

Mrs A Jobson

Ardgowan House

Residential Care Home (Mrs  
Annie Jobson)

### Inspection report

4 Middle Street  
Newsham  
Blyth  
Northumberland  
NE24 4AB

Tel: 01670367072

Date of inspection visit:  
09 January 2017  
12 January 2017  
23 January 2017

Date of publication:  
18 April 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

This inspection took place on 9, 12 and 23 January 2016 and was unannounced. A previous inspection undertaken in November 2015 found there were breaches of legal requirements in three areas relating to safe care and treatment, staffing and good governance. We issued a warning notice in relation to the breach in regulations regarding staffing. We further visited the home in April 2016 and found the provider had taken action to address this matter. Following the previous inspection the provider sent us an action plan detailing the action they would be taking to improve the service. At this inspection we checked to see if they had undertaken the action they had told us they would.

Ardgowan Residential Care Home is the only location owned and run by Mrs A Jobson and is based in a residential area of Blyth in Northumberland. It provides accommodation for up to 10 people living with mental health issues, who require assistance with personal care and support. At the time of the inspection there were eight people living at the home, including one person who was there on a temporary basis.

The home is not required to have a registered manager because it is under the day to day supervision of the registered provider, Mrs A Jobson. However, the provider had employed a manager, who had formally registered with the CQC in September 2016. A registered manager is a person who has registered with the CQC 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 told us they always felt safe living at the home. Staff had received training on understanding safeguarding issues and said they would report any concerns. Regular checks were carried out on the premises. Windows had restrictors fitted that now met Health and Safety Executive guidance.

The provider told us all day shifts were covered by two staff; a senior care worker and a care worker. Nights were covered by one waking night staff. Staff we spoke with confirmed this was the case and told us there were sufficient staff at the current time. Proper recruitment procedures and checks had been in place at the previous comprehensive inspection. No new staff had been recruited since the last inspection.

We found issues with medicines management at the home. We found gaps in medicine administration records sheets, no "as required" care plans in place, inappropriate storage of incoming medicines and a failure to monitor the temperature of the area where medicines were stored.

Staff told us they had undertaken training in recent months, and records confirmed this. The registered manager had instigated a new training programme to ensure training was kept up to date. Regular supervision sessions had been undertaken and annual appraisals were in the process of being arranged.

People told us they enjoyed the food provided at the home. Staff told us people had been involved in developing new menu choices. If people did not like the main menu choice on offer they could request an

alternative. We observed there was an improved range of food available for people and people had access to regular drinks.

The registered manager told us no one at the home was subject to any restriction under the DoLS guidelines, although there were no detailed assessments of people's capacity to confirm DOLS applications were not required. Staff supported people to make choices and said those living at the home had capacity to make their own day to day decisions.

People told us they were happy with the care and support they received. We observed there were good relationships between staff and people living at the home. Staff were aware of people's individual needs and personal preferences. People had access to general practitioners, dentists and a range of other health professionals. Specialist advice was sought, where necessary. People said they were treated with dignity and staff respected their individual preferences and decisions. The home was generally clean and tidy, although some flooring in toilet areas and showers was in need of replacing.

People had individualised care plans related to their specific needs. The detail in the care plans varied and reviews of care plans was often limited. Staff told us people often preferred to manage their own time rather than participate in organised activities, although some activities and trips were organised by the home. There had been no recent formal complaints. People said they would speak with staff or the provider if they had a complaint, but were happy with the care at the home.

The provider told us she personally checked around the home at least weekly, but did not formally record any issues found in audit format. Records were not always completed or up to date, particularly around medicines and care plan reviews. There were two instances where a person had suffered an injury and the provider had not notified the CQC, as legally required to do so. A recent staff meeting had taken place to discuss changes to the running of the service. The provider was not displaying their current rating from the CQC, as legally required to do so.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to Safe care and treatment and Good governance. 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 safe.

Medicines were not always stored and managed safely. Medicine records were not always complete or up to date. There were no care plans in place for "as required" medicines. Some areas of flooring were worn and stained and required replacing.

People told us they felt safe living at the home. Staff had undertaken training and had knowledge of safeguarding issues. Appropriate window restrictors were now in place. Accidents were recorded but not regularly reviewed by the provider or registered manager.

No new staff had been employed since the last inspection. People and staff told us there were enough staff on duty on each shift.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff training had been undertaken and a record kept of training completed or required. Appraisals and supervisions were undertaken in a timely and appropriate manner.

The registered manager confirmed no one living at the home was subject to any restriction under the MCA and DoLS guidance, although no formal assessments were available. Staff supported people to make choices. People had access to a range of health and social care professionals

People told us there were sufficient meals and snacks to meet their needs. People had been involved in developing new menus. Some areas of the home were in need of refreshing or redecorating.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Personal and confidential records were not always kept securely.

**Requires Improvement** ●

We observed staff supported people with understanding and observed there were good relationships between them.

Staff regularly met with people to discuss their care and consider their future needs.

People told us their dignity and privacy was respected. People were supported to be as independent as possible and were encouraged to maintain personal relationships.

### **Is the service responsive?**

The service was not always responsive.

People's needs were assessed but care plans were not always detailed.

Reviews of care were often limited and did not always take place within designated timescales.

Some activities were available for people to participate in, although most individuals living at the home followed their own interests.

People told us they knew how to raise any complaints or concerns, but said they were happy at the home.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Records were not always up to date or appropriately kept. Records relating to medicines were not complete. Some care plans required further information and reviews were not always detailed.

Staff said they felt the new manager was bringing about appropriate change.

There were meetings with staff and regular meetings with people who used the service.

The provider had failed to notify the Commission about two injuries to people at the home. The provider was failing to display their current rating, as legally required to do so.

**Inadequate** ●

# Ardgowan House Residential Care Home (Mrs Annie Jobson)

## **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 checked 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 9, 12 and 23 January 2017 and was unannounced. The inspection was carried out by one inspector.

As this was a re-rating inspection we did not request 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.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority contracts team and the local authority safeguarding adults team. They advised us of a number of issues that had been brought to their attention in the last few months. We used their comments to support our planning of the inspection.

We spoke with three people who used the service to obtain their views on the care and support they received. We talked with the registered provider, registered manager, deputy manager and a care worker.

We observed care and support being delivered in communal areas including the lounge and the dining room. We also looked in the kitchen area, the laundry, bath/shower rooms, toilet areas and checked

people's individual accommodation. We reviewed a range of documents and records including; three care records for people who used the service, eight medicine administration records, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service and a range of other quality audits and management records.

# Is the service safe?

## Our findings

At our previous inspection in November 2015 we found the provider was in breach of regulations relating to the safe handling and management of medicines at the home. At this inspection, whilst some of the issues had been addressed, we found continuing problems with the effective management of medicines.

At the previous inspection we had noted there were no photographs accompanying medicines administration records (MARs) to help ensure the correct person received the correct medicines. We saw these were now in place. We had also noted information about potential allergies was not always available. This information was now printed on the individual MARs. We had also found handwritten MARs had not been double signed to ensure they were correct. There were no handwritten MARs in place at this inspection.

At the previous inspection we had noted there were no specific care plans for "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. At this inspection we noted there remained no specific care plans around the use of "as required" medicines. There were also no detailed instructions for staff about how they should support people with their medicines. For example, one person's care plan indicated they may sometimes refuse to take their medicines, although continuing to take their medicines was important for their health. The care plan detailed staff should inform the person's general practitioner and their social worker if this occurred. However, there were no details of the number of missed medicines that would lead the staff to report the matter, or the number of days or hours staff should wait before seeking advice. This meant people may be put at risk because specific instructions were not available for staff to follow when dealing with medicines.

We looked at the MARs for people who lived at the home. We found there were several gaps in people's MARs. We saw one person was prescribed a specific medicine to help prevent having convulsions. The medicine was prescribed twice a day. However, in the evening there were 11 gaps, meaning it was not clear this tablet had been offered and taken, or whether it had not. We asked the provider about the gaps. She was unsure if the meds had been given or had not been signed for. We counted the available remaining medicines and found the medicines remaining matched the amount that should still be in stock. We also found staff did not always use the medicines in sequence from the dosette box provided by the pharmacy. This meant there were gaps in the dosette box when the code entered on the MARs for that corresponding day suggested the medicine had been refused, or medicines were still available on certain days when they had been signed as being given. We counted the available medicines and found that the number remaining matched the amount that should be in stock, but codes and signatures did not always match what was in the dosette box. This meant it was not always immediately clear whether medicines had been given correctly.

We found some MARs contained entries written twice for the same medicine, neither of which had been highlighted as an error. We saw other medicines where there were no signatures against the entries. We asked the provider about these entries. She said some of the medicines had been stopped. However, they had not been crossed out to ensure staff were aware of this. We saw one person was prescribed a fortified

drink once a day to help them maintain their weight. There were no signatures for the previous three weeks for this item. We asked the provider about this. She said the person was no longer prescribed this, although she did occasionally give the person one of the shakes they had remaining, to give them some extra calories. This meant the medicine records did not reflect the current prescription and the provider was offering an item to a person that was potentially not prescribed.

We noted some medicines had been delivered to the home from the pharmacy ready for use in the next month's cycle. These items were stored in a locked cupboard. However, this cupboard was made only of wood, which could potentially be easily broken meaning the storage of these medicines was not secure. The room where this cupboard was located was not in an area monitored for temperature. We noted at one time the room was showing a temperature of 26 degrees Celsius, which is above the recommended temperature for the effective storage of medicines. Temperatures in the main room used to store medicines were also not regularly monitored. We found several gaps in the recording document, dating back to November 2016. This meant we could not be sure medicines were stored correctly to ensure they were kept on effective condition.

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

Overall the home was kept in a clean and tidy manner. Care workers also cleaned the property alongside their care duties. We noted vinyl in some of the en suite toilet areas was badly stained and in need of replacement. We also found the vinyl in the downstairs shower room had been repeatedly repaired, was loose from the floor and was held at the side with tape. This meant this area may be an infection risk because it could not be cleaned effectively. We also noted some shower areas had mould growing in corners and were in need of effective cleaning. We saw stacks of communal towels were kept in baths and shower rooms, which were also fitted with toilets. The provider said each person had their own towels that were kept in their rooms, but that clean towels were available in the shower and bathrooms for convenience. This is an infection risk as towels could be contaminated during the use of the room by individuals.

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

At our previous inspection in November 2015 we had found windows on the upper floor of the home did not have window restrictors fitted which met current guidance for safety in care homes, from the Health and Safety Executive. At this inspection we found appropriate restriction devices had been fitted to windows, allowing them to open, but limiting the opening to prevent accidental falls from windows. This meant the provider had taken steps to address a previous breach in regulations.

Prior to this inspection we had received concerns regarding the temperature of the home and suggestions the home was frequently cold. We had spoken to the provider and requested regular monitoring of temperatures around the home should be undertaken. At this inspection we checked to see whether there were any continuing concerns about the temperature of the home. We found temperatures continued to be monitored around the home and that in the majority of areas the temperature was sufficiently warm. People we spoke with told us the home was now warmer, but said there had been issues a few weeks previously, when the home had been cold at times. There were two bedrooms on the upper floor that were consistently cooler than other areas of the home. We noted in one of these rooms the bedroom window was warped and a draught was evident around the frame of the window. We spoke with the provider about these rooms. She told us she was unsure why the rooms were cooler, but thought that possibly they had two outside walls, which may affect the temperature. She said she would look to address the warped window in one bedroom and continue to monitor the temperatures and look to address the issues in both rooms, possibly

considering additional heating.

People told us they felt safe living at the home. The provider had a safeguarding policy and there was information on the home's notice board about safeguarding vulnerable adults. The provider told us there had been no safeguarding events within the previous 12 months. Following the inspection visits to the home we were made aware of two recent potential safeguarding events occurring at the home. The investigation of these matters is on going and we will report on the outcome of these issues and any action taken in future reports on the service.

The home supported some people in the day to day management of their finances and held some monies for people in a locked box. People could access this money when they required funds for shopping or trips out. We saw a record was kept of all monies taken out or purchases made. We checked the sums of money held at the home matched the records held and found all accounts were correct. We saw the provider checked the accounts weekly to ensure all monies were correct. We noted there was only one signature for this purpose. We spoke to the provider about this. She said she would ensure the accounts were checked by two people in the future.

We found checks on the safety of the premises had been undertaken. We saw copies of gas safety certificates, five year fixed electrical safety certificate, portable appliance testing (PAT) certificates and various confirmation invoices that an outside contractor had carried out checks on fire systems and the nurse call system at the home.

At the previous inspection in November 2015 we had found the provider had in place suitable systems to recruit appropriately qualified and experienced staff. The registered manager told us no new staff had been recruited to the home since the last inspection. People and staff told us there were enough staff on duty to support their needs. People and staff highlighted the provider, who also worked as a senior care worker at the home, frequently worked excessive hours, including night shifts. On the first day of the inspection we noted the provider had completed a sleep in night shift and was then working a full day shift immediately afterward. We checked the staff duty rota. We saw the provider regularly worked three or four shifts per week and in addition worked at least one waking night shift. The registered manager told us the provider could, on some weeks, work around 120 hours, including sleep in duties. We spoke to the provider about this. She told us she had reduced her hours and was only working additional hours to cover short term sickness. Staff told us they were happy to work additional hours if required to cover absences or sickness.

The home had an accident book which was maintained by staff and details of any incidents. There was some evidence that action had been taken when an event occurred, such as staff checking the person for injury, or the person being taken to hospital for checks. There was no clear evidence there was a regular review or audit of accidents and incidents, to highlight any recurring themes or mobility issues for an individual. We asked the provider about reviewing such incidents. She told us such matters were reviewed on an individual basis, and action taken if necessary, but there was no overarching review of such incidents. We also noted that at least two of the recorded accidents had resulted in an injury that was notifiable to the Commission. However, we could find no notifications had been submitted in line with the provider's legal obligations. The provider told us she was not aware these incidents fell under the requirements to notify the CQC, but would do so in the future.

## Is the service effective?

### Our findings

At the inspection in November 2015 we found issues with the training and support provided for staff who worked at the home. We issued a warning notice telling the provider that they needed to comply with regulations in this area. We further visited the home in May 2016 and found the provider had complied with the warning notice and that staff training had been developed. At this inspection we found there continued to be a range of training provided to staff at the home. This included training related to health and safety, moving and handling, food hygiene and medicines.

The registered manager told us he had a background in training and had ensured that all staff had received appropriate training, either through in-house events or the provision of training from an external provider. A record of staff training was maintained. Staff we spoke with told us they had found the recent training very helpful to their roles.

The registered manager and staff all confirmed there was now regular supervision in place at the home. Supervisions are regular meetings between a member of staff and their manager or supervisor to discuss issues regarding their work in the service. The registered manager told us he had recently arranged annual appraisal meetings with staff and these were recorded in the home's communication book with the dates these meetings were to take place.

This meant the provider continued to provide opportunities for staff training and staff development.

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. The provider told us there was no one at the home who was subject to a DoLS order. She told us a person who was new to the home had been considered but this was now not going forward. However, we could find no indication that an assessment of people's capacity had been undertaken. This meant there was no robust system in place to determine if further and fuller assessment in relation to DoLS was required.

We recommend the provider should review and record how they are meeting the requirements of the Mental Capacity Act (2005).

The provider told us, and staff confirmed people had the capacity to consent to their care and day to day activities within the home. We saw staff sought people's permission before carrying out any support or

before entering their bedrooms. Some people had signed documents confirming acceptance of certain conditions of residency, or relating to their care, and these were available in their care files.

There was evidence in people's care files that they had access to a range of health facilities including general practitioner appointments and hospital out-patient appointments. People told us that if they wanted to see the doctor staff would help them make an appointment. On the second day of the inspection we were aware of the deputy manager making arrangements for a person to see their GP and following up a medicines query for another individual. People had hospital passports in their care files. Hospital passports are documents which provide hospital or other healthcare staff with an overview of people's current or past health issues and any details about how people like to be supported. We found the information in these documents was often limited.

We recommend people's hospital passports are reviewed and brought up to date.

People told us they were happy with the meals they received when living at the home. The provider told us there was a set meal each day, but people could request an alternative if they did not like the meal provided. We observed lunch time on the first two days of the inspection. This was a light meal of soup and sandwiches. We noted people were offered a choice of sandwich filling. On the second day of the inspection one person told staff they were not ready for their lunch at the time it was served. Staff said this was fine and they could have their meal when they were ready.

Previously, some people had complained about the quality of food served at the home. Staff told us people had been involved in discussions about changing the menu at the home to better reflect their personal choices. The registered manager told us he had changed the ordering system and improved the quality and range of products available. We checked the food stores at the home and saw there was less use of own brand value products and a wider range of catering or locally purchased items available.

Some areas of the home were in need of redecoration. Individual rooms were mainly well decorated and personalised. Communal areas were in need of a refresh and carpets in some bedrooms and communal areas were looking worn and in need of replacement. We spoke with the provider about this and she agreed a number of carpets required replacing. The home had a conservatory fitted. However, at the time of the inspection this was used mainly for storage, was not heated and was not available for use by people living at the home. We were made aware that a small legacy had been left to the home by a person who had previously lived there. This was initially detailed for the provision of a smoking shelter in the rear garden, accessible only via the conservatory area. We spoke with the provider about this matter. The provider and registered manager told us the money was still available and people would be consulted about how to utilise this sum, to give the maximum benefit to people living at the home.

## Is the service caring?

### Our findings

In order to maintain confidentiality it is important records and document relating to people who live at the home are kept securely. At our previous inspection we had noted some documents were kept in the homes communal dining area. At this inspection we saw locked filing cabinets had been placed in the dining area to help keep information safe. This area was also now the location of a desk used by the provider and the manager to undertake work. We found some historical records were left in this area meaning people's personal information was not always stored confidentially. We also noted post for people living at the home was left openly on the mantle-piece in the dining room, meaning anyone could pick up and open these letters. Prior to and during the inspection we also received whistle blowing information that the provider had left a number of documents, containing personal information about both people and staff unsecured in the dining area. We spoke with the provider and registered manager about this. They both agreed personal documents needed to be maintained securely.

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

People we spoke with told us they were happy living at the home and that they had a good relationship with staff. People told us, "The staff are all lovely" and "I like the staff they are all friendly and okay." We spent time observing how people and staff at the home interacted and saw there were good relationships. Staff supported people patiently and with respect. There were several conversations between staff and people about local events and local sport, and some well-meaning joking and bantering about various sporting rivalries and events.

At previous inspections we had seen people had been allocated key workers. One of the roles of these key workers was to meet with people on a regular basis to ensure they remained happy with the care they were receiving. Staff told us these meetings were still ongoing, although we noted there had been a gap over the December and January period. The deputy manager told us that because of a turnover of people living at the home there was a need to review the key worker allocations. She also told us the registered manager was very good at consulting with people and, "Sat and talked with them all the time." We witnessed one member of staff sat talking with a person who lived at the home. They discussed how they were feeling and what changes they wanted to make and what support they needed. This meant people were involved in discussions and decisions about their care and support.

People told us their privacy was respected by staff. They told us staff sought permission to enter their rooms and knocked on their doors, if they were closed. As part of the recently introduced training programme, staff had undertaken specific training regarding equality and diversity. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

Staff told us people were supported to be as independent as possible. They told us people were encouraged to go out shopping for themselves at local shops, were encouraged to participate in maintaining their rooms and would be supported by staff to carry out their own washing, if they wished to do this.

## Is the service responsive?

### Our findings

At the previous inspection in November 2015 we had found care plans contained a range of details to help support people and identify areas where they needed help with their activities of daily living. At this inspection we found care plans remained in place, but had not been regularly or effectively reviewed or updated.

Care plans continued to contain information about people's backgrounds, life history and key relationships. There was also some information regarding personal preferences and particular likes and dislikes. There was some evidence an assessment of needs had taken place when people first moved into the home. From these assessments care plans and risk assessments had been developed. However, the detail contained within the care plans did not always offer clear advice for staff to follow about the action they should take. For example, in one person's care plan it was noted they sometimes declined to take their medicines. There were no instructions for staff to follow regarding the length of time staff should allow before contacting the person's general practitioner for advice. The person was also noted to occasionally become unwell, because of their mental health issues. The care plans stated staff should monitor the person's mental wellbeing and report to the care manager if their condition deteriorated. There was no indication in the care plan as to what signs or symptoms staff should observe for, to indicate the person was becoming unwell.

Care plans linked to medicines that people were being supported with were also limited. They indicated people required support, but did not indicate the levels and did not detail the medicines people were currently taking. There were no specific care plans for people taking "as required" medicines. This meant some care plans lacked detail to assist staff to support people with their daily lives and mental wellbeing.

Care plans were highlighted for review either every three or six months. However, reviews were either limited in their content, or we could not find evidence of a recent review. For example, one person had a care plan related to their behaviour and anxiety. The care plan stated it would be reviewed every three months. However, we could find no documentation to indicate it had been reviewed by staff since July 2016. Where care plans had been reviewed, these were extremely limited and often consisted of the phrase, "remains relevant." There was no evidence consideration had been given to how the person had been over the previous six months, whether they had been unwell, and whether they had consistently taken their medicines. This meant effective reviews of care had not taken place and care plans were not appropriately updated to ensure staff were knowledgeable and could support people to meet their needs.

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

The registered manager, and staff we spoke with, told us they were in the process of devising new care plans that were much more person centred and would be more detailed. Staff we spoke with told us they felt the new care plans were a good step forward.

At the previous inspection people told us some activities occurred at the home, but in the majority of cases

they liked to follow their own interests. At this inspection people continued to tell us they predominantly followed their own activities and interests, and were supported to do this by the staff. People told us they often went out into the community, to visits the local shops or to the local public house. Some people living at the home also regularly attended day centre activities. People said the majority of activities consisted of playing games, such as cards or dominoes in the evening. There was limited evidence any specific activities had been undertaken recently. The provider told us some people were supported to go on trips away and to the theatre, if they wished.

People told us they were able to make choices. They told us they could get up and go to bed when they wished, go out when they wanted and make choices around the meals provided at the home. We witnessed people spent time in their room as and when they wished. One person told us they had satellite television installed in their room, as they liked watching adventure films and westerns. People also told us they could engage in activities if they wished. A number of people told us they went out into the local community, to visit friends or to eat out. The provider told us one person at the home was in a relationship and went out with their partner, or their partner visited them at the home, on the regular basis. We saw one person, who was a keen cyclist had recently made the decision to purchase a new bike from their savings. Staff meeting minutes showed that the registered manager had reiterated to staff that supporting people with baths and showers was not simply a task to be completed, but was part of the choices people should be supported to make. He underlined that people should be supported to have baths and showers when they wished to take them.

The provider had a complaints policy in place. She told us that, with the exception of recent concerns about the temperature of the home, there had not been any formal complaints received about the care within the previous 12 months. People we spoke with confirmed they had not raised any formal complaints. They told us if they did have any concerns they would speak directly to a staff member or raise the issue with the provider.

## Is the service well-led?

### Our findings

The registration requirements of the service do not require the provider to have a registered manager because it is under the day to day supervision of the registered provider, Mrs A Jobson. However, since the previous inspection the provider had taken the decision to appoint a registered manager to help run the service and address issues raised in the previous CQC report.

Homes and services are legally required to clearly display the performance rating they receive at their previous CQC inspections. We could see no obvious sign of the rating being displayed. We asked the provider where the rating was displayed. She said she did not realise the rating was required to be displayed and would make arrangements for it to be posted prominently on the home's notice board as soon as possible.

Providers are required by law to notify the CQC of significant events within their service, including: deaths, serious injuries, police incidents, the granting of DoLS and any safeguarding incidents. We noted two incidents at the home, which had resulted in a person hurting themselves during a fall, had not been notified to the CQC, as legally required to do so. We spoke with the provider about this. She said she was not aware of the actual level of injury that would lead to this requirement and would ensure future such events were notified.

At the previous inspection in November 2015 we had found records, specifically those related to staff training and development, had not been up to date or appropriately managed. At this inspection we found training records had improved and there was now a clear record of the training staff had completed. We also noted photo identification sheets had been added to medicines records to ensure medicines were given to the correct people.

However, we found care records were not always detailed and up to date and reviews of people's care plans and care needs were limited. Medicine administration records were not always correct with gaps in the MARs or codes not entered, to indicate if people had refused medicines or were asleep. We also saw records relating to the temperature of the area where medicines were stored were not well kept. There were significant gaps, dating back to November 2016 where no temperature had been recorded. The provider told us it was a number of staff who were failing to complete this document and staff would be reminded about the importance of this monitoring.

Personal care records and people's personal mail were not always kept securely, meaning people's privacy could be breached.

The provider had not carried out any formal audits or reviews of the service, although she said she walked around the home on a regular basis. There was no evidence of any issues being noted or any actions that had been taken.

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

The home has been rated as 'requires Improvement' for three consecutive inspections. This indicates that the current management oversight of the home, by the provider, is not robust and is not bringing about the required changes to meet regulations. We will meet further with the provider and deal with this separately outside of the inspection process.

Staff told us they felt the new registered manager was trying to bring about much needed and effective changes. It was clear from our discussions with the provider, registered manager and staff, and correspondence we saw, that the relationship between the registered manager and the provider was still developing. The registered manager told us he felt he was working hard to bring about changes and modernise the home and the service. The provider told us she felt the new registered manager was doing alright but was still, "settling in." She said she intended to support him and support the changes that he was making at the home.

The registered manager and staff told us there had been a recent staff meeting to discuss changes at the home and consider how the developments would be implemented. We saw the registered manager had raised the issue of errors in recording of medicines and reminded staff about the importance of correct recording. He had also discussed the introduction of a new jobs rota to ensure the home was clean and tidy and people's care needs were met. We also saw he had discussed about the need to ensure confidential information must not be left in public view. Staff had signed to say they had read the minutes of the meeting.

People we spoke with were positive about the provider and the new registered manager. They described both as, "approachable" and "kind and pleasant."

The provider told us the home was supported by the local community. She spoke with us about an incident in a local shop, where a customer had been unfriendly to a person who lived at the home, whilst they were out shopping. She said the shop had contacted the home to make the provider aware of the issues. The provider said local businesses knew many of the people at the home well and would contact the home if they were concerned at all.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Appropriate system were not in place to ensure the safe and effective management of medicines or assessing and preventing the spread of infections. Regulation 12 (1)(2)(g)(h).

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 17 HSCA RA Regulations 2014 Good governance  Systems were not in place to ensure that records regard the delivery of the service and people's care, were appropriately maintained, up to date and securely stored. Regulation 17(1)(2)(a)(c).

### **The enforcement action we took:**

We have issued a warning notice in relation to this breach of regulations.