

MNP Complete Care Group

Burnham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 30 November 2017. The inspection was unannounced.

At the previous inspection on 19 April 2016 when the provider and service was registered as a different legal entity. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This related to records missing from staff recruitment files within the safe domain.

After the inspection the provider sent us an action plan on 16 June 2016 which detailed how they planned to address the breach of Regulations. The action plan stated they had met the Regulation by May 2016.

Burnham is a care home providing accommodation and personal care for up to five people with physical disabilities. 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. At the time of our inspection five people lived at the service. Three people lived on the ground floor and two people lived on the top floor which was accessible to them because a through floor passenger lift was fitted.

The service had 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.

At this inspection people told us they enjoyed living at the service. They got on well with staff and we saw that people were comfortable and relaxed.

The provider had not always followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

The service had not been adapted to ensure all areas had wheelchair access, which meant people were unable to access to kitchen. We made a recommendation about this.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Records were not always complete, accurate or securely stored.

People's care plans detailed most of their care and support needs. However, care plans did not all reflect each person's current need or specific healthcare needs.

Appropriate numbers of staff had been deployed to meet people's needs. Staff had attended training relevant to people's needs and they had received effective supervision from the registered manager.

Risk assessments were in place to mitigate the risk of harm to people and staff. Medicines had been well-managed.

People were provided with meaningful activities to promote their wellbeing. People accessed their local community both with their relatives and with the staff.

People had choices of food at each meal time. People had adequate fluids to keep themselves hydrated. A person received their fluid and food through percutaneous endoscopic gastrostomy (PEG), they received the correct amount of meals as detailed by specialists to keep them healthy.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People were not deprived of their liberty, so no applications had been made.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

People were supported and helped to maintain their health and to access health services when they needed them.

Maintenance of the premises had been routinely undertaken and records about it were complete. Fire safety tests had been carried out and fire equipment safety-checked.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time.

People and their relatives had opportunities to provide feedback about the service they received. Compliments had been received from relatives through the completion of their surveys.

People and their relatives knew who to talk to if they were unhappy about the service. No complaints had been received.

Relatives and staff told us that the service was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The provider had not always followed safe recruitment practices.

Potential risks to people and staff were identified and action taken to minimise their impact.

Medicines were managed safely. People received their prescribed medicines at the right times. Lessons had been learnt and practice had improved when things had gone wrong.

Staff knew how to recognise any potential abuse and so help keep people safe.

There were enough staff available to meet people's needs.

The service was clean and practices were in place to minimise the spread of any infection. The service was well maintained.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The service had not been adapted to ensure all areas had wheelchair access. Not everyone could access the kitchen.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations. One person received their food and drink through a specialist feeding tube. The records relating to food and drink given through the tube had not been adequately recorded.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to make choices about all elements of their lives.

People received medical assistance from healthcare

Requires Improvement ●

professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved with their care. Peoples care and treatment was person centred.

People were able to contact their relatives when they wanted to and were supported to maintain contact with their relatives. Relatives were able to visit their family members at any time.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans were in place, these were person centred. Care plans were not in place for all people's known and assessed needs. Some people's care records evidenced that advanced care planning had taken place to record their wishes and preferences around the end of their lives.

People we spoke with knew how to complain. Complaints information was on display in the service.

Activities were taking place to ensure people could keep active and stimulated when they wanted to be, both in the service and the local community.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Audits had not always been totally effective in identifying shortfalls in the service. Additional improvements to policies, procedures and practice were identified. The registered manager planned to report this to the provider.

Records had not always been stored correctly to maintain confidentiality.

The registered manager had reported incidents to CQC. The provider had displayed the rating from the last inspection in the service.

Staff were aware of the whistleblowing procedures and were

confident that poor practice would be reported appropriately.

People and staff felt the registered manager was approachable and would listen to any concerns. Staff felt well supported by the management team.

Burnham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2017. The inspection was unannounced. The inspection was carried out by one inspector.

We carried out the inspection because the provider had changed their legal entity in December 2016. We inspect new services within 12 months of them being registered.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. These inspection reports related to the same service but the provider's previous legal entity. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spent time speaking with three people who lived at Burnham. We observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners. We spoke with five staff; including care staff, senior care staff, the registered manager and the visiting group manager.

We looked at three people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, three staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of the training matrix and policies and procedures. These were received in a timely manner.

Is the service safe?

Our findings

At our last inspection on 19 April 2016, when the service was registered under the provider's previous legal entity, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that records relating to staff recruitment had been retained and filed.

At this inspection we found, staff recruitment records had not improved. We checked that the provider was following safe practice. The provider had not carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. Only one member of staff had been employed since the last inspection. The staff member had an unexplained gap in their employment history from June 1991 to March 1996 which the provider and registered manager had not explored. Another staff member had left school in 1970 but their employment history was only recorded and documented from 2004, which left 34 years that were not accounted for. The interview records for the staff members showed that the interviewer had ticked a box to state they had discussed and recorded gaps in employment. However the gaps, reasons and dates were not documented. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Photographs were in place for all staff members.

The provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All 10 staff had completed safeguarding adults training. Staff understood the different kinds of abuse to look out for to make sure people were protected from harm. Staff knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy. The service did not have a copy of the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager downloaded a copy of the policy during the inspection so they had the relevant information. The provider's safeguarding policy conflicted with the local authority policy relating to the reporting and investigation of safeguarding concerns. We discussed this with the registered manager, who agreed and stated they would report this to the group manager.

People told us they felt safe and well looked after. We observed staff supporting people to maintain their safety, for example prompting people to use their equipment such as walking frames and footplates on their wheelchairs. People were encouraged to wear clothing suitable for the weather when going out into the community. It was snowing when we inspected. Comments included, "I like it here, I feel safe. The doors and windows are locked and I have my own key. My medicines are locked away".

There were suitable numbers of staff on shift to meet people's needs. Staffing rotas showed that there were two staff on shift during the day. The registered manager was also present in the service Monday to Friday to support the staff. One person had additional one to one staffing to enable them to access the community. Staff told us that the registered manager supported them if they required this and assisted in community trips and medical appointments when required. The registered manager also undertook some cooking tasks.

Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risk of a person falling, of malnutrition, developing pressure areas and of deterioration in their health or medical condition. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk of falling, guidance was in place about any specialist moving and handling equipment they required when moving around the service, transferring and when moving in bed. All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate. Nine out of 10 staff had received training in fire safety and each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, to ensure they could be evacuated safely in the event of a fire. Visual checks and servicing was regularly undertaken of fire-fighting equipment to ensure it was fit for purpose.

Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. Regular fire alarm testing had also taken place; the last test had taken place on 24 November 2017. Maintenance records evidenced that repairs and tasks were completed quickly. Checks had been completed by qualified professionals in relation to legionella testing, asbestos, moving and handling equipment, electrical appliances and supply, gas appliances, the lift and fire equipment to ensure equipment and fittings were working as they should be. Weighing scales had been calibrated to make sure they were working correctly to enable staff to monitor people's weight effectively.

The service looked and smelt clean and fresh. Staff carried out cleaning tasks and some people who were able to carried out cleaning tasks in their own rooms. All staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. There were clear procedures in place to deal with soiled laundry, which all staff knew about. Washing machines washed soiled clothing at the required temperature to ensure it was clean and hygienic.

Medicines were managed safely. Staff were suitably trained to ensure people received their prescribed medicines. Medicines were stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and ensure appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. The dispensing pharmacy had carried out an external audit of medicines and identified a few small areas which could be improved on. The registered manager had completed the identified actions in a timely manner.

The registered manager shared how the service had learnt lessons from when medicines practice had gone wrong. They shared how the pharmacist at the chemist had put the wrong bottle of medicine in a box. They explained how the booking in process for medicines had been changed to ensure that all boxes of medicines were opened and double checked. Also all staff responsible for administering medicines had completed refresher and updated medicines training.

Is the service effective?

Our findings

People told us had choice and control over their lives. We observed that even when people were unable to verbally communicate their wants and wishes, staff enabled them to choose drinks, food, clothing and where they wanted to be. Staff knew people well and picked up on their hand gestures, signs and facial expressions to determine if a person was saying yes or no.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Training records showed that six staff had received training in MCA 2005 and DoLS. Staff we spoke with understood their responsibilities under the act. The registered manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We observed that people could freely go out when they wanted to.

Staff told us there was a varied programme of mandatory and developmental training available at the service. Training topics included; health and safety, food hygiene, epilepsy, infection control, stroke awareness, percutaneous endoscopic gastrostomy (PEG), first aid, and fire safety. One staff member told us they could ask for additional training if they needed it. They explained that when they came up against medical conditions that they had no prior knowledge of, they utilised the internet to carry out research. They also said, "We work with people to know about their conditions and how it affects them".

Staff confirmed they received regular supervision and annual appraisals. One staff member said, "I have supervisions three to six monthly, we have quite a few". Another staff member shared, "We have supervision regularly. I think it's every six months. We see our manager every day, so we discuss things daily. We don't have to wait for supervision". Staff were supported to gain qualifications and carry out training to help them develop. Seven out of 10 staff had completed work related qualifications. New staff completed an induction which included reading the service's policies and shadowing a senior staff member to gain more understanding and knowledge about their role. Staff then started to work through the Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised.

People's preferences and needs were assessed. Their wishes and preferences were respected and followed

by staff when they supported people with their care and support. People were encouraged to be as independent as they can. One person told us they managed all of their personal care on their own and staff just supported with some small elements.

People told us they enjoyed the food. Comments included, "The food is good, there is a good variety. You can have what you want" and "The food is nice. [Registered manager] is a chef". The food looked good and it was prepared in a way to meet people's needs. People were supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. The kitchen was clean and there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

One person received their meals through percutaneous endoscopic gastrostomy (PEG). This is where specialised food is passed into a person's stomach through a tube. This procedure is used when people are unable to have food orally because of difficulty or inability to swallow. Records showed that staff had followed guidance in relation to PEG feeds and the rate in which the food is administered. Records relating to food and fluid intake for the person were not always clear, consistent and accurate for the person receiving their meals and fluids through PEG. Staff had not been recording the amount of fluid given each day, they had been completing the medicines administration records (MAR) to evidence that each medicine had been given and the prescribed liquid food, but not recording the fluids used to prepare the person for taking their medicines and food. We spoke with staff and the registered manager about this and they all talked us through that the person received the fluids detailed on the feeding regime which had been supplied by the home enteral feeding team. They described how much of water was used to flush through medicines when they had been given. Without recording the amounts of fluids given it would not be possible to keep track on whether the person had received suitable nutrition and fluids to maintain good health as detailed in their feeding regime. The registered manager agreed to put a fluid chart in place immediately to ensure that this was rectified.

There was clear evidence to show that the service worked closely with health professionals to ensure people's specialist and health needs were well met. People had been referred to the speech and language therapy (SALT) team when required. People were supported to attend appointments with specialists and consultants.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. Records demonstrated that staff had contacted the GP, mental health team, district nurse, home enteral feeding team, ambulance service, hospital and relatives when necessary. People had seen an optician on a regular basis to check the health of their eyes. Where people had lost weight, this had been quickly addressed with support, food supplements and referrals to GP's and dieticians as required. People's weight records were regularly maintained to enable staff to monitor people effectively.

The service had not been adapted to ensure all areas had wheelchair access. The access to the kitchen was restricted because of the layout which meant people using wheelchairs could not utilise the kitchen to make food or drinks. The work surfaces and equipment within the kitchen were at a fixed height. We spoke to two people about this. One person told us they didn't want to access the kitchen and were happy for staff to

make drinks and food. Another person told us they had been offered the opportunity to help out with preparing food and drinks, but they had declined so far.

We recommend that the provider seeks guidance from a reputable source to review the premises to ensure that suitable adaptations are made to meet people's mobility needs.

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person said, "Everyone is really nice, there is nothing not to like" and "It's a lovely lovely home". Another person who was unable to verbally communicate gave us a thumbs up to say that they were happy in the service. We observed them blowing kisses and being cheeky with the staff members. They appeared happy and content and laughed and smiled. Another person told us, "I like it here. Staff and residents are good" and "I am quite happy here".

People said staff treated them with dignity and their privacy was respected. One person said, "Staff always knock and are always polite". Staff called people by their preferred name and knocked before entering their room. We observed staff consistently knocking on doors before entering people's rooms. Staff were discreet when prompting or reminding people they needed personal care particularly when people were seated in communal areas. This ensured that everyone else in the room did not hear and know about people's personal care needs.

Staff were clear on how to maintain people's dignity when supporting them with their personal care. People's curtains and doors were closed. Staff told us they ensured people's choices were respected. One staff member explained how one person could get anxious when having personal care so they tried to calm and reassure them to make them feel at ease, they talked about football which was a good distraction for them.

Staff had a good rapport with people and knew people well. One person who was unable to communicate verbally enjoyed watching television and enjoyed chat shows and game shows. The staff members checked with the person what channel they would like the television on turned it over to meet their needs. The person's care plan clearly detailed the same information and the person was seen to watch the programmes, laughing at different topics.

When the snow began to fall heavier the staff and people began to talk about the weather. The staff recognised that one person was not able to move themselves to the window to see what everyone was talking about. They enabled the person to turn round to look at the back garden which helped the person to join in and feel included.

Staff had built positive relationships with people and their family members. When staff finished their shift they walked around the building to visit each of the people living in the service to ensure that they said goodbye. People's relatives were encouraged to visit them whenever they wanted. One person utilised some of their one to one hours to visit their relative each week. This enabled them to maintain their relationship with their relative. Another person was encouraged and supported to spend time with their spouse and child on a weekly basis. They spent time in their family home each week and independently made contact with their family using their mobile phone.

All of the staff told us they had time to sit and chat with people and have a hot drink with people which really made a difference to people and them. One staff member said, "We get to spend quality time with people,

when you see a smile, it makes it all worthwhile". They still had time to complete the non-care tasks they were allocated such as cleaning, laundry and cooking but ensured they had quality time with people. We observed this happening in practice which meant there was a relaxed, friendly and homely atmosphere.

Staff enjoyed working with people and stayed working at the service for many years. One staff member said, "I love my job, it's the guys mainly. They are all lovely, I feel part of a family and I feel appreciated".

People had opportunities to feedback about the service they received. People were given annual surveys to complete and regular meetings took place. People who were unable to verbally communicate were asked questions which enabled them to indicate through sign or gesture. The last meeting held with people had taken place on 09 August 2017. The meeting records evidenced that four people had attended. One person was seen individually in their bedroom. Discussions had taken place about food and menus, trips out and complaints procedures. We observed staff responding to people's questions throughout the inspection.

People told us that they were the decision makers in their own lives. People chose what they wanted to do to keep themselves active, what to eat, drink and wear. We observed this in practice. The registered manager told us how a person who had been admitted into hospital when they were unwell was involved in long term decisions about their health which affected their care. The consultants at the hospital had detailed that this person needed to have a percutaneous endoscopic gastrostomy (PEG) fitted to ensure they received adequate nutrition and hydration. The registered manager spent time with the person explaining what would happen and what PEG was, this enabled the person to make an informed decision about whether to proceed or not.

Is the service responsive?

Our findings

People enjoyed living at the service and told us staff were responsive to their needs. We observed staff quickly responding to people's requests, such as when they pressed their call bell to summon staff to help them when they were in bed.

Care plans were in place for each person which detailed how staff should meet most people's care needs. Care plans gave information about people's preferences and wishes in relation to times they liked to get up and go to bed. Moving and handling care plans clearly detailed what equipment people used and how to safely move a person. However, some care plans had not been updated with people's current care needs. One person was receiving medical treatment in relation to their legs. Their care plan did not detail the medical diagnosis and did not detail what staff needed to do to support them. The only reference to the medical treatment was within the person's bathing and showering care plan which detailed that the person could shower on the day they went to the hospital to have their legs redressed. The care plan recorded the days this could take place. The registered manager told us two different days. This meant that the person may receive care and support which did not meet their needs. Another person had a diagnosed neurological condition, which affected their nerves. There was no care plan in place to detail how the condition affected the person and what staff should do to meet their needs. One person's care records showed they received daily oral care. There was no mouth care risk assessment or care plan in place to detail how staff should deliver the care to meet the person's needs.

The failure to plan care and treatment to meet people's needs and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Activities met people's needs. People chose to do activities which met their needs, some people chose to watch television during the day, some utilised electronic devices such as tablets to play games, jigsaw puzzles and complete shopping. One person went to an external day service once a week and filled their time singing in a local choir. The staff supported people to undertake group activities such as ten pin bowling, photographs showed everyone taking part and having fun. A Christmas shopping trip had been planned for 01 December 2017 to support two people to complete their Christmas shopping. The service was able to book and use a minibus and driver belonging to another one of the provider's local services. A Christmas party was booked for 11 December 2017. Records and photographs showed that a number of trips took place in the summer including trips to a local wildlife park, a sea life centre, castles, gardens and meals out in restaurants. Staff told us that one person liked to play dominoes and they regularly had a game with them. A staff member said, "There is always time to play board games, shopping visits, park visits and we've been going bowling".

The provider's care planning records asked people about their end of life wishes and whether they had made any advanced decisions. Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants. Some records held detailed if people had a pre-paid funeral plan and basic information about people's preferences and wishes to ensure that their wishes were documented in preparation for when their health deteriorated further. The registered manager planned to do some further

work surrounding people's end of life wishes to ensure that everyone's wishes were captured in case people's health suddenly changed. They recognised that this was a difficult subject to approach with people and planned to do this in a sensitive manner.

People knew who to complain to if they needed to. One person said, "I would tell [registered manager] if I was unhappy". They also said there was a copy of the complaints procedure in their wardrobe. The provider's complaints policy was available on a notice board in the service, the visitor book and in each person's bedroom. The service had not received any complaints.

Is the service well-led?

Our findings

We observed people clearly knew the registered manager and the group manager. The registered manager had a presence in the service on a daily basis.

Audits and checks were carried out by the registered manager. The registered manager carried out a monthly self-assessment which was themed for each month of the year. For example, the audits looked at general administration, policies, staffing, training, record keeping, information and communication, standards and regulations, feedback of quality, environment, medicines, safeguarding, food and drink and activities. The registered manager also carried out frequent monitoring of health and safety as well as accidents and incidents (including falls). Fortnightly checks were made of cleaning records, finance records, kitchen records and fire records. The provider visited on a monthly basis to carry out their own checks and observations. Action plans were created as a result of audits. Action plans showed that areas of concern had been addressed in a timely manner.

Despite the quality monitoring systems in place further improvements were still required to drive the service forward to ensure people were receiving safe, effective, responsive and well led care. Quality assurance processes had not been successful in recognising all of the issues we identified in this inspection; such as effective recruitment procedures, care planning and records accuracy and storage.

The provider's data protection policy stated that all records would be securely stored. Records were not all stored securely. Whilst people's care files containing personal information about them were stored in a locked filing cabinet, information about people such as full name and date of birth were on display on communal notice boards. We also alerted the registered manager that staff personal telephone numbers were also on display. The registered manager agreed to review where the information was kept. At the end of the inspection, information about people had been reviewed and altered to ensure it did not contain personal information.

The failure to operate effective quality monitoring systems and failure to make accurate, complete and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager met with the group manager and other registered managers of the provider's other services on a monthly basis. The registered manager felt well supported and said they could access the group manager and other registered managers for support at any time.

The provider's statement of purpose stated; 'It is the objective of the home that service users shall live in a clean, comfortable and safe environment, and be treated with respect and sensitivity to their individual needs and abilities. Staff will be responsive to service users' individual needs and will provide the appropriate degree of care to assure the highest possible quality of life within the home'. We observed that people were supported in clean, comfortable and safe environment. Staff did their utmost to ensure that people had the best quality of life. There was a relaxed and homely atmosphere at Burnham. Each staff

member we spoke with told us how much they enjoyed working at the service and providing care and support to the people living there.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team. Following our inspection the registered manager intended on meeting with the provider to review and amend the safeguarding policy to ensure that information was clear to those reading. The registered manager was committed to reviewing care documentation and policies to ensure that the service meets future people's equality, diversity and human rights.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice, however the telephone numbers were not listed in the policy which may cause delays in staff reporting.

Staff were sent an annual survey by the provider. This survey had been completed in 2017. A number of staff had responded and the results were positive. One staff member had commented that the hallways of the service required redecoration. This had been added to the maintenance tasks for October 2017. Several staff raised issues in relation to issues with pay. It was evident that the provider had listened to staff as a new payroll provider had been put in place which started in November 2017.

Staff told us they had lots of support from the management team. One staff member said, "She's very good as a manager [with people]. She's very good with staff too" and "If you have a problem go and discuss it with [the registered manager] she is very supportive". The staff member gave examples of how the registered manager had supported them in the workplace. Another staff member told us, "I do feel listened to. We can pass on problems at handovers". Another staff member said, "I have a good relationship with the senior, we have a good team. We support each other through the day, it works well".

Relatives were sent annual surveys so that the service could gain feedback from them about their family members care. We looked at three completed surveys and found they contained positive feedback. Comments included, 'I could not wish for better care and attention given to [person]' and 'My dad has come on leaps and bounds since his arrival and as a family we are happy'.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager and the provider had notified CQC about important events such as deaths that had occurred since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area and on their website.

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 9 HSCA RA Regulations 2014 Person-centred care Registered persons have failed to plan care and treatment to meet people's needs and preferences. Regulation 9(1)(a)(b)(c)(3)(a)(b)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons have failed to operate effective quality monitoring systems and failed to make accurate, complete and contemporaneous records. Regulation 17 (1)(2)(a)(b)(c)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effective recruitment procedures. Regulation 19(1)(2)(a)(3)(a)