Mariposa Care Limited

Cherry Tree Care Centre

Inspection report

South Road
Norton
Stockton On Tees
Cleveland
TS20 2TB

Tel: 01642554257
Website: www.executivecaregroup.co.uk

Date of inspection visit:
04 October 2018
09 October 2018

Date of publication:
28 November 2018

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

This inspection took place on 4 and 9 October 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming.

When we completed our previous inspection in February 2016 the service was rated good. At this inspection we found the service was no longer meeting all the required standards to retain this rating.

This is the first time the service has been rated requires improvement.

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

The service can accommodate a maximum of 42 people across two floors, each of which have separate adapted facilities. The first floor specialises in providing care to people living with dementia. At the time of this inspection there were 38 people using the service.

The previous registered manager of the service formally de-registered with CQC in January 2017. There had been no registered manager in place since that time. This has been dealt with outside of the inspection process. A new manager has now been appointed and begun the registration process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The systems in place for medicines management did not keep people safe.

When we arrived at the service on the first day of inspection the rear of the property was not secure. This meant people could leave the building when it was not safe for them to do so and also left people vulnerable to the risk of intruders. There were a number of environmental hazards around the service. Unattended kettles, bottles of alcohol and cleaning items were all easily accessible.

Accidents and incidents were recorded but there was no evidence that lessons had been learned as a result of this monitoring. The service did not always accurately monitor risks to people or ensure staff had the information necessary to minimise those risks.

There was currently no system in place to determine the number of staff or skill mix required to safely meet people's needs. There was evidence of safe recruitment practices. Appropriate checks had been done before staff started work to reduce the risk of unsuitable people being employed. Where agency staff were used inductions were not always carried out.

Staff had received safeguarding training and they were able to explain what they would do if they had any concerns.

Maintenance and health and safety checks of equipment were regularly conducted. Records showed that when an issue was identified this was quickly rectified. Tests of fire equipment was undertaken but there had not been a recent evacuation drill.

There was a training matrix for mandatory training but the manager had no oversight of what additional training staff had undertaken. Specialist training had not been delivered to cover all aspects of people's care needs, for example in behaviours that challenge or stoma care.

Staff did not always have time to read people's care plans and therefore did not always have access to up to date information about their needs.

Staff had not all had regular supervision in line with the provider's policy. Some staff had not had a supervision meeting since January 2018.

Kitchen staff had a good knowledge of people's dietary requirements and were able to tell us the adjustments they would make to support people's diets. Mealtimes were calm and relaxed.

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. However, some best interest decisions did not clearly indicate who had been involved in the decision-making process.

People were supported to maintain their health and wellbeing. People's care records contained evidence of visits and advice from a variety of health professionals.

The use of dementia friendly signage was not consistent throughout the building.

Prior to admission a full assessment of people's care needs was undertaken. This was a comprehensive document that looked at all aspects of people's needs including any religious beliefs or cultural requirements

People who used the service and their relatives were very happy with the care their loved ones received. Staff treated people with dignity and respect and promoted independence.

People told us they felt staff did treat them as individuals. However, care plans were not written in a personalised way, instead they listed the general tasks necessary to provide basic support to the person. Activities were not tailored to meet people's personal preferences.

There was a complaints procedure in place and people were aware of how to make a complaint if necessary.

Care plans were not up to date or accurate. Audits were not picking up on the issues we found and there was no evidence that feedback was being used to improve standards at the service.

During this inspection 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 the 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?

Requires Improvement

The service was not always safe.

The systems in place for medicines management did not keep people safe.

There was currently no system in place to determine the number of staff or skill mix required to safely meet people's needs.

The service did not always accurately monitor risks to people or ensure staff had the information necessary to minimise those risks.

There were safe recruitment practices in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Specialist training had not been delivered to cover all aspects of people's care needs.

Staff had not all had regular supervision in line with the provider's policy.

Kitchen staff had a good knowledge of people's dietary requirements and offered a choice of appropriately prepared foods.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives were very happy with the care their loved ones received.

Staff treated people with dignity and respect and promoted independence.

People were supported to maintain links with friends and relatives and visitors were made to feel welcome.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not written in a personalised way, instead they listed the general tasks necessary to provide basic support to the person.

Activities were not tailored to meet people's personal preferences.

There was a complaints procedure in place and people were aware of how to make a complaint if necessary.

Is the service well-led?

Requires Improvement

The service was not always well led.

Care plans were not up to date or accurate.

Audits were not picking up on the issues we found.

There was no evidence that feedback was being used to improve standards at the service.

Cherry Tree Care Centre

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 4 and 9 October 2018 and the first day was unannounced.

The inspection team consisted of an adult social care inspector, an assistant inspector, a medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback received when planning our inspection.

During the inspection we spoke with eight people who lived at the service and three relatives. We looked at six care plans and medicine administration records (MARs) along with other aspects of medicine management across the home. We spoke with eleven members of staff, including the manager, deputy manager, care staff, activities staff and kitchen staff. We looked at four staff files, including recruitment records.

Requires Improvement

Is the service safe?

Our findings

We looked at the systems in place for medicines management and found they did not keep people safe.

We looked at six records and found that seven medicines stock counts did not match with how many administrations were documented on the Medicines Administration Record (MAR). Therefore, we could not be sure medicines were administered as prescribed.

We looked at how the service managed application of topical medicines. The home used topical administrations records (TMAR) to enable care staff to apply non-medicated creams as part of a person's daily care routine. We checked 10 records and found all to be incorrect. For example, we looked at one record where a person was prescribed a barrier cream to be applied once daily. No records could be provided to show the cream had been administered and creams found in the room dated back to 2017. Therefore, we could not be sure creams were being applied as prescribed.

Medicines which required cold storage were kept in fridges within the medicines store rooms. The provider had a clear policy in place regarding temperature monitoring however this was not always followed by staff. On six occasions the temperature had exceeded the recommended range and no action had been taken. Therefore, we could not be sure the stock inside this fridge was safe to use. We also found the home did not follow their own policy in relation to medicines with limited shelf life. On one occasion we found a person had been administered eye drops which were out of date. Therefore, we could be sure of the efficacy of this medicine.

The home used protocols to guide staff in the administration of 'when required' medicines. We checked nine records and found that seven were either incomplete, not specific to the person or not in place. For example, one person was prescribed a medicine for anxiety and agitation to be given pre-bedtime when appropriate. There was no guidance in place to support staff on when to appropriately administer this medicine. We found on one occasion this was not administered in line with prescribed instruction and had been given at lunch time. The home could not provide us with any further documentation to support this decision.

We looked at a person's care records who was prescribed a medicine where the dose depended on frequent blood monitoring. On the day of inspection, the home could not provide us with an up to date record of this monitoring therefore we could not be sure the person was receiving the correct dose.

When we arrived at the service on the first day of inspection the rear of the property was not secure. The back door was standing open and there were two unlocked gates that meant there was direct access to the main road from a communal area of the ground floor. This area was not always observed by staff. Five people living on the ground floor had a deprivation of liberty safeguard authorisation (DoLS) in place which meant it would not be safe for them to be out alone. The fact that the rear of the building was not secure also left people vulnerable to the risk of intruders.

When looking around the building we found a 'washing line' attached to the wall on the first floor. We were

told that this had been used to peg clothes on as an activity for people living with dementia. There were no clothes or pegs on the line and although it was against a wall it was hanging loosely at a height that was a ligature risk to people. Although it was removed immediately at the inspector's insistence this had not been identified as a risk.

In a communal 'coffee shop' area there were items such as washing up liquid, sun cream, bottles of alcohol and high sugar sweets all easily accessible to people, some of whom had diabetes, who would be at risk if they were to eat or drink them. There was a kettle in the 'coffee shop' and also in the dining room on the first floor which were both unattended when we walked around the service. Access to a kettle and boiling water was a risk of scalding. Records showed that one person upstairs had recently thrown a cup of liquid over a visitor so there was an even greater risk associated with access to boiling water on this floor. These risks had not been recognised.

There was no evidence that lessons had been learned from monitoring of the service. Accidents and incidents were recorded and a log kept each month in order to look for patterns and trends. One person had a fall in August 2018 where drawers had fallen on them. The drawers had not been secured to the wall when we inspected in October 2018. Records stated if a person had more than two falls in a month then action should be taken, for example referral to falls team. One person had two falls on consecutive days in August and no referral was made, the manager was unable to tell us why. After just one fall in October a referral had been made to the falls team for the same person. Three medicines errors were recorded in September 2018. The lessons learned summary stated that more regular medicines counts were to be done however evidence found during this inspection showed that counts were still not correct.

The service did not always accurately monitor risks to people or ensure staff had the information necessary to minimise those risks. One person self-administered topical creams. There was no risk assessment in place to support this even though their care plan stated they would not be able to administer their own medicines. People with diabetes did not all have risk assessments in place. We found that where risk assessments were present they did not provide adequate guidance for staff. We also found that risk assessments were not regularly reviewed to ensure they contained up to date information.

The service used the Malnutrition Universal Screening Tool (MUST) as a screening tool to identify people who were malnourished, at risk of malnutrition or obese. Records we looked at had not always been completed correctly. Incorrect entries meant that the level of risk was not correctly identified. Errors of this type may have prevented people receiving specialist input from dieticians

Weights were not being accurately monitored in line with care plan guidance and people were therefore at risk of harm. For example, one person was at risk of weight loss and should have been weighed monthly. Records showed they were weighed on 7 April, 21 May, 22 July and 6 September 2018.

These findings evidenced a breach of Regulation 12 Heath and Social Care Act (Regulated Activities) Regulations 2014

Staffing levels were not calculated using a dependency tool and therefore the manager was not able to provide evidence that the staffing levels matched the needs of the people using the service. Staffing levels on the ground floor appeared to be sufficient. However, on the first floor staff told us they felt stretched. They were unable to take reasonable breaks or complete records in a timely way. On the second day of our inspection we spoke with night staff. On the first floor one person was newly recruited to the bank team and had not completed all of their mandatory training. There was one other care assistant and a senior carer on duty and there were a high number of people who required regular nightly observation or two to one

support for personal care. One person had been awake all night and staff told us it had been a "difficult night". One person we spoke with told us, "It's comfortable here, but there's a problem at night with the staff, there's a couple of agency" Another person told us, "There's no problem in the daytime. I rang the buzzer, I like to go to bed between 10 -11pm, I waited for them. I thought they had forgotten, they came eventually." When we discussed this with the manager and the rapid response manager they told us they were looking at the dependency tools available to select the most appropriate one for the service. They acknowledged that there was currently no system in place to determine the number of staff or skill mix required to meet people's needs.

These findings evidenced a breach of Regulation 18 Heath and Social Care Act (Regulated Activities) Regulations 2014

The staff files we reviewed contained evidence of safe recruitment practices and had the relevant documentation present including staff application forms, interview notes, employment references, job descriptions, induction, identification checks as well as background checks by Disclosure and Barring Service.

Staff had received safeguarding training and they were able to explain what they had learned. For example, the different types of abuse and how they might be identified. Staff also told us they would not hesitate to report anything they were concerned about. One member of staff told us, "I know to go to a senior or the manager if I see anything I'm not happy about. I'd go above them, to the safeguarding team or you (CQC) if I didn't think anything was being done."

There were emergency plans in place, tests of fire equipment were carried out and people had personal emergency evacuation plans that were accurate and up to date. Although records showed that staff assembled at the fire point during alarm tests no horizontal evacuation drills had taken place in the last twelve months and it was therefore not possible to know whether staff had the skills and knowledge to get people to a place of safety in the event of a fire. The provider's policy stated these should be carried out six monthly for day staff and three monthly for night staff. This had been identified in an audit of fire safety records conducted on 2 October 2018 and the manager told us they planned to arrange this as soon as possible.

Maintenance and health and safety checks of equipment were regularly conducted. Records showed that when an issue was identified this was quickly rectified.

Requires Improvement

Is the service effective?

Our findings

There was a training matrix for mandatory training but the manager had no oversight of what additional/specialist training staff had undertaken. For example, they were not able to tell the inspector whether staff had undertaken end of life training. A lot of training was completed online and some staff told us they were not confident using a computer. They had to come in on their day off if they needed help to complete training.

One person who lived at the service displayed behaviours that could be challenging. Staff told us they had not received any specialist training on how to deal with this. The manager confirmed staff had not had any challenging behaviour training. Night staff said at times they found it very difficult to manage this person's behaviour. One person has a stoma. They had been living at the service since August and the only training staff had received was from the person's relative. Training had been scheduled but the potential risks of relying on a family member's knowledge had not been considered.

The service used agency staff, mainly to cover night shifts. Agency staff inductions were not always carried out consistently. When reviewing the agency staff file there were four agency staff members where there was no induction present. The manager told us senior staff were responsible for the induction of agency staff. We spoke with senior staff who told us there was not always time to do this, particularly when cover was being provided for a busy night shift. Staff we spoke with were concerned as they were aware of the risks of agency staff not having the correct induction.

Staff did not always have time to read people's care plans and therefore did not always have access to up to date information about their needs. Staff we spoke with told us they were not allocated time to read care plans and had to fit it in when their shift was quiet. Some staff admitted they had not had time to read people's care plans for some time. There was a handover meeting between day and night shifts and handover documents were produced that contained bullet point information about each person. This provided staff with a snapshot of people's needs but we found that some information on the handover record was incorrect or out of date and did not accurately reflect information in care plans.

We looked at how staff were supported by the management team. The provider's supervision policy stated that supervisions should be one hour, bi-monthly meetings. These were not always carried out. Many staff had not had regular supervision in line with this policy. Some staff had their last supervision meeting in January 2018. Staff appraisals were also not planned for all staff. The manager told us they were aware that there was a problem with this but a robust action plan to address the issue had not been put in place.

These findings evidenced a breach of Regulation 18 Heath and Social Care Act (Regulated Activities) Regulations 2014

We spoke with kitchen staff who demonstrated a good knowledge of people's dietary requirements. The kitchen was kept informed of dietary requirements and of any changes. There were people living at the service who were diabetic, had food allergies and gluten intolerances. Staff in the kitchen were

knowledgeable and able to tell us the adjustments they would make to support people's diets.

People using the service were offered choice in relation to meals and snacks. This was the case regardless of any special dietary requirements. One person told us, "I have an egg allergy [the chef] does a lot of different things for me." Another person said, "I have a soft diet, yes I have a choice."

Drinks were offered regularly throughout the day. Some people living at the service required high calorie diets and staff could demonstrate how foods and drinks were fortified to ensure this.

The chef said that the kitchen was supplied with everything needed to cater for the people using the service. People who needed their food specially prepared due to a choking risk were still offered choice.

We observed lunch time in the Jasmine suite dining room. Dining tables were set with condiments available for people. The lunch period was calm and relaxed. There were plenty of staff available to support people. Staff were respectful and kind in the way they provided support. They offered people drinks and gave assistance to those that needed it. People spoke positively about the food provided by the service. One person told us, "The food is very good, never any complaints." Another person said, "It's excellent the way they cater for us. Roast beef, every Sunday. You get what you've ordered."

Care staff recorded people's food and fluid intake in people's daily records. This enabled staff to ensure people identified to be at risk of dehydration or malnutrition were receiving the target intake to maintain a healthy diet. Where people were not achieving these targets then referrals would be made to the relevant health professional.

In reviewing care records there was evidence to see that district nurses visited daily to support people with their health care needs, this included the administration of insulin for people who were diabetic. Peoples care records also included times when people had seen the GP, Dentist and Optician. One person told us, "If I was poorly they would get the Doctor very quickly."

There was some dementia friendly signage and decoration including contrasting coloured hand rails. The dining room on the first floor had a bright mural on the wall that clearly identified it as a place to eat. There were colourful decorations that the people using the service had helped to make. However, most areas of the building were not decorated in such a dementia friendly way and some areas were in need of redecoration. Bathrooms were not all identified with appropriate signage. Photographs of people were used to help them to find their own rooms but two photographs were placed on the wall between two rooms. Although people had their names and room numbers displayed on their doors this positioning of photographs was potentially confusing for someone with dementia who may not recognise their name or room number.

Prior to admission a full assessment of people's care needs was undertaken. This was a comprehensive document that looked at all aspects of people's needs including any religious beliefs or cultural requirements. On the second day of our inspection we saw an assessment that had been completed for an emergency admission the previous day. This had been completed in full and contained a good level of detail despite being completed at short notice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application 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.

During the inspection the manager could demonstrate a robust system to ensure authorisations were obtained in a timely way. Staff had received training on MCA and DoLS and demonstrated and understanding of these principles. Senior staff carried out decision specific MCA assessments for people. We saw evidence that best interest decisions were made on behalf of people who lacked capacity. Some of these documents were very detailed and contained information of all the people involve in reaching the decision. However, other records were signed only by one member of staff and did not demonstrate any consultation or involvement from third parties such as a family members or other health professionals. We fed this back to the manager who said they would work on more consistent recording of best interest decisions.

Good

Is the service caring?

Our findings

People spoke highly of the care they received from staff. Comments included, "They go out of their way, they are so friendly and kind, they don't leave you", "[Staff are] kind in everything, above and beyond" and "They are all very nice, if you ask for help they give it to you."

One person had a friend visiting who told us, "Staff are canny. Some [staff] bring her wool in for her knitting, they treat her nice, we are getting used to them, they listen to us."

People told us they were involved in decisions about their care. They also felt their relatives were involved and kept well informed.

Staff told us how they made relatives and visitors feel welcome by offering them a drink or something to eat and at lunchtime we observed a person eating a meal in the dining room with their family member.

We observed staff providing care in a kind and patient way, speaking to people with respect but also laughing and joking in a friendly manner. Staff knew people well. We overheard conversations about families and people's past.

Staff provided care in a way that protected people's dignity. People were spoken to in a respectful way and given choices in the way their care was delivered. Staff knocked on doors and waited before entering. At mealtimes staff were patient and encouraging. They paid attention to the small details that could make the meal more enjoyable for each individual. One member of staff asked a person where on the plate they would like their vegetables, another asked whether a person would like to eat a piece of fruit whole or have it cut up.

When we arrived on the first day we found that some people's care records, containing personal information, were left accessible in the homes 'Coffee Shop'. Staff had been updating records but had left them unattended. This area was used by staff, people and visitors. Documents containing personal information should be stored securely to respect people's rights. We pointed this out to the manager who told us they would ensure records were stored more securely in future.

Staff said they enjoyed their work and spoke positively about the service and the care they provided. One member of staff told us, "I love my job, the people we look after are definitely the best thing about it." Another member of staff said, "Staff morale is good, [staff] are all happy and caring and the atmosphere here is good."

People received care in a way that respected equality and diversity. Staff had been trained in this area and one member of staff told us, "People all have different views but you respect everyone the same. You work with them to find out what their needs are, if you listen then you find out."

People's religious needs were respected. A church service was held in the home every month and those

people who wished to were supported to attend.

At the time of our inspection nobody was using an advocate. An advocate is someone who supports a person so that their views are heard and their rights are upheld. There was information available on local advocacy service on display should anyone wish to use them in the future.

Requires Improvement

Is the service responsive?

Our findings

Care plans we looked at were not written in a personalised way, instead they listed the general tasks necessary to provide basic support to the person. There were one-page profiles on people's care files. These were designed to give staff an 'at a glance' summary of people's likes and dislikes and how to support them in the way they would prefer. We found these documents were often blank and where they were completed they contained very little detail. It was not possible to get a sense of what the person was like from reading these documents and therefore they were not fulfilling their purpose.

People told us they felt staff did treat them as individuals. One person said, "Everyone uses your Christian name here, people get treated as they want, they know people's likes and dislikes."

Care plans contained little evidence of reviews taking place and it was not clear whether people had been involved in reviewing their care. Care plans were not signed by people. Reviews should have been done monthly and this was not happening. A review of care should be undertaken every six months with family but this had not been happening. We spoke with the manager who acknowledged it had not been happening but told us they had put together a matrix to begin this work.

We spoke with people about how their care was reviewed and whether they were involved in this process. One person told us, "My daughter goes to those meetings." Another person said, "Once, a while ago staff just asked how we were doing, my family is involved in this."

We looked at the activities taking place in the service and how people were supported to engage in pastimes that interested them. There were no records kept of what activities each person had taken part in. The client profile sheets which should have detailed people's likes and dislikes, hobbies and interests were blank in many cases. Some forms contained inaccurate information about the individual and all forms contained the same generic activities with no personalisation.

We spoke with the activities co-ordinator who told us about the ideas they had for a gentleman's group and creating a bar in one of the upstairs lounge areas that was not currently used. They explained that they had used the internet for research and seemed committed to making improvements. However, they had a limited budget and had been holding fundraising events in order to pay for an outing.

Most people we spoke with felt there were enough activities taking place. Comments included, "There are nice parties at Christmas, the church people do a singalong, the fun days are alright, there was one in August a canny few came", "We knit we do our own thing, keep fit, the chap comes each week, we all go."

We looked at how the service handled complaints. A complaints procedure was on display in a communal area and this was also available in an easy read format and an audio version.
The individual complaints log forms contained details of the complaint however there was no space on form to log investigation findings and whether the complaint was successfully resolved. The manager was able to tell us the outcome of each case and said the form would be changed so that a full record was kept.

People told us they knew how to complain if they were not happy. One person told us, "To complain? I would tell the carer to their face" another person said, "Yes, I know how to complain. I'd speak to one of the staff, they would sort it out."

People did not have end of life care plans in place. Forms that recorded peoples assessed needs had this area marked as 'not applicable'. It was not possible to tell from training records whether staff had received end of life training. We discussed this with the manager who said that more work would be done to ensure plans were put in place.

Requires Improvement

Is the service well-led?

Our findings

Although there was a manager in place who had begun the registration process there had been no registered manager at the service since 24 January 2017. This has been addressed outside of the inspection process.

Care plans contained inaccurate and out of date information and were not being regularly reviewed. For example, one person had a nutrition and hydration care plan in place that was written on 26 January 2018 and not reviewed until 28 September 2018. There was a dietician referral made for this person on 1 October 2018 but the nutrition and hydration care plan had not been rewritten to outline the changes to the person's care needs. Another person had a document in their care plan that was highlighted as a behavioural support plan but it was actually a record of a medicine's review. The person's care plan referred staff to the behavioural support plan for guidance but this was not on file.

Evidence of management oversight was poor. Accidents and incidents records were not completed fully or correctly. Complaints records were not comprehensive. There was no oversight of staff training other than mandatory training and therefore it was not possible to be sure that staff had the appropriate specialist skills to meet specific needs of people living at the service.

We looked at the process for auditing within the home and found that whilst audits had been carried out they did not pick up everything we had found on inspection. Care plan audits were not followed up in a timely way to ensure that errors or omissions had been corrected. We saw that one care plan had been flagged as 'red' which meant that it had scored less than 60% against the provider's audit tool. The actual score in June 2018 was 44% and three months later improvements had not been made and the same care plan only scored 47%. Medicines audits had not picked up on issues we identified. Action plans to address the issues that were identified during internal audits were not in place. This meant that audits were not successful in improving the quality of the service.

In May 2018 the home had received nine completed questionnaires from people who used the service. Comments included they were, "happy with the support they receive", "happy with the care provided". However, there were also comments about what people wanted more of which included "would like to use the garden" and "there is not enough choice at mealtimes" as well as "staff tell me when it's time to get up" and "I am not asked to be involved in care planning." There were common themes amongst these comments for example a lack of choice at mealtimes and a lack of involvement in care planning. There was no action plan put in place to address this and therefore no evidence that people's feedback was being used to improve the service.

These findings evidenced a breach of Regulation 17 Heath and Social Care Act (Regulated Activities) Regulations 2014

Resident and relative meetings took place but the manager told us these were not well attended. The last meeting was in June 2018 and minutes showed comments were made about volunteers coming to help out

in the service and improvements needing to be made to a resident's bathroom. There was no specific action or closure of this to outline what had been done.

Staff we spoke with said they felt supported by management and they enjoyed working at the service. There was evidence that staff meetings were taking place but these were not following a regular pattern. There had been meetings in March, May and June 2018 then nothing until the week before our visit.

People who used the service made positive comments about the manager. One person told us, "[The manager] is approachable. I would speak to her if I had any issues." Another person said, "They call you by your first name, they come on their little round, they're nice."

We asked about links with the community and the manager told us people accessed a new venue in the area that was part of a local church. There was a café and they also showed sporting events and films on a big screen. A school visited and were very popular. There was also provision for a toddler group which took place once a month. We saw in one lounge area there were a number of toys that were used during this activity. At present this was limited to family and friends of people linked to the service but they were looking at the possibility of opening this out to the wider community. A summer fayre had been well attended and we were told the service had a lot of local support. There were plans for a luncheon club or bingo for people in the local community once new activities co-ordinators were recruited.

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 systems in place for medicines management did not keep people safe. Regulation 12 (2)(g) The premises were not kept secure and there were environmental hazards within the service. Regulation 12 (2)(d) Risks to people using the service were not adequately assessed and therefore plans to mitigate these risks were not in place. Regulation 12 (2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People's care plans were not kept up to date and did not include a full and accurate record of a persons needs. Regulation 17 (2)(c) The system of audits being undertaken was not successful in improving the quality of the service. Regulation 17(2)(a) Feedback was being sought but this was not then used to improve standards at the service. Regulation 17(2)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not calculated using a

dependency tool and therefore the manager was not able to provide evidence that the staffing levels matched the needs of the people using the service. Regulation 18(1)

Specialist training had not been delivered to cover all aspects of people's care needs. Regulation 18(2)(a)

Staff had not all had regular supervision in line with the provider's policy. Regulation 18(2)(a)