Barchester Healthcare Homes Limited

Cheshire Grange

Inspection report

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21 August 2018
23 August 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was unannounced and took place on 17, 20, 21 and 23 August 2018.

The service provides care for older people with physical disabilities and dementia who require residential or nursing care. There were 43 people living at the home at the time of our inspection. The home can accommodate up to 50 people and a registered manager is a requirement of registration with CQC.

Cheshire Grange is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home comprised of three floors with a passenger lift in between each floor. People living on the ground had both residential and nursing needs. People living on the first floor of the home were either living with dementia on a specialist dementia unit or were living adjacent to the dementia unit on a residential care needs unit. There was a training room and staff room on the third floor. The home had well kempt gardens and a veranda for people to sit and look out over the gardens.

The home was being run by an acting manager at the time of our inspection and there was no registered manager in post. The previous registered manager had deregistered with CQC on 26 July 2018. The acting manager had informed us of this change on 17.7.18. A condition of registration with CQC is that the home is run by 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 acting manager had started in the home in June 2018 and was well respected by staff and people who lived at the home. We could evidence Improvements were in the process of being implemented by the acting manager however, the quality assurance systems in place at the time of our inspection had not identified all of the concerns we found. We identified breaches of Regulations 12 Safe Care and Treatment, 13 Safeguarding people from abuse, 17 Governance and 18 Staffing of the Health and Social Care Act Regulations 2014.

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

We found one risk assessment which had not been put in place for use of bedrails and another risk assessment which had not been reviewed appropriately. Another person who was using oxygen at times had no risk assessment for their oxygen equipment and the risk around its use.

Medicines were being managed safely with medication errors being logged and learning being taken the incidents.

Safeguarding systems were not robust enough as we found one person who raised an allegation of being handled "roughly" had faint unexplained bruise marks which had not been body mapped or reported to the appropriate authorities. Staff we spoke with could tell us about the different types of abuse and how to report a concern. Staff were aware of whistleblowing.

Not all safeguarding concerns which had been sent to the Safeguarding Authority had been notified to the CQC which is a legal requirement.

Assessment of people's care needs were not always detailed enough to provide person centred care. Likes and preferences were seen in the care plans.

We raised concerns regarding the deployment of staff/staffing numbers during our inspection. The dependency tool used was not capturing the amount of time individual people needed to eat, drink and for other daily tasks. We found some people were not receiving interaction/stimulation for long periods.

Quality assurance systems and checks in place had not addressed all the issues we found on this inspection such as staffing, informal complaints not being processed, some risk assessments being absent and safeguarding procedures not being robust enough.

The service had a framework in place for the Mental Capacity Act 2005 legislation to be applied and we found people were being asked for their consent during our inspection.

Positive interactions were observed between staff and people living at the home. Staff were encouraging people to make choices and people and their relatives told us staff were caring.

The design of the environment was meeting the needs of people with a specialist dementia design seen on the dementia unit and other areas of the home which were homely.

The home had a equality and diversity inclusion policy and were promoting people's rights to choose and make decisions. People were supported with their relationships and in maintaining as much independence as possible.

Nurses were trained in end of life care and were following a clinical pathway.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

Staff understood the different types of abuse and knew what their responsibilities were however, safeguarding procedures had not always been followed appropriately.

We found safe recruitment practices had been followed in the staff files we viewed.

Incidents were not always being recorded with appropriate actions that had been taken such as a review of the risks.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable and had the skills and experience to deliver care effectively.

There was a Mental Capacity Act 2005 Framework being adhered to.

The environment was adapted to suit people's care needs.

The records we checked and our observations confirmed people were receiving enough to eat and drink.

Is the service caring?

Good

The service was caring.

We observed positive and warm interactions between staff and people living at the home.

People were being supported to be independent when possible.

The staff were promoting people's human rights and were inclusive.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were being offered in the home including trips out but people living with dementia were observed not always receiving enough stimulation.

There was a complaints policy but informal complaints were not being processed as a complaint in line with the provider's policy.

Care planning processes were in place and were being followed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager in post which is a condition of registration with CQC.

The quality assurance systems were not identifying or addressing some of the concerns found on the inspection.

Audits were being undertaken with actions seen completed.

Cheshire Grange

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.

As part of this inspection we looked into the risks associated with a notification of an incident. The Commission are collating information from third parties in relation to this incident to consider a criminal investigation. As a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of choking. This inspection examined those risks.

The inspection team consisted of one adult social care inspector, an expert by experience, an evidence review officer and a specialist nurse advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed all the information we held about the service including all information within the provider information return which is a document we ask the provider to complete with specific information about the service. We contacted the commissioners and local authority as part of our information gathering.

The methods used included a tour of the premises, talking to people using the service, their relatives, interviewing staff, pathway tracking, short observational framework for inspection {SOFI} observations throughout the day and a review of records. We viewed 9 care plans, spoke with 8 service users, twelve staff, 4 relatives and completed one SOFI. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

We spoke with people to ask them if they felt safe living at the home. One person told us "Yes, quite safe here; there's nobody nasty", a second person told us "Yes because there's always someone there to pick up the pieces. Staff do look in, during the night, and you feel safe."

We looked into the safeguarding systems within the home. There was a safeguarding system of logging all concerns with details of each safeguarding concern since the new acting manager started in the home in June 2018. Prior to then safeguarding concerns were being phoned through to the safeguarding authority but the system of logging and tracking them in the home was not robust. We found staff we spoke with were aware of abuse and what to look out for. However, we spoke with one person who told us they had been handled inappropriately by a staff member which we asked the provider to report to the safeguarding authority. The provider acted immediately and reported this. We identified two yellow bruises visible on the person's arms however, they had not been body mapped in the care records. Although the two bruises were fading, we were concerned they would have been more distinctive when they first appeared but still at that time had not been recorded on a body map. The acting manager clearly explained the procedure was to report it to safeguarding, complete a body map and skin inspection record upon staff seeing any bruise marks. This documentation had not been completed. The acting manager took action immediately and requested staff implemented this documentation straight away.

This is a breach of Regulation 13 Safeguarding People from abuse of the Health and Social Care Act Regulations 2014.

We looked into risks and how they were being managed in the home. Care plans we viewed contained numerous risk assessments such as for pressure care, nutrition, choking, falls, communication, moving and handling, mobility and use of a call bell.

One person's care records contained a falls risk assessment and evidenced they were having frequent falls. The risk assessment stated the date of each fall and the date of the risk assessment being reviewed. The provider had last reviewed the falls risk assessment on 6 of August 2018. There were other dates following 6 August 2018 detailing further falls had occurred but the risk assessment had not been reviewed. This meant the risks were not being reviewed regularly enough to ensure the provider was checking they were doing everything they could do to prevent further falls from occurring and reduce the risks of further falls.

We found there was no care plan in place around when to change another person's oxygen tubing. This person had been prescribed Pro rata {PRN 'as and when' prescribed medication} oxygen. This meant there was no guidance in the person's care records for staff to know how often to replace the tubing and what the risks were. Also, there was no care plan about emollients and creams that might be used that contained paraffin which is a flammable substance. This is important when someone is using oxygen in order to maintain their safety. Although a cream which was not prescribed containing paraffin was found in one person's room where there was prescribed oxygen, we would have expected the risk to be highlighted to the person which was not seen in the person's care plan.

Incidents were being logged, recorded and reviewed by the provider. Staff were aware of the system of recording incidents in line with the provider's policies and procedures. We received some feedback from one relative about an incident they had been informed about by staff. We checked the incidents file and looked for the incident form to view the documentation. We found there was no log of the incident and no incident form. This meant we could not be sure all incidents which were occurring in the home were being recorded and logged.

Another person who had been assessed as requiring bedrails for a short duration each day did not have a bedrail risk assessment in place. Although this had been a recent change we would have expected a risk assessment to be written immediately upon bedrails being used to ensure staff were aware of the risks.

These concerns are a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act Regulations 2014.

Staffing levels and deployment of staff was reviewed on inspection. We checked the staff rotas and spoke to people about staffing numbers in the home. The home was reliant on agency staff due to on-going recruitment within the home. We were informed by the acting manager that the home had experienced a high turnover in staff recently due to a high number of young care staff leaving to begin their academic year at university. We were given assurances by the acting manager that the provider was addressing this by actively recruiting staff. Prospective staff were seen attending the home for interviews during our inspection.

From our own observations we found concerns about the staffing numbers/deployment of staff during our inspection. We received a high number of concerns about staffing in the home from relatives and staff working at the home. Our observations identified issues with the level of stimulation and interaction that was being given to people. There were three people in the lounge living with dementia at 11.25am and one person left so we continued to make observations of two people. At 12 midday a carer entered the lounge with another person and sat in the lounge for up to 5 minutes interacting with two of these people and then left. At 12.10 a second carer entered the lounge and asked one person if they wished to have a drink. They supported the person to have a drink and then left the lounge at 12.15. There were no other staff interactions with people during this period of one hour and five minutes. This meant the people we observed who were living with dementia had received a maximum of five minutes interaction with a staff member within one hour and five minutes. The impact of this for people was observed as people were withdrawn at intervals opening and closing their eyes, moving their feet, turning their head, gazing at the door, vocalised sounds or stared at the ceiling.

We asked to review call bell response records and found evidence of concerns regarding the deployment of staff/staffing numbers to respond to people. Responses to call bells were seen at over an hour at key times within areas of the home. For example, the records we viewed illustrated people were waiting for over an hour on the evening of 17 August 2018 on the ground floor of the home.

The provider was using a dependency tool to assess the staffing numbers needed to meet the care needs of people called the Dependency Indicated Care Equation {DICE} tool. We viewed this tool and found it was not capturing the amount of time individual people required for their care needs to be met. Despite the managers informing us they were staffing the home at 33 hours more than the DICE tool totalled we found evidence of call bell times of over an hour long.

We discussed this with the managers present on the inspection and also found the provider had acknowledged staffing was an issue in their homes during a meeting with CQC in March 2018 and they were addressing this.

This is a breach of Regulation 18 Staffing of the Health and Social Care Act Regulations 2014.

We reviewed three staff recruitment files and found the provider had ensured they completed appropriate checks such as disclosure barring service {DBS} checks prior to new staff starting to work in the home. The files contained an application form, evidence of an interview and appropriate references.

We undertook a tour of the home and found infection control practices were being followed including regular cleaning seen being undertaken by domestic staff on duty. Personal protective equipment was seen around the home for staff to use with stocks being replenished.

We checked prescribed medicines and how they were being managed in the home. The home had an electronic medication administration record system {EMARS} which we viewed. The nurse we spoke with was clear about the medicine procedures, storage of medicines and 'fridge' temperatures were accurately recorded within appropriate limits. Controlled medicines were stored appropriately, and for those people who were having medicines delivered by patch, best practice was followed by body mapping the site of the patches. Prescribed medicines were stored in people's rooms in a small internal locked cupboard which only the nurse held the keys for. The nurse was aware who was prescribed time critical medicines and we found they had been administered at the specified times.

Staff were aware of the policy for the use of prescribed thickeners for people's drinks and knew the names of those people who were prescribed thickeners. Staff understood the importance of using the prescribed amount of thickener. The people we observed who were prescribed thickener had received the appropriate amount of prescribed thickener in their drink during the inspection.

We checked the safety of the building including the gas and electrical certification which we found were valid and in date. There were regular checks being undertaken including legionella quarterly checks. Risk assessments were seen for fire evacuation and fire fighting equipment including within the home's mini bus. Monthly checks included for escape routes, emergency lighting, fire equipment and hot water temperatures. Weekly checks were being undertaken such as of people's rooms, their call bells and fire alarms. Fire evacuation drills had last been undertaken on 13 August 2018.

Good

Is the service effective?

Our findings

We checked if staff had the necessary skills, training and knowledge to carry out their caring duties and responsibilities. We were provided with a training matrix which illustrated a system of identifying when staff training was due for renewal. The mandatory training included basic life support in tracheostomy or choking for all nurses, dysphagia training for all other staff, safeguarding for all staff working in the home, Mental Capacity, fire training, health and safety, food safety, infection control and moving and handling. Staff we spoke with confirmed they were receiving training and were supported to complete it. We also found there was annual training in medicine management and administration including an annual review of medicine competencies. We viewed themed supervisions in the staff files we checked and observational supervisions/competency checks. Staff we spoke with confirmed they had received an induction and supervision and appraisals. Staff we spoke with had been supported to complete additional training if they wished and one staff member had been supported to progress within the home to a specialist care assistant. This demonstrated the provider's commitment to developing staff.

The provider also delivered specific training to staff called 10.60.06. The programme was developed by Barchester's Healthcare Director of Dementia Care and the Dementia Support Team and delivered by Dementia specialist staff employed by the provider.

The home were supporting a high number of people who were living with dementia and had limited mental capacity. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked to see if the service was adhering to the Mental Capacity Act 2005 legislation.
The home had a Mental Capacity Act 2005 framework in place and a system of applying for DOLS authorisations when needed. The system also identified when a DOLS renewal was required. The DOLS authorisations were in people's care records for staff to refer to and check if there were any conditions. The care records we viewed evidenced people's mental capacity was being assessed and recorded according to specific decisions including the ability to consent to 'do not attempt resuscitation' authorisations as part of a best interests process.

We looked at how people's choices and needs were being assessed and if they were being met. One person who was receiving one to one care from 8am to 8pm had female carers only stipulated in their care plan. We observed female carers were delivering care for the person. We found the one to one care plan provided a limited description of the person's care needs. It stated "requires assistance of two staff to be transferred from bed into wheelchair. On a good day {service user} is able to mobilise". This was not a detailed enough assessment for staff to determine how to assess the person was having a good day in order for them to know when to encourage the person to mobilise. The person's routine had not been fully assessed to include times of the day when they responded best or their habitual routines such as a time they would wake up to

receive their care. This meant the person's needs were not always being assessed in line with a person-centred approach which is best practice. Further improvements were needed to ensure assessments were detailing enough information for staff to provide person centred care.

We checked to see if people living at the home were receiving enough to eat and drink and undertook a review of a sample of fluid balance charts and food charts. Of those fluid and food charts we checked we found they were being completed by staff during the course of the day. We spoke to staff about the system of monitoring food and fluids and they told us they were aware how much fluids to aim for as this was written on the fluid balance sheet. We found total amounts of fluids to aim for were on each person's charts checked. They also detailed a running total where staff were calculating how many fluids people were receiving during the course of a 24 hour period. The home had a hostess who was responsible for providing drinks during the day to ensure people were being provided with enough opportunities to drink. We also observed drinks being offered in between those times when the hostess was offering drinks in the home. People who's weight required monitoring had weekly or monthly checks to monitor their weight. The chef was aware of people's food requirements and had a list in the kitchen of people's dietary needs including low sugar diets, pureed diets and a vegetarian diet. The chef told us there were two choices of each meal time for people or an alternative if someone was feeling unwell and chose something different which was not on the menu.

We observed people having their breakfast and lunch during the inspection. The dining areas were very pleasant, light and airy, with tables set with attention to detail, signifying their purpose and the importance of meal times as social events.

There were a variety of breakfast options available, and people had chosen what they wished to eat and drink, and enjoyed what they had. Drinks offered included a range of juices such as orange, apple, cranberry and squash, tea and coffee. Lunch was served hot and served quickly so that nobody appeared to be kept waiting. Staff as a group seemed aware of people's preferences overall. Everyone asked said or indicated they were enjoying their food.

People told us staff supported them if they needed an appointment with a healthcare professional. People were accessing healthcare when they needed it such as an assessment by their general practitioner, district nurse and podiatrist.

The environment was well kept and homely with quiet areas for people such as a coffee bar close to reception. This was a pleasant area for people, their relatives and visitors within the home to enjoy. The colour schemes were different in different areas of the home to enable people to identify areas. Other areas of the home such as the dementia unit included a lounge with appropriate props and objects such as a coat stand with various jackets, pictures on the walls, newspapers and memory boxes for people to pick up and feel. We observed one person who particularly enjoyed touching objects on tables and carrying them whilst walking around the unit which calmed them. The gardens were pleasant open spaces with clear pathways for people to enjoy the freedom of walking.

Good

Is the service caring?

Our findings

People living at the home told us "they're {staff} very good", a second person said "We are very well cared for". A third person we spoke with said "They couldn't be any better caring; the care is total". Visitors/relatives told us "The staff go over and above; they put rollers in [service user's] hair". A second visitor said "They're very caring." A third visitor told us "The staff are upbeat and you don't hear them moaning about their job. They try to cheer people up if they're {service users} are having a bad day."

We over heard one person being spoken to by a staff member in a curt tone of voice and we fed this back to the managers on the day. The managers confirmed they would repeat the dignity and respect principles with all staff.

Staff supporting people with eating did so kindly and politely, offering food and maintaining a small amount of commentary and general chat as they did so. They modified their wording and tone of voice according to the person's need and understanding. For example, "How's that?", "do you want to come and sit on a comfy chair now"? "Come on, shall we fetch your cup of tea?", "you're smiling today – happy?".

We observed warm interactions between staff and people. Staff demonstrated warmth and empathy towards people and wanted to provide a good standard of care for people. Staff explained people's needs and knew what was important to people including their relationships. Visitors were seen throughout the day to visit people and they were being welcomed by staff. Staff were seen speaking to relatives politely.

People were encouraged to be as independent as possible and staff we spoke with were able to tell us what people could do for themselves. People were able to choose to sit alone, or in a smaller or larger group. A person who became distressed at the prospect of sitting with others was given time and support by carers, using a calm and pleasant tone of voice. A relative of one person living at the home told us they had observed improvements in their relative's mood since the person moved into the home and they attributed this to the staff approach with the person.

Privacy and dignity was respected by staff. We observed a staff member consoling a person who was upset and they supported them in maintaining their dignity as they were in a communal space with others on looking. The staff member spoke to the person softly and quietly and they were seen calming the person who responded positively to them.

Advocacy services were available if people needed them and the managers knew how to refer a person if needed.

Equality Diversity and Human Rights were being considered by staff who were aware to be inclusive of different people. One person living at the home who previously practiced a faith/religion was known to staff and they were aware of their preferences in relation to their faith. The service had a equality, diversity and inclusion policy in place.

Requires Improvement

Is the service responsive?

Our findings

People told us staff knew their preferences and they were being involved in their care planning. One person who lived at the home said, "Yes staff know what I'm about, what I like – everything about me really." A second person told us "I'm involved in my care plan yes, and sign it." Relatives also confirmed they were involved in care planning. One visitor told us "Any time there was planning for [service user's] care, it was their [spouse] and family who did it."

There were two activities coordinators delivering activities. We observed activities were being offered according to the activities programme in the home. We asked people about the activities being provided. One person told us "[There are] no specific activities that I feel much interest in but they do seem to put a lot on", a second person said "There's everything going on, from piano-playing to trombone, to someone singing. We made poppies the other day for local churches." Trips out were being offered in the home's own transport with staff to accompany them. Music for Health was observed taking place during our inspection. Other people we spoke with told us there were not enough activities to suit everyone. We observed people living with dementia were sitting for long periods without any stimulation/interaction.

There was a complaints process in place and a complaints policy. We viewed the complaints and found they were being investigated with a letter seen to the complainant to acknowledge their complaint and explain how it had been handled. For example, we viewed a response to complaint dated March 2018 about the length of time one person had to wait for their call bell to be responded to by staff. We viewed the provider acknowledged they had viewed the call bell records and found the person did have to wait for a considerable length of time and apologised for this. This meant we could see the provider had investigated the complaint, responded to it and apologised. However, we identified call bell waiting times as an ongoing issue which showed that effective action had not been taken to address this.

The policy stated both informal and formal complaints were to trigger the complaints policy being opened and followed. We found two recent informal complaints about staffing levels in the home which had been logged but the manager had not opened the complaints policy to ensure the informal complaints were dealt with in the same way as a formal complaint. We spoke to the manager about this who confirmed they would instigate the complaints policy for all complaints logged.

The care plans we viewed contained information about people's preferences, likes and dislikes. For example, one care plan explained how the person preferred eating their supper in the lounge with a hot drink before going to bed. Another entry in the care plan stated {service user} prefers low lighting. Most staff we spoke with were knowledgeable about people however, agency staff who were not familiar with people at the home had more limited knowledge of people. Care planning processes were checked and we found a preadmission document which was being completed prior to the person living at the home. Care plans we viewed were being reviewed.

The nurses at the home were aware of people who were approaching the end of their life and were following an end of life pathway for people. One nurse we spoke with told us they had completed the Gold Standard

Framework in end of life care. They also confirmed they were keeping up to date by referring to the Guidelines for Practice and Guidelines for Nurses in addition to the provider's own website.

Requires Improvement

Is the service well-led?

Our findings

There was an acting manager who was managing the home at the time of this inspection. They confirmed they had been brought into the home in view of the previous registered manager resigning from their position. The acting manager was in the process of implementing changes to improve systems.

People living at the home were aware there was a new manager. One person told us "There's a person who's just left [as manager] who seemed very efficient and well thought-of. They got involved with people, coming into talk to them. I'm not aware of who the new manager is." Another person said, "There's a new manager but I've no idea what their name is".

There had been an internal Regulation Team Audit dated 17 January 2018 which highlighted areas for the home to improve such as in documentation and required settings for pressure care mattresses and repositioning charts not detailing how often the person was to be repositioned. A further quality review was completed by the provider in May 2018 which highlighted specific actions were needed such as a more robust complaints system as the paper trail of complaints could not be found by the auditor and more frequent audits at regional director level.

Unannounced visits were being undertaken by managers. We viewed the reports from these visits called Quality First Visit Reports and found they included actions from the visits such as housekeeping audit to be put in place, ensure supervision structure was up to date and to ensure a copy of the CQC report was available in reception for people to see. We checked the quality assurance systems within the home and viewed the monthly clinical governance analysis reports. The report provided an overview analysis of pressures care, nutrition, falls, accidents and incidents, medication errors, choking incidents and any other factors affecting the home such as infections. Other checks undertake the manager seen were weekly checks of the clinic room, EMAR stock checks, unplanned hospital admissions, care profile reviews, a monthly medication audit, documentation audit and a weekly spot check by the deputy manager. The care plan audit we viewed confirmed that there were areas for improvements identified from the audit which means it was effective in highlighting these issues. For example, it highlighted that the waterlow, choking risk assessment and falls diary had not been updated since June 2018 in one care plan.

The audits seen had not identified staffing numbers/deployment of staff within the home as an issue which we identified on our inspection. There were also no audits seen which focused on the experience of people receiving care who were living with dementia. The home has a dementia care unit and 10.60.06 programme implemented by dementia specialist staff to support the unit however, we found no evidence of quality assurance checks of the care experience for people living with dementia to include how much stimulation and interaction people were receiving and the quality of the meaningfulness of those interactions for individual people. The provider acknowledged they were aware there was an issue with staff deployment in some of their homes and they were addressing it.

The call bell response times were only being reviewed and audited when there was a concern raised so the response times we found which were over an hour long for staff to respond had not been identified through

the homes own quality checks.

Safeguarding procedures were not robust enough at the home as unexplained bruises had not always been body mapped and reported to the safeguarding authority. The acting manager was aware there was no tracking system in place when they arrived in the home and actioned implementing a tracker system immediately which we viewed.

The safeguarding concerns raised with the safeguarding authority had been logged but not all which were notifiable had been sent to CQC which is a legal requirement.

These issues are a breach of Regulation 17 Governance of the Health and Social Care Act Regulations 2014.

Staff were complimentary about the acting manager and told us they were approachable, visible in the home, supportive and effective. Staff told us they felt supported and there was an open culture within the home where any concerns were discussed.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks were being identified or reviewed in order to do all that is considered reasonably practicable to mitigate risk.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding systems were not always robust enough.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The governance and quality assurance systems had not identified all of the issues we found on the inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff deployment/staffing numbers were not always meeting people's needs.