

A Cox and Mrs Z Cox

Ashleigh Nursing Home

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashleigh Nursing Home is a care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 21 people, in one adapted building.

People's experience of using this service and what we found

Systems and processes such as regular audits, the recording and reviewing of accidents and incidents were neither scheduled or planned. Opportunities to reflect upon, and develop the quality of the service through meetings, staff supervision and appraisal did not routinely take place in line with the provider's policies and procedures. The failure to implement these systems and processes, meant opportunities to assess and develop the service through effective review and engagement were missed.

Systems and processes to promote people's safety and welfare were not consistently implemented. Potential risks to people were identified. However, checks did not routinely take place to ensure steps to minimise some areas of risk were acted upon.

People's safety was compromised, as the systems to promote people's safety and well-being were not consistently implemented. Staff training in key areas to promote people's safety, health and welfare were not up to date for all staff, which had the potential to put people at risk. People received the medicine they were prescribed. We identified areas for improvement with regards to medicine recording, which were addressed at the time of the inspection. Further improvements to documentation with regards to medicine management, would further improve medicine systems, promoting people's safety. We have recommended the provider refers to and adopts good practice guidance for the management of medicine.

Systems to ensure people were protected from avoidable harm or abuse were not always effective. We found, an instance where a referral to the relevant authority of potential abuse had not been made.

Potential risks to people's safety and well-being were assessed. However, systems to ensure people were not exposed to unnecessary risk were not consistently monitored. We have made a recommendation that a system for the checking of pressure relieving mattresses be implemented. Equipment was used, such as hoists to move people safely.

Opportunities for people to engage in social activities, develop interests within the service and the wider community were limited. Activities, as detailed on the notice board did not take place, and people we spoke with told us they were not involved, or had not seen activities within the service. Staff meetings had been used to remind staff of the importance of providing activities. However, our observations confirmed staff, whilst having the opportunity did not maximise their time to encourage social interaction or activities.

People were supported to have maximum choice and control of their life, and staff supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported

this practice. People's capacity to make informed decisions were undertaken, and where people were assessed as not having capacity to make an informed decision, then a best interest decision was made to promote their health and welfare.

People and family members spoke positively about the care provided, and confirmed they had provided information about their relatives to needs. They told us staff kept them informed as to the health and welfare of their relative. Records showed, people accessed health care services were required, and that people's health needs were monitored.

The provider had made improvements to the environment, which had included the painting and decoration of communal areas. Further improvements to the environment had been planned, some identified improvements had been scheduled for a few days following our inspection visit, which included the replacement of floor coverings in communal areas. Systems and appliances within the service were maintained by external contractors.

The provider had not received any concerns or complaints. People's views and that of family members were sought about the care provided through annual questionnaires. Completed questionnaires evidenced satisfaction in the quality of care people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published, 9 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvement had been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashleigh Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to, effective monitoring of the quality of the service. The supervision, appraisal and the training and updating of staff training. The consistency in recognising potential safeguarding concerns and the reporting of these to the appropriate authorities.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ashleigh Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a Specialist Advisor (the Specialist Advisor had experience working and caring for older people, included older people living with dementia). The inspection team included an Expert by Experience who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashleigh Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group who commission with the service. We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time with people who use the service. We spoke with the registered manager, the provider, two

nurses, a chef and a care assistant.

We spent time with people who use the service. We spoke with three people and three visiting family members.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People's safety was compromised. Systems, processes and practices to identify potential abuse and alert the appropriate authorities were not consistently followed. For example, a person's records showed they had been noted to have significant bruising. Staff had sought medical advice however, a safeguarding referral had not been made to the local authority, which meant staff did not follow the safeguarding policy and procedure. The Care Quality Commission made a referral following the inspection site visit.
- Staff training in safeguarding was not up to date for some staff.

People were placed at risk as staff did not follow the safeguarding policy and procedure. This was a breach of Regulation 13 (Safeguarding service user from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found that where safeguarding incidents had been referred to the local authority, the registered manager had provided information as requested.
- Information about safeguarding was displayed on the notice board within the service, which was accessible to people, visitors and staff.

Preventing and controlling infection

- The registered manager had undertaken an infection control audit, which had found the service to be compliant. However, we found during the site visit, rust on some equipment, which included toilet raisers and shower chairs. This meant the equipment could not be cleaned well, to prevent possible cross infection. The provider informed us they would take action.
- People were at potential risk, as some staff had not undertaken, or did not have up to date training in infection control and food hygiene. We observed unsafe practices. For example, we observed a member of staff serving sandwiches to people, without using gloves or equipment to ensure their hands did not come into direct contact with the food.

People were placed at potential risk as some staff had not received or did not have up to date training to prevent and control the spread of infection. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Potential risks to people's safety and well-being were assessed. However, not all actions to promote well-being were monitored. For example, mattresses to maintain good skin integrity were not checked to ensure

the setting was appropriate to the individual's needs. For example, one person's mattress was set to 'high', when it should have been 'medium', based on the person's weight. However, we found no evidence that people had been harmed.

- Pressure relieving equipment checks to ensure items were in good working order, and in good condition were not up to date.

We recommend the provider adopts a system, to ensure pressure relieving mattresses are used in accordance with the needs of the person, and as identified in their risk assessment and care plan.

- Potential risks were assessed and monitored. For example, where people were at risk of falls, equipment had been put into place to reduce risk. Equipment included the issue of pressure mats to alert staff when people got out of bed. This enabled staff to support the person safely.
- Information was held in a central location, which could be accessed in an emergency, this included individual personal emergency evacuation plans (PEEPs). The PEEPs provided a brief overview of the person's health, their ability, and the level of assistance required to evacuate in an emergency, and details as to any equipment needed.
- People's information about their care needs was stored electronically. All staff had hand held devices. This meant staff were able to access people's risk assessment and care plans, and update people's records as they provided care.
- Systems and equipment in the service, were maintained by external contractors. These included fire safety systems, gas and electrical appliances, the passenger lift and equipment used by staff to move people safely, such as hoists.

Using medicines safely

- We identified improvements were needed to medicine management during the inspection site visit. For example, a person who had recently moved into the service did not have a medicine administration record provided by a pharmacist. This meant staff had had to hand write the administration record. This had not been signed by two staff, which is good practice, to ensure the information was accurate. Improvements were made to the handwritten record during the inspection, making it clearer to understand, and was signed by two members of staff.
- People's medicine records did not consistently contain a photograph of them, nor were people's allergies always recorded. This put people at potential risk of having medicines prescribed that they were allergic too.

We recommend the provider access and implements good practice guidance in relation to medicine management.

- Medicines were stored appropriately, however we found out of date medicines stored in the medicine refrigerator. These were safely destroyed by staff during the inspection site visit.
- People were supported with their medicines. People's records detailed the medicines they were prescribed and its administration.
- People's capacity to make an informed decision, where they declined to take their medicine had been carried out. Where people were assessed as not having capacity, a best interest decision meeting, involving family members and health care professionals had taken place.
- People's records detailed how the medicine was to be given covertly, and had involved a pharmacist to ensure the medicine remained effective, when disguised within food or drink. This supports good practice guidance.

Staffing and recruitment

- The provider had a system to determine staffing levels based on people's needs. However, the provider had not reviewed staffing levels for a period of thirteen months at the time of our inspection site visit. We found however, there were sufficient staff to meet people's needs. A family member told us, "There's always plenty of staff during the week and weekend." They went onto say, "Staff, respond quickly to the buzzer."
- A nurse and care staff were on duty at all times, and were supported by catering and cleaning staff during the day. This ensured people's needs were met.
- Potential staff were screened for their suitability to work with people as part of the provider's recruitment processes. However, the provider had not followed the policy and procedure developed to meet their needs by an external company. For example, new staff did not always have the correct paperwork in place in line with the provider's policies. For example, records of staff interviews were not recorded. This meant, there was no audit trail to evidence how the provider had arrived at their decision, that the person was suitable for the post applied for.

Learning lessons when things go wrong

- Accidents and incidents were not always recorded. Where records were made, these were not consistently reviewed by the registered manager, to enable lessons to be learnt, and changes made to drive improvement.
- Staff were aware of their responsibilities to report any accidents or incidents. For example, a member of staff was heard informing the registered manager about an incident, the staff member completed the appropriate form.
- Staff were reminded of their responsibility to report any safety incidents or concerns in staff meetings, and via notices displayed within the office.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to ensure fixtures and fittings within the service were of a good standard of repair and well-maintained. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15. However, further improvement was needed, which was reflected in the provider's environmental improvement plan.

- Chairs in the communal lounges had been replaced. A planned date for the replacement of flooring in communal areas to the ground floor was scheduled. Notices were displayed advising people and visitors of the date, apologising for the potential short-term disruption.
- Equipment, which was identified as being in a poor state of repair at the previous inspection, which included buffers on bed guards had been replaced.
- Communal areas had been decorated, with themes providing areas of interest for people to look at and interact with. A family member told us, "It [the service] may not be aesthetically nice, but the care has been fantastic. They have accommodated our wishes and [relatives] room, has been decorated at our request."
- The provider had an environmental plan for improvement, which included the replacement of bedroom carpets and decoration.

Staff support: induction, training, skills and experience

- Staff were not effectively supported, to ensure they had the appropriate skills, training and ongoing support to ensure people received effective care. The provider had not followed their induction and onboarding policy and procedure.
- Staffs induction was limited. Records of recently recruited staff showed their induction on the first day of employment, was to be made aware of key policies and procedures and to have a tour of the service. The induction record was not always signed by the person providing the induction. Therefore we cannot be confident the member of staff was inducted, and the person providing the induction was sufficiently experienced and knowledgeable.
- Records of recently recruited staff, showed staff had not met with the registered manager or a mentor. This meant the member of staff's performance was not reviewed, and opportunities for them to receive constructive feedback as to their development, were not provided.
- The provider had not followed their supervision policy and procedure. For example, the documents to

support and record the supervision and appraisal of staff, which included a supervision contract between the supervisor and supervisee. The form to record the supervision, reflective of the policy and procedures was not used.

- The provider and registered manager did not have a systematic approach to the ongoing supervision and appraisal of staff. This meant staff did not receive regular support and feedback about their work, and were unable to discuss or review their personal development, and to review their competency to fulfil their role.
- A majority of staff training was provided through the completion of booklets, and e-learning. The record of staff training showed some staff had not received or did not have up to date training in key areas, to enable them to meet people's needs. For example, moving and handling people safely, caring for people with living with dementia, diabetes and end of life care.

People were not always supported by staff who had the appropriate skills and knowledge to meet their needs, and who were supervised to ensure they were competent to perform their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider employed 17 members of care staff, of which six had completed the Care Certificate and 11 had attained a vocational qualification in health and social care.
- A family member told us, "I think they [staff] have the skills to look after [relative]"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by a representative of the service, and commissioners who referred the person. Assessments were comprehensive, and included a visit by staff to meet people at their current place of residence, which included where people were in hospital.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met. For example, people who were assessed as being at risk from poor nutrition, had their dietary intake recorded, and their weight monitored. Where people required supplements, these were provided.
- Staff were seen serving drinks, regularly throughout the day. A person told us, "I enjoy most of the meals, they [staff] do give a choice." A second person told us, "They [staff] give us a choice of meal, they come and ask about the meal." A family member told us, "They [staff] have accommodated our wishes. And [relative] is provided with (culturally appropriate meals). The only minor point is the evening meals could be more varied from just sandwiches, maybe a quiche." A second family member told us, "[Relative] likes their meals. They're trying new foods such as chicken in white sauce, and enjoyed it."
- The chef was aware of people's dietary needs, and provided appropriate diets to meet these. Diets provided, fortified diets for those at risk of weight loss and diets to meet specific health care conditions, such as diabetes.
- Not everyone chose to eat in the dining room. People were given a choice of what to eat, although visual clues were not used to support people living with memory loss or confusion to make a decision. The menu was displayed in one of the lounges.
- Visitors were requested not to visit during meal times. Notices about restrictive visiting hours were displayed and stated the restrictions were in place to promote people's privacy and dignity, and enable staff to support people where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health was monitored, and referrals were made to health care professionals when required. A representative from the doctor's surgery, visited the service weekly to carry out routine health checks, the

outcome of which were shared with the person's doctor. A family member told us, "If we think [relative] look a bit under the weather, we tell them [staff] and call the doctor."

- A health care professional who had involvement with some people who used the service, found staff had a good understanding of people's needs, and their observations of people's care had been positive. They went on to say that staff listened and supported them in their role, with a view to achieving the best quality outcomes for people.
- Key information about people's needs, including their medicine was accessible, and available to share with emergency services. This included information the person could take to hospital, to provide information to hospital staff about their needs, their health and general well-being.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the conditions on authorisations to deprive people of their liberty had been met or steps had been taken to meet the condition. Authorisations to deprive people of their liberty were kept under review and any conditions on authorisations were monitored by an independent person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff's approach to care was often task orientated, and we noted staff did not maximise the time they had available to interact with people in a social context. For example, we saw staff had the time to sit with people in a lounge, however staff did not see this as an opportunity to engage with people.
- We observed positive interactions between staff when providing personal care, for example staff were supportive and offered reassurance when assisting people to be moved, with the support of equipment, such as a hoist.
- People's records provided information as to people's needs, reflective of their personal histories and backgrounds. This included information to meet people's diverse and cultural needs. People's needs were met, as confirmed by family members who told us how the service provided culturally appropriate meals.
- Family member's spoke positively about the care and kindness shown by staff to their relative and to themselves. A family member told us, "I would say they[staff] are kind, caring and welcoming."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We noted that some people were not wearing footwear. We spoke with a member of staff about the lack of footwear. They told us, "They often get lost, or going missing in the laundry." This shows people's dignity was not fully considered or promoted by staff.
- A family member told us they had contributed to their relative's care, by providing information about their past. This included known triggers, which cause them to become distressed. They told us, "We have shared their history with them [staff], we tell them when they are agitated, what it may means, we have found what helps and shared it with staff." The family member also told us, "Staff, always give us daily feedback as to how they are doing when we visit."
- Family recognised that staff provided support to them as well as their relative. One family member told us, "The care, the attention and support, and for me personally, is second to none."
- Equipment to support people to maintain their independence was in place, for example walking aids to enable people to move around the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments of people's needs were used to develop care plans. However, the development of care plans was not always timely. We found the assessment process for a person had been comprehensive, and had included meetings with health care professionals, prior to the person moving into the service. The Information from health care professionals, had been made available to staff to read. However, we found not all staff had signed to say they had read the information. Therefore, the provider could not be confident that the person's needs were being met.
- People's records provided information about people's lives prior to moving into Ashleigh Nursing Home, which included information about their work, social and family life. However, there was little evidence to show this information was used to plan or provide activities of interest to people based on their earlier life.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Opportunities for people to take part in activities or to follow areas of interest were very limited. During our site visit, the activities available were limited to watching television or listening to music. People living with dementia, find watching and interpreting television programmes difficult.
- Activities for the month of August, were displayed on the notice board in the hallway. However, the activities referred to were not provided. People were reliant on staff providing stimulation and activities. A family member told us, "We've not seen any activities, there's some music and a dementia board. Not seen any activity we're here most days."
- A notice was displayed within the office, reminding staff of the need to provide and record people's involvement in activities, which staff had signed. However, there was no evidence that staff had put the content of the notice into practice, or that the provider or registered manager had taken any action to ensure its implementation.
- Family members and friends were encouraged to visit relatives at Ashleigh Nursing Home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information as to people's communication needs were detailed within their records. This included where a person's first language was not English. For example, a care plan stated a person sometimes reverted to speaking in their first language. A member of staff told us, the person used a combination of languages

when they spoke, and due to the diversity of the staff team and their ability to communicate in a number of languages, meant the person was understood.

- The role of staff in supporting people with effective communication was detailed within people's records. For example, staff were to ensure people who prescribed glasses or hearing aids, were encouraged to wear these to aid communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was displayed on a notice board. The complaints procedure included information about some external agencies which could support people with complaints. The provider told us they would update the complaint policy and procedure, to include information about the local government ombudsman.

- The provider had not received any concerns or complaints, since our previous inspection.

End of life care and support

- People's wishes, and that of family members were recorded. For example, some people had in place a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). People's capacity to make informed decisions about DNACPR's were documented.

- At the time of the inspection, no one was in receipt of end of life care. Medicines to support people were in place where required to support people with symptom and pain management.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to implement effective systems to monitor the quality of the service and to put plans in place to bring about improvement. And, the provider had failed to provide sufficient opportunities to consult with staff on the quality of the service and drive improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection, and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had not implemented their policies and procedures. This had impacted on the effectiveness of quality auditing and monitoring of the service. Opportunities to identify shortfalls through auditing and implementing the required improvements were missed. For example, a lack of auditing by the provider and registered manager meant they were not aware staff training was not up to date, and staff were not regularly being supervised or having their work appraised.
- Audits carried out had identified shortfalls and the actions required to bring about improvement were not monitored. For example, a monthly audit carried out by the registered manager in March 2019 on the 'night checks' staff had provided to people in February 2019, identified staff had not been updating care records. The action point stated a further audit would be carried out at the end of March 2019. No subsequent audit had been carried out to identify if improvements had been made.
- Staff training in safety systems, processes and practices were not robust. There were no records to evidence fire drills taken place. The provider informed us fire drills had taken place, however, the records could not be found to confirm this.
- The provider and registered manager had not consistently met their legal requirements, for example, we identified continued and further breaches of the Health and Social Care Act 2008.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings involving the provider and registered manager were not routinely held, and there were no

minutes of the meetings. The provider and registered manager confirmed whilst discussions identified areas for change and improvement, no action plan had been developed. This meant there was no agreement or plan as to who was responsible for the changes or the timescale involved.

- Systems and processes to develop and support staff were not robust. Staff supervisions were not routinely held. Team meetings took place, however there was no agreed plan as to their frequency. Team meetings were not used to provide constructive feedback to staff about the service, what was working well and what areas had been identified by the management team for development to improve the quality of the service. Team meetings, focused in the main on staffing issues, which included staff rotas, sickness and employment issues.
- Clinical meetings involving the registered manager and nursing staff did not take place. There was no evidence to support that the registered manager and nursing staff reviewed best practice guidance, and used it to drive improvement.

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

- People's views and that of family members were sought, through questionnaires which were sent out annually. Questionnaires recently sent out, included positive comments about the service.
- The registered manager had carried out an audit on care plans, where improvements had been identified. The registered manager had met with nursing staff and spoken with them about the changes required.
- The provider had a business continuity plan in place, which detailed how the people's needs were to be met in the event of an emergency, for example if the service experienced a utility failure or a flood. The plan had also considered any implications due to the current political climate, which included Brexit.

Working in partnership with others

- The provider and registered manager work with commissioners from both health and social care, who commission services on behalf of people. This includes working with commissioners to evidence that as the provider and registered manager, they are meeting their contractual obligations in providing the quality of care expected by commissioners.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	People who use service were not protected from abuse and improper treatment. As system and processes to investigate, and refer potential abuse were not robust.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have effective systems or processes in place to assess, monitor and improve the quality and safety of the service provided.
Treatment of disease, disorder or injury	

The enforcement action we took:

Notice of proposal to apply positive conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provided did not have an effective system for the supervision, training and ongoing appraisal of staff to ensure they had the necessary skills and knowledge to meet people's needs.
Treatment of disease, disorder or injury	

The enforcement action we took:

Notice of Proposal to apply positive conditions