Mr Daljit Singh Gill

The Langleys

Inspection report

12 Stoke Green
Coventry
West Midlands
CV3 1AA

Tel: 02476636400

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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 29 November 2018 and was unannounced.

The Langleys 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.

The Langley's provides care and accommodation for up to 15 older people. There were eight people living in the home at the time of our visit. In response to the concerns identified at our previous inspection visit, the provider had taken the decision not to admit further people into the care home, hence the reduced numbers of people at the home when we visited.

At our last inspection in February and March 2018 we found there were improvements needed in all the key questions we inspected these were Safe, Effective, Caring, Responsive and Well led. There were five breaches of regulations at that time and we rated the service 'Inadequate' overall. The service was placed into 'Special Measures'. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

During this inspection the service demonstrated to us that improvements have been made and is no longer rated as 'inadequate' overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The service is required to have a registered manager in post. 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 and associated Regulations about how the service is run. The previous registered manager had left their employment in August 2017. A new manager had been in post for approximately 11 months. They had submitted an application to apply to register with us and this was under consideration.

Systems and processes to monitor the quality of the service had improved from the previous inspection. Action had been taken to address the high-risk fire safety concerns previously identified. However, there were some health and safety risks and risks associated with people's care that had not been sufficiently addressed. This included risks associated with staff recruitment as procedures in place had not been followed to ensure staff were recruited safely.

Information about how staff should manage risks associated with people's care was not always clear although staff knew people well and were aware of these risks. Some care records did not contain accurate information but they were more detailed to help staff provide care and support in accordance with people's wishes and preferences.

People received their medicines when they needed them and action had been taken following the last inspection to improve medicine storage. Some improvement was needed to medicine records to ensure risks associated with medicine management were safely managed.

There were enough staff on duty to meet people's needs in a timely way and people were positive in their comments of the care and support they received. Staff told us they had completed training they needed to carry out their role but training records needed improvement to demonstrate this.

Both people and staff spoke positively about the manager and provider and people told us they felt safe living at the home. People told us about improvements made to décor and further improvements were planned.

The home was clean and staff understood what action to take to protect people from the risk of infection.

People told us there was now more to do to occupy their time. The frequency and range of social activities had increased so people had more opportunities to engage in activities they enjoyed. Activities to support people living with dementia remained an area for improvement.

Staff understood how to support people's rights and demonstrated an understanding of the Mental Capacity Act (2005). People's consent was sought before delivering care.

People were involved in planning their care and were offered choices related to daily living such as times they got up and what meals and drinks they wanted. Staff understood the importance of involving people in decisions and had improved ways of working to support people to maintain their independence. Staff respected people's privacy and dignity. This was an improvement from the previous inspection.

People and their relatives spoke highly of the staff and about living at the home. People said they enjoyed the meals provided and we saw mealtimes were a more positive experience than they had been at our previous inspection visit. Staff had received nutrition training and knew how to support people with specialised diets to maintain their health.

Quality monitoring processes to obtain feedback from people about the service had improved since our last inspection but auditing systems and checks were not always effective in identifying risks and acting upon them.

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.

Systems to identify and manage risk at the home were not always effective. Staff knew about risks associated with people's care. There were enough staff to meet people's needs in a timely way. The home was clean and people were protected from the risk of infection. Recruitment procedures were not always followed to minimise the risks to people's safety. People received their medicines and the storage of medicines was safe.

Is the service effective?

Good

The service was effective.

Staff received support when they first started work at the home. Staff had opportunities to complete on-going training to meet people's needs. The provider worked within the requirements of the Mental Capacity Act (2005). Staff understood the principles of the Act. People enjoyed the food and the mealtime experience was positive for people. People received the support they needed from health professionals.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff and the care they received. People's rights, privacy and dignity was respected by staff. Staff understood the importance of equality and diversity. Staff supported people to be independent as they wished to be.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff were available when people needed them to respond to their needs. People had been involved in decisions about their care. Some care plans lacked detail and contained incorrect information. People had access to increased social activities and these were being further developed to meet all needs. There was a complaints process and people felt confident their complaints

would be dealt with.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and staff were positive about the management of the home. Systems and processes to monitor the quality and safety of care were not always effective to drive improvement. Risks were not always identified though audit processes. Processes to seek people's feedback were in place and people and staff spoke positively about the manager.

The Langleys

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 unannounced comprehensive inspection took place on 29 November 2018. The inspection team consisted of two inspectors.

Before our visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with the local authority commissioning team. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. They informed us they had noted improvements to the service since our last inspection visit to the home.
During our visit we spoke with five people who lived at the home, two visiting health professionals and a relative. We also spoke with the home manager, three care staff and a domestic assistant.

We reviewed four people's care records to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required.

We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February and March 2018 we rated 'safe' as 'inadequate'. At this inspection, we saw improvements had been made however further improvements were needed. We rated 'Safe' as 'Requires Improvement.

During our last inspection visit we had identified serious concerns in relation to the fire safety at the home. We found during this visit that the improvements required had been completed and maintained. For example, during our last inspection emergency fire exit doors were not fully operational, some were locked, one was blocked by coats hung on the wall and another was difficult to open. During this visit all fire doors in the home were accessible, and they opened with ease. However, the front door was locked with a key and visitors to the home had to ask to be let out, we were not assured the door could be opened quickly in an emergency situation. The manager told us they had contacted the fire service about this issue and were awaiting a visit from them. They also told us there was key located next to the door if a quick exit was needed.

All people had personal emergency evacuation plans (PEEPs) but two of the eight we looked at were not accurate and had not been updated since May/June 2018. For example, one stated a person would need a frame to stand and move into a wheelchair for long distances but staff were using specialist equipment to assist the person to stand before transferring them into a wheelchair. Incorrect information could delay people being evacuated safely. The manager told us they would review the PEEPS to ensure they were accurate.

There had been some improvement made to the environment to make it safe. This included some carpets and lino on floors being replaced. However, there were six radiator covers that were not securely fixed to the wall which were unsafe. The manager assured us they would take action to address this issue. We also saw some surface water was, again, present on the cellar floor which meant this issue had not been fully resolved following our last visit. When we checked, the lights in the cellar they were not working and we saw an electrical item was plugged into an electrical socket. We bought this to the attention of the manager. The provider told us the water was rainwater and said, "We have had some heavy rain, I've had it checked out and water on the floor is not a risk. It's just something that happens in old cellars. The lighting is working the electrics had just tripped." However, the provider did not have any documentation to demonstrate the safety of the cellar had been assessed as being safe by a suitable qualified tradesman. We were told the electrical item that we saw plugged into a socket had been removed and staff did not use the cellar. The manager told us following our visit that the provider had arranged for this to be checked.

During our last inspection people lived in an environment that was not always clean and staff practices did not always protect people from the risks of infection. During this inspection improvements had been made. One person said, "Its cleaner now, they are always vacuuming and wiping things." We saw the home was clean, tidy and smelt fresh. Training records confirmed staff had completed training on infection control. One staff member said, "We had infection control training. We always have the gloves and aprons we need to complete personal care."

People's care records had been reviewed regularly but there were still areas of improvement needed to ensure these were clear and sufficient to support staff to manage risks. For example, a risk assessment contained incorrect information in relation to a person who smoked within the home. The person told us they did this because they did not want to smoke outside when it rained. This risk had not been sufficiently managed to ensure the person could smoke safely when there was inclement weather.

Other risks we found had been managed. For example, one person was at risk of choking on fluids and had been referred to a speech and language therapist for an assessment of their needs. Advice had been provided for a prescribed thickening agent to be used in the person's drinks to reduce the risk of them choking. Records contained clear instructions for staff to follow to reduce this risk which included the person needing to be sat in an upright position when they had a drink. We saw the person's drinks were thickened by staff to the required consistency and also saw the person used a specific light weight cup in a particular shape that supported the person with safe drinking. Staff told us they knew how to manage the swallowing risks for this person. One said, "We follow the risk assessment. It's three scoops of thickener in 200ml of drink." Another told us, "We always make sure [person] is sitting up when they have a drink because if they are slumped they could choke."

Staff were also aware that a person was at risk of falling and they needed to use specific moving and handling equipment to move them safely. The person had a 'moving and handling' risk assessment that contained instructions for staff to follow and stated they should use a hoist. We saw these specific instructions were followed by staff on two occasions when the person was moved. This assured us improvements in relation moving and handling people safely had been made since our last inspection.

At our previous inspection we found concerns about the administration of medicines. During this visit improvements had been made. People told us they received their medicines when they needed them. One person said, "They (staff) are good with the tablets, I get mine." Another said, "No problems, I get what I need." People's medicines were stored safely and care staff ensured the medicine trolley was locked when it was not attended. A new lock had been fitted to the fridge in the dining room which contained medicines to keep these secure.

Medicine records were not always clear, for example a letter from a GP stated a medicine for one person had been changed from a tablet that would usually be swallowed to a medicine that could be crushed. This was because the person had some swallowing difficulties and was at risk of choking. The crushing of the medicine was to help the person swallow their medicines more easily. However, the medicine administration record (MAR) did not show the new medicine should be crushed. This meant there was a risk staff may not administer the medicine as needed to support the person's needs.

Some people were prescribed creams to be applied directly to their skin and records we viewed showed these had been administered as prescribed. Staff knew where to apply prescribed creams to prevent skin problems from developing. We saw creams located in people's bedrooms all had prescription labels which included a picture of the person to ensure creams were only used for the person they were prescribed for. However, staff had not recorded when creams had been opened to make sure they were not used beyond the recommended timescales.

People told us they felt safe, comments included, "Well, I don't worry about anything so… yes, I'm safe," and, "I think everything is ok here safety wise." People were protected from the risk of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. One staff member told us, "If I was worried about someone I would speak up. I would tell the manager. If they did not do anything I would tell the social workers. Another said, "I know I can call you

(CQC)."

We asked staff if there were enough of them to meet people's needs in a timely way and to keep people safe. One told us, "Yes it better now and we have another cleaner starting soon so that will help too." Another told us, "Yes, but only because there are only eight people here. We will need more staff if new people move in." The provider assured us staffing levels would be reviewed and sufficient staff would be on duty if the number of people increased.

We saw there were enough staff available to support people's needs during our visit. At night two care staff were on duty. One remained awake whilst the other was asleep but could be called upon if they were needed. A staff member explained that this number was sufficient as people always slept through the night. Duty rotas did not show there was always a senior member of staff on duty. They were also not sufficiently clear to show how staff were deployed to demonstrate there were sufficient staff to cover both care and ancillary duties consistently.

During our last inspection staff who prepared people's meals told us they had not completed any training or qualifications to support them to carry out this role safely. During this inspection staff had completed the required training to support people safely. This included food hygiene and infection control training.

We could not be sure that recruitment processes were consistently followed to keep people as safe as possible. We reviewed two staff recruitment files. One file demonstrated that the necessary pre-employment checks had taken place. This included a Disclosure and Barring Service (DBS) check. The DBS is a national agency that keeps records of criminal convictions. However, the other file did not contain a reference from the person's previous employer and there was an unexplained gap in their employment that had not been explored. We discussed this with the manager who told us they would take action to ensure recruitment checks were more robust in the future.

At the time of our inspection visit the manager was not able to locate the accident and incident records for people. This meant we were unable to confirm there was a suitable system in place to monitor them and ensure appropriate actions were taken to reduce the risk of them happening again. The manager told us they would take action to address this so that clear records were kept and were available.

Good

Is the service effective?

Our findings

At our last inspection in February and March 2018 we rated 'effective' as 'Requires Improvement' because the requirements of the Mental Capacity Act were not always being followed. At this inspection, we found the required improvement had been made and rated this key question as 'Good'.

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 people 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).

People who lived at the home all had capacity to make simple decisions such as, what they wanted to drink. Staff understood the principles of the Mental Capacity Act and told us they had completed training to help them understand the Act since our last inspection. One said, "Capacity is about people making choices, whether they can or not." Another said, "People's capacity has to be assessed, people have rights to make choices." People told us staff offered them choices and we also saw staff sought consent from people before they provided them with assistance. This demonstrated they put their learning into practice.

People told us staff had the skills they needed to meet their needs. One person told us, "I think they are well trained here. They know how to do things the right way." Staff had received an induction when they had started working at the home so that they knew what was expected of them. One staff member told us, "I did training and shadowed (worked alongside) other staff which helped me to find out what I needed to do."

Staff spoke positively about the training they received. One staff member told us, "We have face to face training and workbooks too for different things." Another explained they had recently completed 'skin integrity' training which had reminded them of the importance of checking people's skin for any red areas when they assisted them with personal care. Red areas can be an indication of skin damage. The staff member told us, "If I see red skin I report it straight away as we need to tell the district nurses because we don't want people to be sore."

Staff told us since our last inspection they had received training in catheter care, and dementia care so that they could more effectively support people with these specific needs. However, they had not received training to support people with mental health problems. We discussed this with the manager who explained they were in the process of sourcing suitable training. They commented, "I have found some but it's not available until January."

Care records showed the provider worked in partnership with other health and social care professionals to

ensure people received the support they needed. For example, when one person showed signs of ill health such as coughing, the GP was contacted and medication prescribed to address their chest infection.

Staff told us they had completed food preparation training since our last inspection and knew now the importance of labelling items in the fridge and checking the temperatures were safe for food storage. The manager showed us training certificates that confirmed staff learning on 'understanding nutrition' so they knew how to support people's needs. Staff knew those people at risk of losing weight and described how they fortified foods (added calories) to help them maintain their weight and health. One staff member told us, "[Person] had lost weight …we add four tablespoons of milk powder to a pint of milk. We saw guidance was on display in the kitchen to support staff to fortify drinks and foods.

During our visit we saw staff took part in a training session with a dietician. They followed recipes to learn how to fortify foods such as jelly, and mashed potato. A staff member told us, "We are learning as some people are at risk of losing weight. It's good and we can now make the recipes for them here." The dietician said, "All of the staff are committed to making sure people eat and drink enough to maintain their health. They are listening to my advice and by following the recipes people will benefit. I am impressed with the efforts the staff are making."

People provided positive feedback about the food provided at the home. One person said. "I always like the food, it's nice and hot." Another said, "The staff are good cooks here, the food is nice." There were facilities for people to make themselves drinks and we saw some people did this throughout the day.

At lunchtime we saw people's mealtime experience had improved since our last inspection. This was because people's meals were provided promptly and people ate where they chose. There was a choice of two cooked meals and people were offered more if they wanted. People were provided with a choice of drinks and desert and there was fresh fruit available in the lounge for people to help themselves if they wished.

There had been some improvements made to the décor. One person said, "I like the new carpets, its better now in the lounge." A staff member told us, "The environment has been improved, it feels fresher." Another staff member said, "[Provider] has made changes. New carpets and flooring, its better." The provider explained refurbishment was ongoing and they planned to make further improvements over a period of time.

Good

Is the service caring?

Our findings

At our previous inspection in February and March 2018 we rated this key question as 'Requires Improvement'. This was because people's privacy and dignity was not always maintained and there was a lack of understanding by staff of people's human rights. During this inspection action had been taken to improve and we therefore rated this key question as 'Good'.

Staff demonstrated they understood the principles and importance of promoting equality and human rights as part of a caring approach. One staff member said, "Were all different in here, we welcome differences with open arms." This assured us improvement had been made since our last inspection.

People explained how staff respected their privacy and dignity when supporting them or providing personal care. One person told us, "They (staff) are good, they cover me up after a shower so I am not on show." We saw staff knocked doors before entering bedrooms and a person spoken with confirmed this always happened. They commented, "It's just polite." One staff member who we saw knocked a door said, "It's only me…. can I come in? They waited for a few seconds and we heard the person reply, "Of course you can sweetheart."

People spoke positively about the staff who provided their care demonstrating they had developed meaningful relationships with them. People commented, "All of them are good girls, they are kind" and, "They are bubbly people, they cheer me up when I am having a low day."

Staff practice demonstrated they cared about people. For example, one person was feeling unwell and a staff member explained to us this had caused them to lose their appetite. We saw during the morning of our visit they offered the person four different types of breakfast and two different drinks. The staff member said, "I am so fond of them I am really trying to get them to eat as I don't want them to waste away."

Staff told us as the number of people living at the home had reduced since our last inspection they had more time to spend with people. One said, "I'll be honest, its better now we are under less pressure. We have more time just to sit and chat, it's what people want." We saw during our visit staff sat and chatted to people in communal areas and in their bedrooms.

Staff understood the importance to maintain people's independence and where possible supported people to remain independent. For example, at lunchtime a staff member cut up a person's meal so the person could eat their meal without staff assistance.

People told us there were no restrictions on visiting times and their family and friends could visit whenever they wanted to. A relative spoken with confirmed this.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in February and March 2018 we rated 'responsive' as 'Inadequate'. This was because people did not always receive care that met their needs and preferences. Access to social activities in accordance with people's interests were limited. At this inspection, improvement had been made but there remained areas needing further improvement, we therefore rated this key question as 'Requires Improvement'.

We saw staff were attentive and responded quickly to people's needs which showed us improvements had been made since our last inspection. For example, when one person had slipped down in their armchair causing them some discomfort, a staff member quickly noticed this and went to assist them. The person was asked if they wanted help to be repositioned but asked if they could go back to bed. The staff member supported the person back to bed in accordance with their wishes. Another person asked a staff member for a cup of coffee which the staff member provided promptly. The staff member replied, "Of course, I'll make it milky just the way you like it." The person responded positively to this by smiling and told us, "They (staff) are golden here, if I ask for something I get it."

Staff knew people well which helped them to respond to both their care needs as well as their social needs. For example, one person liked to listen to a particular type of music. Twice during our visit, we saw staff played a CD of the person's favourite music. On both occasions we saw the person tapped their knee to the beat of the music whist singing along, demonstrating their enjoyment.

During our last two inspections people had told us there were limited social activities that took place within the home which meant their time was not occupied. During this visit, a group art and craft session took place provided by an external company and four people who participated told us they had enjoyed it. One person said, "I like to make things, I keep them and give them to my grandchildren." We saw during the activity, people worked together to create a Christmas decoration which they chose to display within the entrance hall to the home for everyone to see. We saw notes of a meeting that people had attended in June showed people wanted opportunities to play picture bingo and bake cakes. People's wishes had been listened to and they told us these activities had taken place, however, they had not enjoyed them. One person said, "We did the bingo, but it wasn't my thing, so we haven't played it again."

Staff felt activities had improved which benefited people. Comments included, "There is more happening now. We had barbecues in the Summer which was great" and "People wanted a Halloween party, so we arranged that and decorated the home." The manager told us, they had taken two people out for a "coffee" and explained how one of these people enjoyed the car journey. They told us a Christmas meal had been booked during December that people would be attending.

We spoke with the manager about the activities. They told us, "We are really trying to make things better. People like the art class and we are giving tap dancing a go in the new year." However, further improvement was required because some people were living with dementia. We found again during this inspection, resources which would provide good dementia care, such as reminiscence books, or activities to stimulate

people's interests were not available.

At our last inspection assessment of people's needs had not included some important information to ensure people's needs could be met. As no new people had moved in we were unable to determine if improvement had been made in this area.

People told us they had opportunities to participate in planning and reviewing their care. One person explained a staff member had spoken with them about their care during a meeting, although they could not recall seeing their care plan. Another person told us, "Yes, I've been asked about how I like things and the things that I don't like."

Staff felt the information within people's care plans had improved which helped them to provide more personalised care to people. One staff member said, "The manager has worked hard to add information. The care plans are more organised which makes it easier for us to find information such as, what people like to drink."

A visiting heath professional told us how staff effectively met the needs of a person they provided healthcare support to. They told us, "They really understand [Person's], needs really well. They always ring me if there are any problems."

We looked at a selection of people's care plans and saw they were more detailed but there remained improvements needed as some care plans were not accurate and did not contain up to date information. This meant we were not assured people received consistent care which met their needs and preferences. People had a 'core care plan' and a 'daily care plan' and we found information within the two care plans did not always correspond. For example, one person was living with dementia and this was recorded in one of their care plans but not in the other. This same person required assistance from staff to help them move but this information was only correctly recorded in one of their care plans.

Despite the omissions in records, our discussions with staff assured us they did know what care and support people needed. We shared our finding with the manager who told us they would take action to address this issue.

Staff told us about one person who had behaviours that could challenge but there was no clear instruction within the person's care plan records for staff to monitor this behaviour to establish if there were any triggers. This was important so they could identify what may be causing the behaviour. Also, so staff could report the frequency of this to health professionals who could advise staff on actions needed to take meet the person's needs.

There had been some improvement to establish and record people's wishes for their end of life care arrangements. However, this information was not available for everyone to ensure their end of life wishes could be followed and respected.

There continued to be a need to improve people's access to information by reviewing the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information in a way they can understand and receive any communication support they need. Despite this, staff knew how people preferred to communicate. For example, one person liked to talk to people but struggled to pronounce their words. A staff member said, "We are patient and give them time to talk." This was reflected in the person's care plan which stated, "Give me time to answer as I can sometimes struggle to pronounce my words."

Staff told us communication and team work between them was good. Staff attended a 'handover' meeting at the start of their shift. They explained this meant they knew how people had been feeling and if they had any planned appointments.

People lived in an environment that mostly met their needs. People with limited mobility were supported with equipment to move around the home and people had access to toilets within their rooms in addition to the communal areas. However, arrangements to support those people who wished to smoke needed review as there was no suitable area for people to smoke in inclement weather.

People told us they were confident staff would deal with any complaints or concerns they had. There was a complaints policy that included information about how to make a complaint and what people could expect if they raised a concern. The policy was displayed within the hallway of the home. Records showed no complaints had been received since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

This key question was rated as 'Inadequate' at our last inspection. This was because we found processes and systems were not effective in ensuring the quality and safety of service was maintained. At this inspection we found there had been some improvement and rated this key question as 'Requires Improvement.'

The previous registered manager had left their employment in August 2017 and the new manager had been in post since October 2017. They had begun their application process with CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our two previous inspections the provider's systems and processes to seek feedback from people about the service they received and to drive forward improvements were not sufficient. This was because staff had completed quality surveys on behalf of people who lived at the home. This meant the provider could not demonstrate the views expressed were a true reflection of people's opinions.

The manager advised that since the last inspection they had been working with another home manager in the local area to support them in making the required improvements. Records showed the 'buddy manager' had visited the home in September 2018 to gather people's feedback on the service. This meant the provider could demonstrate that information gathered from people had been independently obtained and was a true reflection of their opinions. The manager said, "I listened to you and now feedback is obtained by someone independent." We reviewed the feedback gathered and it showed us that people were happy with their care and there was nothing they thought could be improved.

Families also had opportunities to share their views. A questionnaire had been completed by five people's relatives also in September 2018. The feedback was positive. For example, one relative had commented that social activities had improved and the manager was 'very good'. A relative spoken with told us, "I am happy with everything."

People were positive in their comments of living at the home. One told us, "I have been so happy here, it's quiet, I have some lovely friends with the staff, they come and get me up." A relative told us, staff looked after their family member well and stated staff supported their family member to appointments when needed.

Since our last inspection staff told us the provider visited the home more to support the manager and help ensure improvements needed were made. The manager told us they provider visited weekly. A staff member told us, "He visits more now, he's more visible which is good as we can talk to him." Another said, "The owner is here today he asks us what needs to get better, and credit where its due, he has started to improve things."

People spoke positively about the manager. Comments included, "I know [manager], she's good" and, "The manager does come and talk to me, she asks me how I am." A relative told us, "If [manager] wants to discuss anything she will tell me, if I want to talk to her, she will tell me when. She is lovely."

Staff spoke highly of the manager. One staff member explained the manager was available when they needed them. They told us, "I needed her at the weekend and she advised me over the phone which was good." Another staff member told us, "She has worked hard, she listens to us and if you ask me she is good."

Most staff told us they felt more supported by the manager because they had staff meetings which gave them the opportunity to share their ideas to make improvements. One said, "I personally feel the manager listens." Staff meeting notes showed us that meetings were also used to drive improvement at the home. For example, meeting notes dated October 2018 showed staff had been reminded of the action they needed to take in the event of a fire. Also, staff had been reminded not to leave boxes in front of the fire exit and this was unsafe practice as the exit was blocked.

Although systems and processes to monitor assess and improve the quality and safety of the service had improved, there remained some areas of risk that still needed to be addressed. For example, risks related to recruitment and a person had been smoking within the home. There continued to be water in the cellar (although reduced) where electrical points were located, the front door was locked with a key which could delay people exiting the building. The manager was not able to assure us these risks had been fully assessed and addressed as appropriate with external agencies. The manager told us no staff went into the cellar and there was a key located near to the front door however when a visitor wanted to leave the building, we saw a staff member had to search for a staff member who had the key which took several minutes. We could not be assured these risks were sufficiently managed to keep people safe.

Audit processes at the home were not always effective at identifying improvements. For example, we had identified some environmental risks such as loose radiator covers that presented a potential burn risk to people. We had found issues related to records that needed improvement such as information in some care plans not being up-to-date or accurate. This meant there was a risk people's support needs may not be consistently managed. For example, records of food intake for people who needed a fortified diet (calories added to food) did not always show the food had been fortified to address their dietary needs. Medicine records did not show a medicine needed to be crushed prior to administering it. We found two out of eight personal emergency evacuation plans for people were not accurate to show how people would need to be supported out of the building.

We had been unable to view the accident book as this could not be located. This meant we could be assured the provider was checking these to identify risks and ensure they were acted upon.

In response to the concerns identified during our last inspection, the provider took the decision not to admit further people into the home until improvements were made so there had been no new admissions to the home. Local Authority commissioners had been supporting the provider to bring about improvements required. The provider had co-operated with health professionals to ensure the person who stated at our last inspection visit they did not wish to remain at the home, was moved to a service more suited to their needs. The manager told us their assessment process would be more robust in the future to ensure the needs of any new people using the service could be met effectively. They told us staffing arrangements would also be reviewed as required to take into account people's needs.

The provider was aware of the legal requirement to display their ratings and we saw this on display in the

home so that people could see it.