff member stated, "All residents are given choices and are not forced to do anything." The manager told us people who lived at the service had capacity to make decisions about their day to day activities and risks they may take, for example smoking in their rooms and choosing not to have their room cleaned. We saw that a capacity assessment had been completed for one person which was in relation to a specific decision. However this required review as it had been transferred from the person's previous care home.

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. Records confirmed that one person at the service had a DoLS authorisation in place. DoLS are sometimes authorised with conditions attached which should be complied with in the person's best interests. The DoL had been authorised in March 2016 and action had not been taken at the time of our inspection to ensure that conditions were being complied with. The manager provided us with assurances that they would meet the conditions attached to the DoL. The manager told us that applications for DoLS had been made for a further two people who were at risk of being deprived of their liberty.

People told us that they enjoyed the food. One person, when asked about the food, told us, "I have no complaints." Another person told us, "There are sandwiches usually at lunchtime and a hot meal at night." One person's relative told us that their relation, "Eats well and is happy with meals."

We observed two mealtimes at the service and saw that people were provided with a choice of two meals. Condiments were available for people to help themselves and we saw that people were able to access drinks and snacks, including fruit, throughout the day. We observed that meal times did not appear to be a socialable experience and during one of the mealtimes we observed there was limited interaction with people from staff who were present.

We saw that people were able to make suggestions as to what they would like to eat and these were incorporated into menu planning. We saw that where people had specific dietary requirements these were known, recorded and catered for. For example, the cook was knowledgeable about who required a soft diet, how to cater for people with diabetes and any food allergies people had.

We spoke to the manager about one person who had previously been identified as being nutritionally at risk. We saw that the person had received input from a dietician, and that records showed they were gaining weight. However, we observed that the person did not receive nutritional supplements as prescribed. We spoke to the manager and regional director who told us that the emphasis was on supporting the person with their nutrition in whatever way possible. The regional director told us that contact would be made with the prescriber to ensure that this approach concurred with the way in which medicines were prescribed.

People told us that they were supported to maintain their healthcare and attend medical appointments. One person told us that they have a telephone number for an external healthcare team they can ring if they are concerned about their health. We observed numerous occasions of people approaching the manager to check on healthcare appointments and staff supporting people to attend appointments during our inspection.

We saw that contact was made with an equipment supplier when it was noticed by a member of staff that one person's walking aid was damaged and another healthcare professional was contacted due to a recent decline in a person's mental health. Records evidenced contact with a range of healthcare professionals such as dieticians, community matrons and psychiatrists. However, two of the healthcare professionals we spoke with told us that they were not sure that suggestions they made regarding people's care and treatment were always taken on board by staff.

Is the service caring?

Our findings

People did not always have their privacy respected and were not always treated in a dignified way. We observed that people queued outside the medicines room and waited their turn to have their medicine administered in front of other people. This afforded people no privacy and we saw that one person had their medicines administered and another person was asked by staff about their alcohol consumption in an undignified way. We asked the manager and regional director about this practice and whether it respected people's privacy and dignity. We were told that people are prompted to wait in a communal area of the home until staff administer medicines; however, people chose to form a queue. We did not see staff prompting people to wait in communal areas during our inspection.

People expressed mixed views on whether staff respected their privacy. One person told us, "This is our home and I think they (staff) respect that". Another person told us, "If I want to be private then I can." However, another person told us they did not trust staff to keep information confidential.

We were told by the manager that people were offered keys to their bedrooms and that people opened their own mail although some people were supported by staff to read and act on information contained in letters. We observed that staff respected people's private space by knocking on their bedroom doors and waiting for a response before entering. People told us that their relatives could visit whenever they wanted and that they were able to meet in private or access the community together.

People were not always supported to be involved in planning their care. None of the people we asked about this could tell us about their care plan and whether they had been involved in it's production or review. Therefore, we could not be assured that care and support was always delivered in line with people's consent and individual requirements. The manager told us they recognised that this was an area for improvement. We saw that new care plans, which were due to be implemented the week of our inspection, included a place where people could sign their consent. The manager told us that staff would go through new care plans with people to check they were happy with their contents. We saw that one new care plan had been completed and signed by the person and quotes from the person were used in the plan.

People's care plans were in the process of being updated. The manager showed us new documentation which was in the process of being completed with the involvement of people which included information about their background, hobbies, hopes for the future and fears. We observed that staff appeared to know people quite well and had access to a 'getting to know' document in their care plans. However, not all of the staff we spoke to had read people's care plans so may not be aware of people's support needs, personal histories and backgrounds.

Advocacy information was available for people. Advocates are trained professionals who support, enable and empower people to speak up. The manager told us that no one currently using the service was receiving the support of an advocate. We spoke to one person who told us they would value the opportunity to speak to somebody outside of the service and the manager told us that they would look into appropriate options for the person.

People told us that staff were kind to them. Comments included, "We get everything we want and they (staff) will always have a chat with you." "The staff are not bad. They treat us like our friends," "The staff are pretty good." People's relatives and healthcare professionals that we spoke with felt that staff were kind to people.

We observed that staff were kind when interacting with people. For example, we witnessed the manager responding to a person's concerns in a kindly way and reminding them to talk about personal issues discreetly. We saw that staff took timely action in response to people's distress. We witnessed a person tell a member of staff that they had not slept well and that the member of staff spent time with the person and asked them if anything was worrying them. We witnessed two people who lived at the service being verbally aggressive to each other and saw that a staff member quickly intervened to diffuse the argument.

Is the service responsive?

Our findings

People's care plans were in the process of being updated by the manager. We saw that people's old care plans had not been regularly reviewed since February 2016 as information was being transferred to the new care plan system. Current care plans did not always contain sufficient information for staff to meet people's needs or manage risks to people. For example, one person at the service had epilepsy and their old care plan did not contain detailed information for staff about their condition. We saw that the information contained in new care plans did contain more detailed guidance, however, not all of the staff we spoke with told us that they read care plans. This meant there was a risk that staff would not follow guidance contained within plans. In addition, we found that some of the new care plans had not been reviewed since they were implemented two months prior to our visit, to ensure that information remained current.

We saw that one person's nutritional risk was previously being reviewed on a monthly basis but this had not been done for a number of months and had previously been calculated incorrectly. The manager confirmed that they had spoken to the GP who had advised that the person is no longer nutritionally at risk and this is why monitoring has stopped. We saw that this conversation was documented and the manager agreed that the person's care plans need to be updated to reflect this.

We found that improvements had been made to people's new care plans about people's preferences and how they wished to be supported. Records showed that consideration had been given to people's preferences and we found that these were respected. For example, one person had specified that they preferred to be supported by male staff. When we spoke to staff they were aware of the person's preference for male staff and efforts were made to match staff accordingly.

People expressed mixed views on the activities on offer at the service. Some people said that they did not wish to partake in activities whilst other people told us they did not think there were enough activities and stimulation at the service. People's comments included, "There is nothing here. I've got a roof over my head and that's all", and, "I get up, have breakfast and then just sit around. Then I have my dinner and then sit again. It's the same every day. There is nothing going on." Another person told us, "I read and watch TV. We're going to the park this afternoon. It's alright." One person told us they had suggested that people would benefit from sensory items in the service but had been told this was not appropriate for the people using the service. We observed that there was little sensory stimulation in communal areas aside from a television and pool table.

Staff told us that they thought that the activities at the service had improved since the new manager had been in post. One staff member told us that people used to stay in bed most of the day but since the manager has been in post they were more engaged in activities and people were, "Up and about." We spoke to one person who used the service who confirmed this to be the case. The manager confirmed that they had introduced a more structured approach to activities since coming into post and we saw that feedback gathered and recorded from people about recent activities had been positive. People were also able to contribute their ideas about future activities at residents meetings.

Information was on display about daily activities which included a trip to the park and an arts and craft session and we saw that people were encouraged and supported to participate. Some of the people we spoke with said that staff were helping them to achieve their goals and maintain their interests. One person said, "I don't know it round here but I've been out to the shop and that. They are helping me to be independent".

The majority of people who used the service accessed the local community independently of staff and one person told us that they accessed the local gym. Records showed that some people at the service had expressed a goal of living independently or returning to work. However, records did not reflect how people were supported to work towards their goals. At our last inspection, the service had links with the local college who were visiting the service once a week to provide activities that people requested such as cooking skills. We were told by the new manager that they hoped to reinstate this link when available from the college, as they had people at the service who may be able to benefit from this provision. They also informed us of their plans to support people to identify and achieve their goals.

People told us that they would feel comfortable approaching the manager if they had any concerns. One person told us that they had previously made a complaint and it was dealt with by the manager. We observed a person using the service approaching the manager with a concern during our inspection and this was responded to appropriately.

We saw that a copy of the complaints procedure was on display in the service along with a dedicated helpline for people and staff to report concerns. Staff told us if a person wanted to make a complaint they would listen to the issues and report any concerns to the manager. Staff felt that the manager would respond to any complaints raised.

We saw from the providers complaints record there were no recorded complaints at the service. However one person we spoke with told us that they had made a complaint and we were aware from information we received prior to our inspection that concerns had also been raised by a member of the public and one person's relative. We spoke to the manager about how these concerns are recorded and were told that information was recorded in people's individual care records. The manager told us that they would implement a new system to record concerns raised and action taken.

Is the service well-led?

Our findings

People could not be assured that the quality monitoring of the service was robust and effective. We saw that a number of monthly audits had been completed by the manager and senior members of staff but the system had proved ineffective in identifying where improvements were needed. For example, monthly medicines audits had been carried out which had not identified the issues which were found during our inspection, for example, in relation to PRN protocols not always being in place and fridge temperatures being out of range.

We found that identified improvements required in the service were not always acted upon in a timely manner. We found that where internal audits had been carried out and actions noted, these had not been adequately addressed. For example, an infection control audit completed in April 2016 stated that mobility equipment and walking aids should be added to cleaning schedules and medicine pots were being left to dry contrary to good practice. These issues had not been addressed by the time of our inspection. In addition, people's individual risk assessments and care plans were not always regularly updated and in some cases, for example in relation to people smoking in their rooms, measures to reduce the risk to people were not being followed.

Concerns raised by external agencies were not always acted upon in a timely manner. For example, an external agency medicines review had been carried out in April 2016 and not all of the required improvements had been acted upon in order to reduce the risk of harm to people.

We looked at accident and incident recording within the service and saw that the action taken in relation to incidents was not always recorded. Additionally, although no formal complaints had been received by the service, there was little oversight of concerns raised to identify any trends or action taken in response to reduce the risk of future occurrence and drive improvement. We found that although the provider was regularly monitoring the quality of the service, this had not proved effective in identifying the issues found during our inspection.

All of the above information constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were aware of who the new manager was and told us that positive changes had been made since they had come into post. One person told us, "[Manager's] new here but I think she knows the job properly." Another person told us, "Place is completely different. It's amazing. I come out of my room now. We have two more cleaners. We do more and it's a lot calmer." One person's relative told us, "Generally I think they do a very good job."

Staff told us that they were confident in the abilities of the new manager to provide effective leadership and also reported positive changes. One staff member told us, "We were previously task focused and now we are more resident focused. It's very well led. [Manager] cares about staff and is promoting teamwork."

The registered manager had left the service in February 2016. The new manager had applied to become registered at the service. We saw that the manager was visible around the service and that people felt confident to approach them with any questions or issues which were responded to. The manager was aware of their responsibilities to notify us of certain events within the service and our records showed that we had received notifications when required. Providers are required by law to notify us of certain events in the service.

The staff we spoke with told us they were happy working at the service. One staff member told us, "I love working here. Senior (staff) and manager are approachable and it is a supportive staff team." We saw that staff had meetings where they could raise concerns. Records accessed reflected that the manager monitored the values and attitudes of staff. Previous staff meeting minutes evidenced tension between staff members, however, staff we spoke with felt that recent improvements had been made to how staff worked as a team. The manager and records accessed confirmed that appropriate action had been taken when issues with staff working practices had been identified.

One of the people we spoke with confirmed that they had the opportunity to attend meetings at the service to discuss how the service was run. We saw evidence that meetings were held and people invited to attend to discuss the running of the service. These had not happened for a period of four months during the changeover in manager but the manager told us these would be held on a monthly basis to enable people to contribute to the development of the service.

At our last inspection in September 2015 we saw that people residing at the service and their relations were given the opportunity to have a say in what they thought about the quality of the service via a survey. At the time of our last inspection, the results had been correlated and were on display. The manager confirmed that surveys had been sent out for the current year and they were awaiting feedback.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Maintain securely an accurate, complete and contemporaneous record in respect of each service user,</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to</p>

perform.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The proper and safe management of medicines.

The enforcement action we took:

Warning notice issued