Long Meadow (Ripon) Limited

Long Meadow Care 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?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 31 October and 13 November 2017. It was unannounced on day one and announced on day two.

At the last inspection in October 2016 we rated the service as 'Requires Improvement' with no breaches of regulation.

Long Meadow Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates up to 35 people over the age of 18, including people living with dementia in one adapted building. On the day of inspection we were informed that 27 people used the service. People live in single rooms on two floors. The service is provided in an old building which has been adapted over the years to provide a care provision. There is a small new build wing on the right of the building.

The provider is required to have a registered manager at the service, but at the time of our inspection the position had been vacant since August 2017. 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. There was an acting manager and a deputy manager in place who assisted us during our inspection. We have referred to the acting manager as 'the manager' throughout this report.

We found breaches of regulations 12, 17 and 18 during this inspection in relation to safe care and treatment, good governance and staffing. You can see what action we told the provider to take at the back of this report.

The assessment, monitoring and mitigation of risk towards people who used the service with regard to fire safety, falls and infection prevention and control were not robust. This meant people were at risk of harm. Since our inspection the provider has received input from the North Yorkshire Fire Service to aid them in making improvements to fire safety. The infection prevention and control team in the community have also visited and produced a report for the provider to follow to improve practices within the service.

Recruitment of staff was carried out safely, but the levels of staff were insufficient to ensure people received timely care and support that met their needs. The manager took action on the second day of inspection to introduce a third member of staff onto night duty in response to our concerns.

Staff induction and training was not up to date and did not equip the staff with the skills and knowledge they needed to meet people's needs. Supervisions took place, but the lack of effective leadership and role

models meant staff did not receive adequate support and guidance to promote best practice. Since our inspection the provider has sourced and implemented additional training for their staff.

The management team within the service did not effectively complete the quality assurance systems which were in place. Audits were completed but did not reflect the concerns raised by us with regard to fire safety, infection prevention and control, care documentation and people's health and well-being. There had been no action taken by the management team to address identified issues, which left people at risk of harm. Following the inspection the provider has given support and resources to the management team to make improvements within the service.

The recognition of safeguarding issues was not always robust.

Care files were not completed in a consistent manner. Care plans were not up to date and documentation was not fully completed. This meant staff did not have appropriate records to show how they were meeting people's needs.

The completion of food and fluid charts was inconsistent and the risks to people around hydration and nutrition were not always fully identified and reviewed by the care staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The majority of people felt their privacy and dignity was respected and maintained by the care staff and care practices within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The monitoring, review and management of risk for people who used the service was not robust.

Fire safety and infection prevention and control practices were ineffective.

The recruitment of staff was completed safely, but staffing levels were insufficient to meet people's needs effectively.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff induction, training and supervisions were not always up to date.

Staff knowledge of risk management around hydration and nutrition was patchy and documentation of this inconsistently completed.

People's care and support was carried out in line with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Some people were at risk of isolation and left waiting for care and support to be delivered appropriately.

People's privacy and dignity was maintained by staff and they were supported to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Documents within the care files and risk assessments had not always been completed and monitored appropriately. This

meant that records of people's needs were not up to date, which could put them at risk of not receiving responsive care and support.

People were able to take part in activities, but these did not meet the needs of everyone who used the service.

There was a complaints process in place, which people understood.

Is the service well-led?

Inadequate

The service was not well-led.

Governance systems and processes were not operated effectively by the provider, which meant continuous improvement, learning and innovation were impeded.

There was no registered manager.

The people who used the service, the public and staff had limited opportunities to be engaged and involved in the development of the service.

Long Meadow Care Home

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 over two days on 31 October and 13 November 2017 and the first day of inspection was unannounced.

The inspection team consisted of an inspector, a specialist advisor and an expert-by-experience on day one and an inspector and an expert-by-experience on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both experts-by-experience had knowledge and expertise in older people and dementia care.

Before the inspection we contacted the local authority safeguarding and commissioning teams to gain their views of the service. We received feedback from health care professionals prior to our visit, which voiced concerns about the service. We reviewed all of the information we held about the service, including notifications sent to us by the provider. The provider submitted a Provider Information Return (PIR) in January 2016 and was not asked to submit another one before this inspection. The PIR 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.

During the inspection we spoke with the manager, deputy manager and seven members of staff. We spoke with three relatives and visitors and 12 people who used the service. We also carried out observations during the inspection in the communal areas and during mealtimes. At the end of day two we spoke with the provider and the manager and gave them some feedback from the inspection.

We looked at four people's care records, including their initial assessments, care plans, reviews, risk assessments and Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty,

actions were taken in their best interest.

We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for three members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

Requires Improvement

Is the service safe?

Our findings

During our inspection we raised concerns with the manager and deputy manager about fire safety, infection prevention and control (IPC) practices and staffing levels.

We saw there was a fire risk assessment in place and fire equipment had been serviced by a contractor. However, questions we asked of staff and the fire records we looked at showed staff had not completed fire drills or evacuations. The deputy manager when asked said they had not done any since starting in post six weeks before our inspection. Staff who we spoke with expressed concerns about the staffing levels at night and evacuating people if there was a fire. One member of staff said, "I don't feel safe at night…I dread the idea of a fire or anything at night if we have to evacuate, we couldn't do it, I don't know where to start as they [people who used the service] are confused and some need two staff to assist them." We asked the deputy manager to ensure all staff, including agency workers, underwent a fire drill/evacuation scenario before 10 November 2017.

Due to the level of our concerns we contacted the fire safety officer for North Yorkshire on 3 November 2017 and asked them to visit. They visited the service on 6 November 2017 and carried out a fire safety audit. They sent a letter to the provider detailing what was required to remedy the fire safety deficiencies.

IPC measures within the service were not robust and there was a strong, unpleasant odour in the older part of the service with particular emphasis on the lift area and sitting room on the ground floor. People's bedrooms were clean and tidy. However, there was a really strong urine odour in two of the bedrooms we visited. This meant people were living in an odorous environment.

Due to the level of our concern about IPC practices within the service we contacted the IPC team for North Yorkshire on 3 November 2017 and asked if they could carry out a visit. They visited the service on 8 November 2017 and sent a report to the provider with an action plan. On the second day of our visit we found the manager had not implemented the action plan, although they made a start when we requested that they did so.

Discussion with care staff indicated that there were some gaps in their awareness regarding safeguarding processes. However, all seemed aware of the need to 'report' any concerns. Most people said that they felt safe but one person was worried about someone who walked around at night and called into their room. The deputy manager was aware of this person and said they were on 15 minute observations by staff to monitor their whereabouts. We found the person's mental health care plan made no mention of 15 minute observations by staff and no records of these were kept. Their care plan said the person could be agitated and physically forceful and the action plan instructed staff to leave the person and go back later when they had calmed down. But this did not address the person's behaviours towards other people who used the service, which left people at risk of harm.

The manager monitored accidents and incidents within the service and carried out a monthly analysis to look for trends and patterns so they could reduce the risk of repeat occurrences. However, in the three

months of August, September and October 2017 some people had sustained head injuries through falling (cuts and bruises). When we asked the manager about the protocol for head injuries they said they did not have one. This left people at risk of harm from their injuries as staff did not have guidelines to follow and they did not routinely request professional medical input.

The evidence above showed the provider had not ensured the premises were safe to use for their intended purpose and that the risks to people's health and safety were not being assessed appropriately, monitored and actions taken to reduce any risks identified.

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

There was no systematic approach to determining the number of staff and the range of skills required in order to meet the needs of people using the service and to keep them safe at all times.The people living at the service, had a complex range of both physical and mental disorders including, respiratory disorders, diabetes, post cerebral vascular accident (CVA), mobility problems and incontinence, as well as several people living with various types of dementia. This provided staff with multiple challenges with care delivery in the current environment, particularly for those people who required two staff to support them.

We were informed in discussion with staff that, "Staffing is always an issue." The provider had recently changed the shift system to 08.00-20.00 (Day) and 20.00-08.00 (Night). The day staff numbers were five care assistants (usually one senior and four junior); night staff were two in total (usually one senior and one junior). The service was using agency staff to cover gaps in shifts on a regular basis.

At the time of our inspection on 31 October 2017 there were 27 people using the service. Staff told us they found it extremely difficult on a night time to meet people's needs as 10 people needed support from two staff for all care tasks. People said they were left waiting for attention especially at night time. We noted one person calling out for help throughout the day; their calls were not heard by staff until we drew their attention to them. Other people asked us for drinks when we went in to their bedrooms to talk with them. We saw people sat in their bedrooms in the dark (late afternoon) trying to read or do puzzles, these individuals were not independently mobile and staff were unavailable to switch their lights on. One person complained to staff, while we were present, that they had asked for assistance to go to the toilet and the member of staff who said they would take them had forgotten to do so.

The evidence above showed us that the provider had not deployed sufficient numbers of staff to meet the needs of people who used the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On 13 November 2017 the manager introduced a third member of staff for night duty in response to our concerns. The fire safety officer was due to return to the premises to ensure the issues raised in their letter to the provider had been complied with.

Recruitment practices were followed to make sure new staff were suitable to work in a care service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

We looked at documents relating to the servicing of equipment used in the home. These showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. We gave feedback to the manager that wardrobes in people's bedrooms were not secured to the walls which was a safety risk to people. The manager assured us the work would be done as soon as possible.

People told us, ''Tablets always arrive on time.'' We found medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately.

Requires Improvement

Is the service effective?

Our findings

We found through talking with staff and observing care practices that there was an obvious desire to 'care' for people who used the service and genuine warmth towards people was evident. However, the staff also displayed a lack of adequate knowledge regarding the specific needs of people who used the service.

We spoke with four care staff about their induction, training and supervision within the service (two staff members had only worked in the service for one week and six weeks respectively). The relatively new staff in post described a fairly basic and cursory induction course and doing two shadow shifts. One member of staff said, "The manager walked around with me and that was it." Another member of care staff recalled going on to nights after being appointed and just being expected to 'get on with it'.

One member of staff who had been in post for two years said they had undertaken training in food hygiene, moving and handling and safeguarding. They could not recall having done any Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS) training. They also could not recall having done any training in dementia awareness. The staff told us that training was usually by DVD and said, "But you can't ask questions in a DVD… don't really know much about dementia" and "I was shown how to fill in the medicines administration records." Both new staff showed no awareness of Deprivation of Liberty Safeguards and its implications for staff and the client group.

The training certificates were mainly printed from DVD courses and all were dated with the same date for multiple subjects. For example, one member of staff had certificates for 14 different subjects all dated 10 July 2017. This made us question the manager about the quality of the training provided. We found two members of staff had certificates to show they had completed MCA/DoLS, infection prevention and control, and fire safety training using a DVD. However, the staff training plan indicated the majority of staff had not completed these subjects and no-one had dementia care training. Staff training was out of date for several subjects deemed by the provider as 'essential' such as medicines management. The manager said they would arrange for staff to undertake this training as soon as possible.

Staff received a supervision session every three to four months, but these lacked structure and did not address poor elements of practice. Supervision sessions recorded a one sided conversation with no input from the member of staff. This was also reflected in the appraisals. Discussion with the manager on day two of our inspection, and checks of the staff training plan, showed that there were no records of induction for staff or agency staff.

The above evidence showed that the provider had failed to ensure staff had the appropriate support, induction, training, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the manager confirmed they had booked staff onto training sessions including fire evacuation, infection prevention and control and medicines management. A distance learning course for Dementia awareness was also being sought and booked for staff.

The layout and design of the older part of the service presented as a 'maze' of rooms and corridors, with single bedrooms interspersed with bathrooms and toilets. The building was not 'user friendly', particularly for people who may be disorientated due to cognitive impairment, or have poor vision. There was a small lounge/television room on the ground floor which was rather dark and crowded, and also served as part of the thoroughfare leading to the new and as yet unused dementia suite. Some of the en-suite bathrooms had very low lighting which could pose a risk for people who were visually impaired. The first floor had narrow corridors with some blind ends. This type of layout can lead to people being socially isolated and potentially 'overlooked', and was also challenging for staff to work in and respond quickly if required.

There was a lack of staff facilities including office space. On the ground floor a large dining room had a desk and work area in the corner that operated as a 'base 'for care staff. This intruded into the communal space for people who used the service. During our inspection this also appeared to be the unofficial 'rest and break area' for staff. The manager said there was no other area in this part of the building for staff to use. A large lounge on the ground floor was in the process of being decorated and was out of use. The manager said the dining room was also due for redecoration.

The provider was aware of the limitations of the older part of the service for people living with dementia and work was progressing to open a new dementia suite to the rear of the property. The dementia suite had specific office space for the staff.

The provider supplied us with an action plan showing how refurbishment and redecoration of the service would be progressed over the next year to address the issues we raised during our inspection.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had been assessed for capacity, and where appropriate, DoLS had been sought.

We received positive feedback from people about staff practice and communication skills. Relatives told us that staff kept them up to date with GP visits, changes to medicines and people's general wellbeing. One person said, "If I need a doctor then the staff will arrange me an appointment with the GP if I want one."

We observed people having lunch in the dining room; some had been given the choice if they wanted to wear dignity tabards to prevent food spilling onto their clothes. Tables were presented with tablecloths, cutlery and condiments. People were given a choice of cold drinks and had a choice of fishcakes or lamb hotpot; food was well proportioned and looked nourishing. However, the arrangement for service of food

was slow at coming from the kitchen. We spoke to people during lunch who mentioned that the food was lovely and they enjoyed the days' menu. There was no one who required assistance with eating or drinking during lunch, everyone was eating independently using a knife and fork or a spoon if they requested. Staff were encouraging and prompting people to eat and assisted with cutting up food.

Requires Improvement

Is the service caring?

Our findings

During the inspection, we found some people were isolated in their rooms without drinks or sufficient lighting to enable them to read. We also saw people were sitting in the dining room and lounge for long periods during the morning and afternoon with little interaction, other than occasional staff contact when staff spoke to them in passing. Some of the people we spoke with said they had little input to their care and their choices and preferences were not listened to. For example one person said they liked to be up, washed and dressed before they had their breakfast. In reality they said they always had breakfast in bed as staff did not have time to get them up.

We spoke with the manager about the lack of staff interaction with people and the fact that care was not always person centred. They told us they would speak with staff and review how they were deployed around the service as part of their overall assessment of staffing.

Other people were positive about the care and support they received. Two people said, "Staff are very nice and caring" and "The carers are very friendly and always ask me if I am alright." Another person told us, "Staff are too busy to sit and talk. Sometimes they pop their head in the door but usually they are just working hard." A visitor told us, "To be fair the carers are kind and some are very thoughtful but they are under pressure all the time."

People we spoke with said staff respected and valued their privacy and dignity. They told us "Staff always knock on my door when they want to come in", "Staff always ask what I want to wear" and "They [staff] always ensure my modesty is maintained during personal care." We observed staff knocking on people's doors before entering rooms and closing doors on toilets and bathrooms when people were using the facilities. When personal care was taking place explanations were given, and interventions were unhurried.

We observed that staff encouraged people to be independent whenever possible, asking if they wanted to walk with their Zimmer frame or use the wheelchair. One person told us, "I dress myself but the carers will help me if I ask." People said they trusted the staff to give them appropriate care and support. Two people told us, "Staff know what they are doing, I don't feel frightened now when I have to go in the hoist" and "Staff are very good to me, they don't want me to fall again like I did when I was at home …. I have had no falls in here."

Staff we spoke with understood the importance of people receiving support in a way that upheld the principles relating to equality and diversity. People were supported to express their views and be actively involved in making decisions about their care and support. One person who used the service told us, "My care is discussed with me but I need family support, as I do not always understand" and two visitors said, "I try and involve my relative in the care plan but they are not that bothered. I am here to act on their behalf" and "My relative has been here for a few years. There are a few staff who really know about them and their past treasured memories and give them support in the way they wish to receive it."

The manager confirmed that people were supported to make decisions using independent advocates when

needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

At the time of inspection no one was receiving end of life care, although it was noted in the care record of one person that this had been discussed and that they wished to be cared for at the service and to pass away there.

Requires Improvement

Is the service responsive?

Our findings

We found that people's care plans did not always clearly describe their needs or record the care being given. We were informed by the manager that care records were currently being revised. The three care records we looked at in detail were those of a person who had been living at the service for three years and two relatively new residents who came into the service in September and October 2017.

The records for the person who had been resident for three years included care plans and risk assessments in relation to their care needs. In contrast the records for the two more recent admissions were sparse in direct care assessment and heavily reliant on the North Yorkshire County Council (NYCC) commissioning assessment information and a pre-admission assessment completed by the previous registered manager.

Although both new people had been identified with complex care needs we found there was no clear indication of their day to day care requirements without reading the NYCC commissioning assessment or the pre-admission assessment. In discussion with the care assistant in charge, it was indicated that staff had not yet had time to complete the required care plans. We asked the deputy manager to ensure care plans and risk assessments were completed for both people by the end of the day on 1 November 2017.

We looked at the monitoring charts completed by staff for people's intake of food and fluids. We found these were incomplete and lacked clarity about how much people should be consuming to ensure their nutritional and hydration needs were met. For example, one person had no record of any food or drink being given daily between 21:00 and 07:00, although staff were going into check on them every two hours and give personal care through the night. Staff said the person was given drinks, but this was not recorded. On 19 October 2017 nothing had been recorded on the chart to show if food or drink had been given to this person between 14:00 and 21:00. The total fluid consumed that day only came to 450mls but no member of staff or management had queried this. We discretely observed this person during our inspection and found they did not appear dehydrated and had no problem with drinking fluids provided by the staff. This indicated the problem was one of recording and monitoring rather than a lack of care. The manager said they would speak with the staff about improving their documentation of care given to people.

All the above evidence showed that the care staff did not have clear written guidance in respect of these people's needs. This left people at risk of harm.

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

We spoke with the manager about the need to develop accessible information for people who used the service. There were people who had visual and hearing impairments as well as those who had cognitive conditions. The information available to people was presented in small print, which would be difficult for some people to read and understand.

Relatives said they had been invited to care reviews and had input into developing their relation's care plans

where appropriate. The people who spoke with us told us they chose not to have involvement or preferred for their family to deal with any issues about their care.

Activities within the service were 'low-key' and left some people dissatisfied. The provider employed an activity person who worked from 13:00 to 18:00 five days a week. People said they were bored, isolated and had nothing to do and they said that they had no individual activities if they were confined to their room or bed. One person said, "I would love to get some fresh air but nobody will take us out. I am usually in my bedroom all the time but if I want I will go and find someone to talk to."

The activity person carried out group activity sessions and outside entertainers came in on occasion but there was little going on during our inspection as the activity person was on leave. On the second day of inspection a small group of people doing painting and dominoes were assisted by a domestic worker and one care staff in the afternoon. People told us, "A singer comes in now and then which is nice" and "I am usually in the day room during the day watching the television. I sometimes get involved with the painting and dominoes and sometimes the cooking and baking." Another person told us, "It would be nice to have something to do – it is a long day in here."

We looked at the activity person's file which showed some recording of individual activities, but not all people who used the service were mentioned. Regular activities included bingo, playing cards, singing and every few months an entertainment duo coming into the service. There was no schedule of events posted on the notice board because the activity person said, "People can change and then the list is no use." This meant people did not know what would be happening on a day to day basis so could not look forward to events.

People were supported with their faith needs. We noted that church representatives came in to the service twice a month and local schools attended to sing carols at Christmas.

We spoke with the manager about the lack of stimulating and meaningful activities within the service and how some people felt bored during the day. The manager said they would look at the activity programme to see what could be done to introduce a better variety of activities for everyone.

Visitors and relatives knew how to complain but were unsure who to complain to. People were unsure who the manager was and said they would probably talk to a care worker or another staff member if they had any concerns.

We looked at the records of complaints held by the manager. There were none recorded for the last year and the manager said no complaints had been made whilst they had been in post. This corresponded with the information we held about the service and information sent to us by the local authority prior to our inspection.

Inadequate

Is the service well-led?

Our findings

Although the manager had completed audits of the service they had not identified the range of concerns we found during our inspection. Where issues had been identified action had not been taken to correct these. This meant people who used the service were at risk of harm. For example, we saw the internal audit for IPC carried out in October 2017 showed the service as being rated as 100% compliant with best practice guidelines. However, the IPC report from the community team and our own observations of the service showed there were numerous issues that needed prompt attention.

The health and safety audit completed in August 2017 stated that portable appliance testing (electrical testing of small items such as lamps and televisions) was to be arranged, but no action had been taken to address this until we inspected. This audit also said fire evacuation drills were completed and the condition of floors and carpets were well maintained. This contradicted what we found during this inspection. We saw records that showed fire evacuation drills had not taken place and fire training was out of date. Following discussion with the manager and provider, action to resolve these issues was taken straight away.

There was no systematic approach to determining the number of staff and the range of skills required in order to meet the needs of people using the service and to keep them safe at all times. We found people had to wait for attention from staff to meet their needs and some individuals were isolated in their bedrooms as staff struggled to meet everyone's care needs.

Staff supervision was not effective and training was not up to date. Staff lacked the knowledge and skills to recognise risks to people's health and safety. We found that new staff and agency workers did not receive a robust induction when they commenced employment. This meant we could not be certain that staff had the appropriate training and skills to meet people's needs prior to them starting work. This had not been identified and acted upon by the manager or provider.

The quality of record keeping was inadequate with a lack of risk assessments and up to date care plans to guide staff in delivering effective support and care to people who used the service. Fluid charts we looked at were not well recorded and information about people's care was not in accessible formats.

During the inspection we found that systems and processes were not established and operated effectively to ensure the service was assessed or monitored for quality and safety in relation to the fundamental standards. This led to breaches of regulation in relation to staffing, safe care and treatment and good governance. This meant people who used the service were at risk of harm. The provider told us that the manager would addressed these issues promptly and with their full support.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations2014.

We gave the provider written and verbal feedback about our concerns at the end of the inspection and they had the opportunity to talk with us about our findings and discuss how they could reduce the risk in the

service. They also received input from the North Yorkshire fire officer and the IPC team to assist them in understanding the actions needed to improve the service. Since the inspection we have received weekly updates from the manager about how improvement work is progressing and the actions taken to date.

There was no registered manager in post and the manager had not submitted an application to register with CQC. However, they were in the process of applying for their DBS check prior to submission of an application.

People we spoke with said the manager was not visible around the home. One person told us that their sister had tried to see the manager several times but every time they went to the manager's office they were never there. A visitor commented that the management team were really busy trying to keep things running and did not have time to be visible. The manager confirmed that they had spent a lot of time in the office and out doing assessments for new people since they came into post, but the deputy manager worked 'on the floor' in the service and kept them up to date.

The organisation was undergoing a number of substantial changes both in existing staffing at all levels and also in its design and delivery of care. For these changes to be successful there needed to be engagement with the staff, relatives and people who used the service. However, people and relatives were unsure about meetings and being able to give feedback about the service. The manager said there had been one staff meeting and one for residents/relatives held since they started in post. Satisfaction surveys had last been sent out in September 2016 and those we saw had no concerns documented on them. The manager said surveys would be sent out annually.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the service had informed us of significant events in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure care and treatment was provided in a safe way for people who used the service. The management of risks to people's health and safety and the mitigation of those risks were not sufficient to keep people safe from harm, including those around fire safety and infection control. Regulation 12 (1)(2)(a-e)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A lack of governance and oversight meant the systems and processes to assess and monitor quality performance and regulatory requirements were understood and managed were not effective. The provider failed to assess, monitor and mitigate risk to the health, safety and welfare of people who used the service and failed to maintain accurate and complete records in respect of each person. Regulation 17(1)(2)(a-c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Insufficient numbers of suitably qualified, competent, skilled and experienced staff were

deployed. Staff did not receive appropriate support, induction, training and supervision to enable them to carry out the duties they were employed to perform.

Regulation 18(1) (2)(a)