TM & TR Ltd

Harewood House

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
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 27 February 2017 and was unannounced which meant the registered provider and staff did not know we would be visiting. Two adult social care inspectors and one inspection manager attended this inspection.

Harewood House is registered to provide accommodation for up to 29 older people, almost all of whom are living with dementia or a dementia related condition. Many of the people at the service have specialist needs relating to their behaviour and wellbeing. Accommodation is provided over three floors. There were 17 people living at the service when we inspected.

There was a registered manager in post who had registered with CQC in November 2016. 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.

At the last comprehensive inspection on 25 August 2016, we identified breaches of regulations. The registered provider had failed to provide appropriate supervision to staff, manage risks to people, implement adequate care documentation and monitor and govern the service. The service was rated at that time as inadequate overall and placed into special measures. The registered provider wrote to us telling us what action they would be taking in relation to the breaches of regulation. The registered provider agreed to a voluntary suspension on new admissions. This voluntary suspension was still in place at the time of this inspection.

The service was placed into the collective care process with the local authority in September 2016 due to the number of concerns which had been raised by visiting professionals and CQC. At the time of this inspection Harewood House was still in the collective care process and meetings were ongoing, which CQC had attended.

At this inspection we found the registered provider and registered manager had begun to implement their action plan but we found many concerns still outstanding. We found continued breaches of three regulations relating to safe care and treatment, good governance and staffing.

Risk assessments contained limited information and did not always match care plans. The risk assessments were not regularly reviewed. Some people did not have risk assessments in place when they needed them.

A fire risk assessment had been completed but appropriate action had not been taken to address concerns raised by the fire authority. There were no personal evacuation plans in place. Smoke alarms were not in place where required and regular fire drills had not taken place. The testing of fire alarms had not been recorded appropriately. There were a number of fire doors that did not close correctly and no action had

been taken to correct this. Hot water temperatures were not checked to reduce the risk of scalding.

Throughout the inspection we identified several items such as old beds and moving and handling equipment stored in bathrooms and unoccupied bedrooms. Doors had not been secured and these rooms were accessible to all people. Items of furniture and moving and handling equipment were also stored in communal areas. We found broken and damaged furniture in people's bedrooms which could not be cleaned properly.

Accidents and incidents had not been adequately recorded. There were no clear audit trails and the registered manager did not review accidents and incidents. We could not be sure if appropriate action had been taken when an accident or incident had occurred.

Staff we spoke with understood the procedure they needed to follow if they suspected abuse might be taking place. The provider had a policy in place to minimise the risk of abuse occurring. Safeguarding alerts had been submitted to the local authority when needed and appropriate action had been taken.

Medicines were managed appropriately. The provider had policies and procedures in place to ensure that medicines were handled safely. However, this did not contain information on medication that was prescribed 'as and when required' or homely remedies. Medication administration records were completed fully to show when medicines had been administered and disposed of.

There was sufficient staff on duty to support people and rotas that we looked at corresponded with staffing levels on the day of inspection. Safe recruitment processes had been followed.

The induction process for new staff was not sufficient to enable them to be fully prepared for their new role. Staff had received training to enable them to support people safely but no practical training had been provided. For example, staff had been shown how to use equipment, such as hoists, by the registered manager who was not an accredited trainer. Staff had begun to receive one to one supervisions to support them within their roles but appraisals had not taken place.

Some best interest decisions lacked professional involvement and it was not clear from the information that was recorded who had been involved in the decision making. The principles of the Mental Capacity Act 2005 were not always followed by staff. People who were subject to a Deprivation of Liberty Safeguard had all relevant documentation available in there care files and DoLS renewal applications had been submitted in a timely manner.

People were encouraged to eat a varied and balanced diet. The meals that were served on the day of inspection matched what was on the menu. Observations showed that people enjoyed the food on offer at the service. Food and fluid monitoring forms had not always been completed fully and contained several gaps in recordings. Records showed that requests for other professional's involvement, such as dieticians, had been recorded appropriately.

Some staff demonstrated caring support but did not always speak to people appropriately to achieve positive outcomes. Relatives told us staff treated people with dignity and respect. Relatives told us they felt they had an input into their relative's care but this was not recorded.

People did not always receive care that was responsive to their needs. We found that some care plans were person centred although this was inconsistent. Others did not always contain details of what was happening in practice. There were no planned activities on offer at the service and we saw very little interaction

between people and staff.

The registered provider had a complaints policy that was displayed at the service. This did not contain all the relevant information and required updated information. Relatives told us they were aware of their right to make a complaint.

The service was not well-led. The registered manager did not receive sufficient support from the registered provider. Many quality assurance systems were not in place and the registered manager did not effectively monitor the safety and quality of the service.

The overall rating for this service remains 'Inadequate' and the service remains in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe, so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This could lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

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?

Inadequate

The service was not safe

Risk assessments did not provide sufficient details to enable staff to support people safely.

Appropriate health, safety and maintenance checks relating to the premises had not been completed to reduce the risk to people.

Personal evacuation plans and fire drills had not been completed. There was insufficient fire prevention throughout the service.

People were not effectively protected from the risk of infection as there were insufficient infection control measures in place.

Is the service effective?

Requires Improvement

The service was not always effective

Staff had not received practical training to support them in their role. Supervisions had recently begun to take place but no appraisals had been completed.

Staff did not always follow the principles of the Mental Capacity Act 2005. Best interest decisions were not always recorded and appropriate people were not always involved in decision making.

Monitoring documentation had not always been completed to record food and fluid intake.

There was a wide variety of meals on offer.

Staff sought professional involvement in a timely manner when required.

Is the service caring?

Requires Improvement

The service was not always caring

Staff demonstrated caring relationships but this was not always

consistent.

Staff did not always speak to people appropriately to achieve positive outcomes.

Staff encouraged people to maintain relationships and relatives and friends were able to visit the service when they wished.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans contained some person centred information but this was not always put into practice.

There were no planned activities on offer and people had very little stimulation at the service.

Complaints were recorded but the complaints policy did not contain all the required information.

Staff were knowledgeable about people's preferences, likes and dislikes.

Is the service well-led?

Inadequate

The service was not well-led

The registered manager did not receive sufficient support from the registered provider.

Quality assurance systems and audits were not in place and the registered persons did not effectively monitor the safety and quality of the service.

The registered persons had failed to take appropriate action to address concerns.

Records were not stored securely or safely.

Harewood House

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 27 February 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and one adult social care inspection manager.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider. We requested feedback from the local authority commissioning team and two professionals about the service.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included five people's care records including care planning documentation and medicines records. We also looked at five staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with three members of staff including the registered manager and deputy manager and one relative. Following the inspection we contacted two relatives to gain their views. We were unable to speak with people who used the service to gain their views due to communication needs.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all the facilities provided including communal lounges and dining areas, bathrooms and people's bedrooms.

Inadequate

Is the service safe?

Our findings

Risk assessments were in place, but not for all of the areas relevant to each person. We found that information contained in them was limited and did not provide sufficient details to enable staff to manage the identified risk effectively. For example, we looked at two risk assessments relating to moving and handling. We could see they had been completed and recorded that the risk assessments were to be reviewed monthly. However, no reviews had taken place so we could not be sure the risk assessments corresponded with the person's current needs. A care plan for one person was in place because they required a pureed diet due to choking risks. However, there was no risk assessment in place relating to choking. Another person was diabetic but no risk assessment around foot care had been completed and there was no information recorded to detail who cut the persons nails. This meant that risks to people were not being managed appropriately.

We looked at another person's care records and could see they had bed safety rails and protective bumpers fitted to their bed. No risk assessment for the use of bed rails had been completed and there was no information available to show that safety checks on the bed rails and bumpers were being carried out on a regular basis.

A fire risk assessment had been completed by an external professional. As a result of this visit five action points had been identified including the implementation of periodic checks, upgrade of the fire alarm system, personal evacuation plans (PEEPs) for each individual person using the service and staff training and regular fire drills to be completed. We looked at records and could see that the action points had not been addressed by the registered manager or registered provider. PEEPs were not in place. PEEPs contain information on how to evacuate a person safely in the event of an emergency. We spoke with the registered manager about this who told us they were not aware that PEEPs needed to be in place and would seek further guidance. The registered manager had failed to record weekly tests of fire alarms at the service and fire drills had not taken place. They had failed to test specific zones of the fire alarm system so we could not be sure all zones were working properly. The fire alarm system had not been updated to include smoke detectors and only heat detectors were in place at the time of our inspection. We have shared our observations with the local fire officer.

These findings demonstrated that the registered persons had failed to assess, monitor and migrate the risks relating to health, safety and welfare of people using the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Window restrictors were in place. However, these consisted of flimsy chains which did not meet Health and Safety guidance and posed a risk to people who used the service. We identified that wardrobes in people's bedrooms were not secured to the wall, which posed an accident and injury risk.

We found a number of fire doors throughout the service that did not close correctly. Items such as beds, commodes and wheelchairs were stored in hallways, landings and in people's bedrooms which obstructed fire extinguishers and ease of access throughout the home. Doors that should have been locked securely

because they posed a fire risk were open. The top floor of the building was being used to store multiple items such as furniture and archived paper care records which were freely accessible. The door to the top floor was open and accessible and posed a safety and security risk.

Hot water temperatures throughout the building had not been monitored and the registered manager told us this was something they were aware needed to be in place but had not been implemented. We checked the water temperatures during our inspection and found they were within safe limits.

During our observations of people's bedrooms we identified door handles that were broken which was a widespread issue throughout the service. This posed a risk to people with frail joints and bones when attempting to use the handles. Floor coverings in some areas of the service were damaged and uneven in places, which posed a trip hazard.

Accidents had been recorded using a booklet with tear off pages. Small stubs which were meant to be numbered and completed to show what had been removed and for the purpose of overview and audit had not been completed appropriately. We could see that some accidents had been recorded by staff who had not received relevant training. This member of staff had recovered a person from the floor and completed the accident report. Information such as time last seen for unwitnessed accident, any injuries sustained and how they were treated had not been recorded.

The registered manager did not analyse the occurrence of accidents and incidents or look for trends and ways to reduce the risk of re-occurrence.

At an inspection of this service on 21 April 2015 shortfalls were identified in relation to infection control. At the last inspection in August 2016, the registered provider had made improvements to infection control practices and the service was no longer in breach of this regulation. At this inspection we found that the registered manager had not sustained these improvements. We found poor infection control measures were in place.

There were insufficient hand soap and paper towels throughout the service. A toilet had a leak at the base. We spoke with the registered manager about this and noted they were unaware of the issue. We also found continence pads which were not stored in original packaging and were stacked on top of wardrobes. A commode in one person's bedroom was heavily stained and the commode lid was split around the edges exposing the foam insert. A vanity unit was damaged and had exposed edges which were sharp to touch, posed an injury risk and could not be properly cleaned.

We shared our concerns with the Community Infection Prevention and Control Nurse Specialist who visited the service and made several recommendations for improvements that should be made.

There was one mechanical bath hoist chair in place at the service. The registered manager told us this was regularly used. We looked at the maintenance records for the bath hoist which stated that the chair did not lock into position and obstructed the room door, preventing it from opening. We confirmed this with our own inspection of the bath hoist chair. No action had been taken to address these concerns.

Throughout the inspection we identified issues with lighting. There were several en-suite bathrooms that had lights that did not work. One of the lounges on the ground floor provided poor lighting that would often flicker. We also found several ceiling lights had no coverings, therefore exposing the bulb.

These findings demonstrate the registered persons had failed to assess and mitigate the risks to the health

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

Relatives we spoke with told us they felt people were safe. "One person told us, "[Person] seems happy and settled here. [Person] doesn't really understand but I come a few times a week and don't see any problems."

People's use of medicines was recorded using a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and the recording of when they have been administered. All of the MARs we looked at contained an up to date photograph of the person. This helped staff to ensure they were administering medicines to the right person.

Medicines were stored securely in a locked medicines trolley and within designated areas. Room and fridge temperatures were recorded each day to ensure medicines were stored at the correct temperature.

Stock checks of medicines were carried out every month to ensure people always had access to the medicines that they needed. Controlled drugs are governed by the Misuse of Drugs Legislation and have strict control over administration and storage. We could see that controlled drugs were stored, administered and recorded appropriately. We identified that there were no night staff employed who had access to the keys for the controlled drugs cabinet. We asked the registered manager about this and they advised that they or the deputy manager would be contacted and would travel to the service to administer the controlled drugs. Since the inspection this arrangement is under review.

Senior staff had their competencies assessed in the management and administering of medication and these were up to date.

During the inspection we looked at five staff recruitment files. We saw that safe recruitment procedures and processes were followed and improvements had been implemented since the last inspection. Application forms and interview notes had been completed. Two verified references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

We looked at staffing levels. The registered manager and deputy manager were not included in the staffing levels. Rotas showed that during the day and evening there was one senior and three care assistants on duty. At night there were two care assistants to support 17 people. On the day of the inspection we found that staff on duty corresponded with these rotas.

Requires Improvement

Is the service effective?

Our findings

People were supported to maintain a balanced diet and were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). Their weights were recorded in accordance with the frequency determined by the MUST score. This helped staff to recognise if there was any incidence of weight loss or gain. This information was used to update risk assessments and make referrals to relevant health professionals such as, dieticians for example, when needed.

Records showed that the MUST was not always accurately recorded and information such as the Body Mass Index (BMI) score, which indicated the level of risk was not recorded. Other recorded weights did not appear to be accurate. For example, one person was weighed on 1 January 2017 and the weight recorded at 97.7kg. The person was then weighed again on 17 January 2017 and where the weight was recorded as 84.9kg, which showed an excessive weight loss. No action had been taken to re-weigh the person to ensure it was an accurate reading. We visited the person during the inspection and could see they were of a healthy weight, which indicated a possible problem with the weighing scales. Another person had been weighed on 3 January 2017 and the weight recorded was 14stones. A further weight recorded on 16 February 2017 showed a weight of 15st 6lb. No action had been taken regarding this unexplained weight increase. It was not clear from the records if the person's GP had been contacted regarding the weight increase. The registered manager was not aware of these weight increases.

We requested that the registered manager arrange for the weighing scales to be examined by a recognised contractor to ensure the scales were working correctly and that accurate readings were available.

Food and fluid charts had not always been completed accurately. We looked at records relating to one person and could see that their recorded fluid intake was not sufficient. Their typical fluid intake, ranged from 540mls to 770mls per day. There were large gaps between the timings of food and fluid being offered. For example, no food was recorded as eaten by one person from 3pm one day until 6am the next day. We also identified that food and fluid charts on the day of inspection had not been completed since 9am. The total amount of fluids given to this person was recorded as 250mls. We spoke with the registered manager about our findings and requested that a safeguarding referral regarding the lack of food and fluid intake recorded was submitted to the local authority.

These findings showed that records of the care and treatment provided to individuals were inaccurate which made it difficult to establish and confirm the effectiveness of their care provision. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that a significant amount of staff training had been completed. However, this was all on-line training and no practical training had taken place in areas such as moving and handling and first aid. Staff competency assessments had not been completed to confirm staff understanding in these areas. The registered manager told us they were aware that practical training would be beneficial to staff and this was something they were looking to introduce. We asked the registered manager what arrangements were in

place to ensure staff were competent in using equipment, such as hoists, if no practical training was provided. They told us they showed new staff how to use the equipment at the service together with their deputy. However, we identified that the registered and deputy managers did not have accredited or appropriate training to be completing this task.

Following the inspection the registered manager informed us that practical training in moving and handling and first aid had been arranged to take place in March and April 2017 with an accredited trainer.

The registered manager had a training matrix in place. This listed each staff member and what training they had completed. However, the training recorded on the training matrix did not correspond with training certificates on staff files. The registered manager told us they would update the training matrix and include dates of when specific training was completed.

Supervisions had started to take place for some staff members. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. These meetings were used to discuss staff performance, wellbeing and work related matters. There was no evidence of any appraisals being completed. The registered manager told us these would be scheduled to take place over the next couple of months.

These findings showed that staff had not received appropriate support, training and supervision necessary to carry out their duties they are employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and 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 registered provider was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that some best interest decisions had been recorded in people's care records. Some best interest decisions lacked professional involvement and it was not clear from the information recorded who had been involved in the decision making. For example, one person used a profiling bed with bed safety rails. We could see that an in house best interest decision had been made regarding the use of bed safety rails, but no professionals had been involved in this decision to show it was the least restrictive option to keep the person safe when they were in bed.

People who were subject to a DoLS had all relevant documentation available in their care files and DoLS renewal applications had been submitted in a timely manner.

We observed a lunch and tea time experience and could see the food was appetising and people were seen to enjoy the meals provided. Kitchen staff were aware of people's nutritional needs and the ways in which they needed to adapt dishes to make them suitable. For example, using cream and butter to increase the calorie intake for people who were at risk of poor nourishment.

The meals provided corresponded with what was displayed on the menus and relatives we spoke with told us the quality and quantity of food was good. One relative told us, "The food looks good and I have never known [person] not eat it."

Records showed that requests for other professional's involvement had been recorded. People invited to care plan reviews, such as relatives and professionals, were not recorded. One relative told us, "I don't remember being invited to any meetings or anything but I am here often and I am confident they would keep me updated. I can't say I know where or what is in the care plan to be honest." The registered manager told us that people and professionals were kept updated with any changes in care needs but this was not documented.

Requires Improvement

Is the service caring?

Our findings

Relatives told us they thought staff were kind and caring and treated people with respect. One relative said, "[Person] is happy here, I can tell. It is hard when you can no longer manage at home but the staff are good and [person] is always clean and tidy."

During the inspection we spent time in communal areas observing interactions between staff and people who used the service. One person was observed to be sitting in a lounge area with no interaction from staff for over one hour. The person was slumped forward for a while with their head on their knee. They then moved and put their forehead onto the chair arm. They did not look comfortable. When staff entered the room they did not offer any interaction or look to re-position the person.

We saw that some staff were caring and this was demonstrated through positive interaction with people. One person was upset and told staff, "I am ugly, look at the state of my hair." The staff member responded by comforting the person and reassuring them. They also told them when the hairdresser would be coming to the service but did not offer to assist the person with their hair in the meantime.

There were two dining areas at the service. One provided a relaxed atmosphere and was pleasantly presented. The second dining area was situated in a thoroughfare, which meant there was a constant stream of people and staff passing through. People's experience of meal times in this area was less calm and supportive.

Some people required assistance with eating their meals and this was not always provided in a dignified way. We observed one staff member standing over a person when assisting them, with no interaction or engagement with the person they were supporting. This was poor practice and did not promote the person's dignity. In contrast, another staff member sat beside a person and encouraged them to eat and drink with gentle encouragement.

Staff did not always speak to people appropriately to achieve positive outcomes. One person walked around the service without clear purpose, opening doors and cupboards and asking staff questions. Staff did not always respond to the person or use diversion techniques to calm them. We saw that on several occasions throughout the inspection this person became upset and began to shout and this was the only time staff intervened and communicated with the person.

We saw that staff responded to people's needs in a timely manner but this was not always consistent. We observed one person sat in a quieter lounge for a long period of time without any interaction from staff. Staff entered the room on a number of occasions but did not speak to the person. Another person was walking without clear purpose around the building throughout our inspection stating that they wanted to go out. We saw that staff did not use distraction techniques and this person's demeanour became more agitated throughout the day.

Staff explained to us how they respected a person's privacy and dignity, by keeping curtains and doors

closed when assisting people with personal care and by respecting people's choices and decisions. We observed that staff did not always seek permission before moving a person. For example, we observed staff moving a person in a wheelchair but they did not tell the person why they were being moved or what they were going to do.

Care plans detailed people's wishes and preferences around the care and treatment provided. Relatives we spoke with told us they were involved in people's care and, although they could not recall being asked to contribute to the care planning, they felt their views were taken into account. One relative told us, "I know what is going on and they contact me if they need to."

Staff told us that people were encouraged to maintain relationships and that relatives and friends were welcome to visit at any time. Relatives we spoke with confirmed this. One relative told us, "I visit usually the same days each week but I know I can come whenever I want. Staff don't tell me when I can and can't come to visit."

People spent their recreational times as they wanted to and had access to communal areas as well as private space if they wished. We saw people were able to go to their rooms, as they wished, throughout the day. We observed people who used the service walking around the building throughout the inspection and we raised concerns as people were able to access cupboards and areas that should have been secured as they posed a risk of accident or injury.

People who used the service had access to independent advocates. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. The registered manager told us that one person was currently being supported by a Relevant Persons Representative (RPR).

We contacted the RPR following the inspection. They told us that they had 'some concerns' regarding the person's care records and monitoring forms. They told us this had been discussed with the registered manager and would be reviewed when the RPR next visited the service. We found that the registered manager did not have a clear understanding of the legal role of a RPR and had not always informed the RPR of relevant information, such as the service being in special measures with CQC.

Requires Improvement

Is the service responsive?

Our findings

During the inspection we looked at five care plans. Some care plans began with a pre-admission assessment. This meant the service was ensuring they could meet people's care needs before they moved to the service and looked at areas including medical history, mobility, skin condition and communication needs. Not all care plans we looked at contained a pre-admission assessment and we were unable to identify some people's medical history as this had not always been recorded.

Care plans were produced to meet individual's support needs in areas such as communication, mobility, nutrition, personal hygiene and sociability. We found that some care plans were person centred although this was inconsistent. Records did not always reflect what was happening in practice. For example, one care plan detailed how a person preferred plain bed linen. When we checked the person's bedroom we could see that patterned bed linen was being used. A communication care plan for one person stated that they were deaf. Information gathered on the pre-admission assessment stated 'staff to approach [person] from the left due to hearing difficulties.' However, this information had not been incorporated into the person's care plan.

We could see that care plans were not always dated and had not always been reviewed in a timely manner. For example, a care plan relating to personal care was not dated and no reviews of the care plan had taken place. Another care plan for continence management was dated August 2016 and stated the person was doubly incontinent. However, no continence assessment had taken place. A review of this care plan had taken place in January 2017, which stated 'no change.' We could not establish whether the person had received an assessment by the continence nurse. In addition to this there was no information within the care records to show that staff had taken action to address this.

We spoke with staff who were knowledgeable about the care people received and were able to tell us people's likes and dislikes. We found that staff were not always responsive to the needs of people who used the service and this was demonstrated through observations throughout the inspection. This included individual examples where staff failed to interact or respond when someone required attention and areas such as reviews of accidents and incidents where there was no evidence of any lessons learnt or areas to pursue.

Relatives we spoke with told us, "They [staff] seem ok. It's normally the same faces and they seem to know [person] well enough." A professional we spoke with told us, "From what I have observed I get the impression staff do not respond proactively to people's needs." This had been raised with the registered manager by the professional who told them they would speak with staff.

We saw very little in the way of activities taking place throughout the inspection. We asked the deputy manager if activities were planned in advance. They told us, "We try and keep people busy. Nothing is really planned we just see how the day goes. We have balls, musical instruments, skittles and things like that." There was no weekly timetable of activities and people did not have the opportunity to access the community. Activities were not recorded. The registered manager told us, "We had plans to employ an

activities coordinator but things have not gone as planned and at the moment that is on hold."

Care staff were responsible for providing activities. On the morning of the inspection we saw people being encouraged by staff to play balls games and skittles. People did not appear to be stimulated by this activity and some people chose to leave the room. There were no activities taking place on the afternoon of the inspection. It was clear that people lacked purposeful stimulation. Some people began to walk around the service without clear purpose and some became agitated.

We looked at the record of complaints. We could see that there had been two complaints recorded since the last inspection which related to light fittings and damaged net curtains. The registered manager told us that these complaints had been addressed immediately. Records of complaints were not robust and did not contain all relevant information. For example, full names of people and the person making the complaint were not documented.

When we asked the registered manager for a copy of their complaints procedure they directed us to a document which was displayed on the wall by the front door of the service. We saw the detail of this 'complaints policy' was very basic and did not contain all the required information. It referred to a 14 day response time and then listed CQC as the next point of contact if people were not satisfied with the outcome. There was no reference to the Local Authority or how to contact them and no details of the Ombudsman if required.

Inadequate

Is the service well-led?

Our findings

The service had a registered manager in place who had registered with CQC in November 2016. This person was a long standing member of the care team who was in the process of completing a Health and Social Care management qualification.

At our last inspection in August 2016 the registered manager told us they carried out a small number of checks and audits, but these were in the early stages of development. We met with one of the company directors and the registered manager after that inspection to share our concerns and to seek assurances as to their action plan for how they would improve.

During this inspection we found that very little progress had been made and very few checks and audits were being completed. Audits had not been completed in areas such as health and safety and safeguarding. The registered manager had failed to identify the concerns we found with regard to fire safety and the condition and safety of the premises and equipment.

Medication audits had not been completed. The registered manager told us that they completed medicine reconciliation (a count of medicines) for every person and we saw records to confirm this. However, more detailed audits looking at all aspects of medicine management had not been undertaken. We directed the registered manager to the relevant NICE guidance. At the end of the inspection the registered manager told us they had found a suitable medicines audit that they would implement.

The registered manager told us they did not audit accident and incident forms and they were 'not aware' this was something they had to do. They had no oversight of accidents and incidents and was unaware that these records had been completed incorrectly by staff until this was identified during the inspection.

Infection control audits had been implemented and completed on a monthly basis but these failed to identify the issues we found with regard to infection control. Following the last inspection in August 2016 it was requested that the registered manager request a visit from the community infection prevention and control nurse specialist. At the time of this inspection the registered manager had failed to make contact with them. We therefore made our own referral and requested a visit to the service which has been undertaken.

Where areas for action had been identified by external professionals no action had been taken by the registered manager or registered provider to seek remedial action. For example, a fire risk assessment had been completed by an external professional which contained five action points that had not been addressed. These actions remained outstanding at the time of our inspection. The registered manager told us that they completed all the relevant fire safety checks around the service but they were unable to produce records to evidence this.

Some care plans and risk assessment had not been dated or reviewed when required. We identified that staff had not completed bowel movement, food and fluid and repositioning charts appropriately and we

identified gaps in recordings. The registered manager was not aware of this issue as no audits of care records were taking place.

The registered manager did not assess staff competencies in areas such as moving and handling and first aid and although on line training had been provided no practical training had been delivered. The training matrix that was in place did not correspond with certificates in staff files.

During the inspection of the premises we found a large number of paper records relating to people who had or where using the service, staff and day to day operations that were not appropriately stored in line with data protection or fire safety. These were stored in piles on the floor and in bedroom drawers and were freely accessible to everyone.

At the last inspection we identified there was a lack of oversight and leadership from the registered provider. There was no evidence of their governance or input to safe and efficient operation of the service. At this inspection we found very little improvement in this area and the registered provider had last visited the service in December 2016. The registered manager told us that the registered provider was available for telephone support when needed. The registered manager had been in post a short period of time but had received minimal supervision from the registered provider. We asked to view the direct 121 support and supervision from the registered provider. The registered manager told us these were not documented or recorded.

The registered manager told us that a registered manager from another service was providing support to the registered manager. We looked at records of these support sessions and could see that only two had taken place since our last inspection but only one was recorded. No formal supervision sessions had been recorded to demonstrate that support was being provided to the registered manager.

Following the inspection we requested that the registered manager submitted copies or relevant policies and procedures. We found these to be very basic in detail and did not contain all required information.

Despite our previous inspection findings and subsequent meeting with the registered persons we found that systems and processes had still not been established or operated effectively to ensure good governance of the service and to achieve improvements and compliance with the regulations.

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

Resident and relatives meeting had not taken place. The registered manager told us this was something they were looking to introduce in the near future. The registered manager understood that they needed to seek the views of residents, relatives and other professionals and had recently distributed questionnaires to these people. There were no completed questionnaires available at the time of the inspection but the registered manager was able to produce a copy of the documents that had been sent to people, relatives and professionals. Staff had not been asked to complete a questionnaire.

Staff we spoke with told us they felt supported by the registered manager and confident they would deal with any concerns or issues raised. One staff member told us, "The registered manager is lovely and does their best. They are open and easy to approach."

Following the last inspection we identified that the registered provider had failed to display their CQC rating on their website. This was a breach of regulation 20A which requires the registered provider to display their

rating within the service and on their public website. The registered provider was issued with a fixed penalty notice for this offence and this was paid within the required timescales. At this inspection we identified that the registered provider was still failing to display their CQC rating on their website. CQC will take action to address this continued breach outside of the inspection process.

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 Poor infection control measures were in place. Fire doors and window restrictors were not sufficient. Accidents and incidents had not been appropriately recorded. The registered persons had failed to assess and mitigate the risks to the health and safety of people living at the service.

The enforcement action we took:

Notice of proposal to cancel registered providers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Risk assessments did not contain sufficient details for staff to manage the identified risk safely. Action had not been taken to ensure the safety of people in the event of a fire. Records of the care and treatment provided to individuals were inaccurate which made it difficult to establish and confirm the effectiveness of their care provision. Staff competencies had not been assessed. Quality assurance that was in place was not effective.

The enforcement action we took:

Notice of proposal to cancel registered providers registration