

Haversham House Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Haversham House Limited is a residential care home providing personal care and accommodation to 31 people at the time of the inspection, some of whom were living with dementia, a physical disability or needing support with their mental health, both younger and older adults. The service is registered to support up to 55 people in a single adapted building, however this had now reduced to 49 people and the provider informed us of this following discussion during the inspection.

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

Systems were not being utilised to ensure people always had a good experience of care. Staff were not always effectively deployed to ensure people had support at the time they needed it. Some improvements had been made to medicines management, but further improvements were needed to ensure they were always safe. People had enough to eat and drink, although the meal time experience was not always positive. The building was not fully fit for purpose and improvements were needed to the environment, although some plans were in place.

Risks to people were now being assessed and planned for. People were protected from the risk of cross infection, although improvements were needed to label foods and stock control in the kitchen fridge. People were protected from intentional abuse by staff who understood their responsibilities. Lessons were being learned and improvements were gradually being introduced.

People had their capacity assessed, although for one person this had not been reviewed regularly enough. Despite this, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received training and support to be effective in their role. People were assessed prior to moving into the home to ensure their needs could be met. People had access to other health professionals.

People were supported by a caring staff team and felt they were treated with dignity and respect. People were able to make decisions about their care and were encouraged to be independent where possible. People had their religious needs considered.

People were able to partake in activities. People and relatives were involved in developing their care plan, with further work planned by the provider to ensure all care plans were updated. People felt they were supported in line with their preferences. People were supported at the end of their life. People could access written information in alternative format when necessary. People and relatives felt able to complain and these were investigated and responded to.

Notifications were now being submitted. The provider was aware of their responsibilities to be open and honest. An action plan was in place and action being taken to improve and learn. The staff morale and

culture had improved at the service. People and staff felt positively about the deputy manager and management team. People and relatives were engaged in the service and were kept informed about changes. The service worked in partnership with other organisations.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 October 2019) and it was inadequate in well-led. There were multiple breaches of regulation. At this inspection it is still rated as requires improvement overall, although there were a ratings improvement in caring, responsive and well-led. Many issues were no longer breaches, although we identified one continued breach in relation to oversight of the service.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a continued breach in relation to governance systems which were not effective at identifying areas that needed improvement.

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

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Haversham House Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is someone who has experience of using or caring for someone who uses or has used similar types of services.

Service and service type

Haversham House Limited 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 did not have a manager registered with the Care Quality Commission, although a deputy manager was in place. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Following the inspection, we were informed the deputy manager had been appointed as the manager and they would be completing an application with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, and we asked Healthwatch for any information they wanted to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The local authority had last visited the service in September 2019, following

our last inspection and they shared their overall findings from that visit. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people, one relative, four care staff, the deputy manager, the compliance manager and the nominated individual. We also spoke with one visiting health professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed a range of records. This included four people's care files and multiple medicines records. We looked at two staff files in relation to recruitment. The inspection team also looked at documents relating to the management and administration of the service such as audits, meeting records and building checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and actions plans.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At the last inspection there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to people not being supported when they needed. At this inspection improvements had been made so the provider was no longer in breach, but further improvements were needed.

- Staff were not always effectively deployed to ensure people were supported and supervised in communal areas when needed.
- There was mixed feedback from people about staffing levels. One person said, "I only have to ask, and staff will come and help me." Another person told us, "They don't have all the staff all the time. So, you have to wait. But if you use the buzzer, then they come quickly." Other comments included, "No, not enough [staff]. They need more staff. It varies and staffing goes up and down. There's a terrific amount of staff changeover."
- Relatives also had similar feedback. One relative commented, "I think there are enough staff but not at weekends. There doesn't seem to be the same level of care then."
- Our observations confirmed staff found it difficult to remain available in communal areas, as the layout of the building was spread out and some communal areas were not close together. One staff member said, "If the building wasn't so here there and everywhere, it'd be easier [to staff], it's the building."
- A 'daily care allocation' sheet was developed to ensure staff knew their roles for the day. This was not always used as some jobs had not been allocated throughout the day, so a staff member had to be found. Following our feedback an updated version was developed to make it clearer for staff how to more effectively deploy themselves.
- Staff were now being recruited safely. Checks were made on staff members suitability for working with people who used the service, such as checking references and if they had criminal records.

Using medicines safely

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines and managing risks to people. At this inspection improvements had been made so the provider was no longer in breach, but further improvements were needed.

- Many improvements had been made to medicines management, however further improvements were still needed.
- There were some stock discrepancies which could not be explained, so we could not be sure people were always having their medicine as prescribed. However, most stock levels were correct when compared with records.
- There were some gaps in the recording of the application of topical creams with no explanations, so we

could not be sure people were always receiving this as prescribed.

- One person was having a patch applied to their skin, which was changed weekly. Staff were not recording where this was being applied. The manufacturer's instructions stated patches should not be applied in the same place for three to four weeks to avoid skin irritation but there was a risk this could be re-applied in the same place. A patch record was introduced following the last inspection, but this had not been sustained.
- Despite this, people told us they received their medicines. One person said, "I have medicines for [health condition]. I don't have to wait for my medicines. Staff put them [tablets] in my hand one at a time and watch me take them." Another person told us, "I'm on plenty [of tablets]. I get them regularly."
- Where people received medicines 'when required', also called PRN medicine, there were protocols in place to guide staff as to how they should be administered. We observed staff asking people if they had any pain to gauge whether they needed pain relief.

Assessing risk, safety monitoring and management

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines and managing risks to people. At this inspection improvements had been made in relation to managing risk to people, so the provider was no longer in breach in relation to this.

- Risks to people's health and well-being were being identified, assessed and planned for and people told us they felt safe.
- Some people could become agitated or upset. Plans were in place to identify triggers to people becoming upset and how to respond to them. One person told us, "The staff don't shout at anyone, but the residents do. The staff calm them down."
- We observed safe moving and handling support by staff using different equipment, such as hoisting. People remained calm whilst being supported.
- Staff were aware of people's specific needs and were aware of the procedure to follow if someone had fallen.
- Personal Emergency Evacuation plans (PEEPs) had been improved so they contained colour-coded, up-to-date information about how people would need to be supported in the event of an emergency.

Preventing and controlling infection

- People were protected from the risk of cross infection. The home was generally clean and tidy and there were no unpleasant odours.
- However, some foods in the fridge, such as condiments and one carton of cream, were not labelled as to when they were opened, or they were labelled and had gone past the manufacturer's instructions as to how long they should be open for. Following our feedback, these were removed.
- Staff wore aprons and gloves at appropriate times, such as at meal times.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and people were protected from the risk of intentional abuse. One person said, "Staff are very good. I get on well with them. They're not rough." Another person said, "I feel safe because I'm with company and the staff help... Staff behave themselves and always help."
- Staff knew the different types of abuse, how to recognise it and were aware of their responsibility to report this. Referrals were made to the local safeguarding authority when necessary.

Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. Feedback from the last inspection had been acted upon and improvements were in the process of being made to the service.
- A more in-depth analysis of accidents and incidents had been established following the previous

inspection to ensure people were kept safe. In addition, the use of the 'safety cross' to provide a visual representation of when incidents had occurred each month had recently been introduced. The number of incidents each month had reduced since the last inspection.

Is the service effective?

Our findings

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

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

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

- People were supported to have enough to eat and drink, although people's lunch time experience varied. There was little interaction, people were not always shown choices available and the dining room did not always have enough staff to monitor people. For example, one person dropped their cutlery and no staff were around to spot this. A member of the inspection team had to intervene and replace it for them so they could continue eating.
- Due to some people's needs, they may need visual prompts to help them decide but when people were offered food options, they were not always shown a picture of the food or a plate of the food to help them choose.
- People were not always offered the same choice as others. People were offered snacks and drinks throughout the day, however when snacks on the trolley had run out, more were not brought from the kitchen so there was less choice.
- People and relatives gave positive feedback about the food. One person said, "The food is good. I've no complaints. I just have to tell them what I don't want. I get enough to drink, and I can eat what I like." Other comments included, "The food is brilliant, and I get plenty to eat" and, "I like a lot of green vegetables and fruit. Mostly I get that."

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

- Improvements were needed to the environment and to ensure it was suited to the needs of people living with dementia. There was some signage to help people orientate themselves, but the layout of the building was not easy to follow. Long-term plans were being considered to alter parts of the building. Short-term plans were also in place to change the décor and contents of some communal areas. The current layout was posing a problem for staff to ensure all communal spaces were staffed to keep people safe and supported when necessary.
- Previously there was a room that was decorated like a pub, at the last inspection we identified the room was being used for storage, so the provider decided not to have this as a pub anymore. However, no alternative provision had been made so people could spend time in different areas. Sheds which had previously been converted into 'shops' in the garden were still not in use. Plans were in progress to make suitable facilities in a large lounge area, however this was not yet in place.
- People had personalised signs or photos for their bedroom doors to help them identify their room and people were able to personalise their rooms.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their decision-specific capacity assessed when necessary and other professionals were engaged when the service needed support in relation to someone's capacity. However, we found an instance where someone was being given medicines covertly. Their ability to consent to this had been assessed but this had not been reviewed to check the circumstances were still the same and that other professionals and relatives still agreed that was the best course of action. The deputy manager and provider agreed to review this following our feedback.
- DoLS referrals were being made if there were restrictions on people and conditions were being met.
- Staff knowledge about the MCA and DoLS had improved and they could explain what capacity meant and confirmed they had received some training in this.

Staff support: induction, training, skills and experience

At the last inspection there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff were not always sufficiently trained to be effective in their job. At this inspection, enough improvement had been made so the provider was no longer in breach of this regulation, and improvements were ongoing.

- Staff felt training was more effective at preparing them for the role. Staff were complimentary of the provider's trainer. One staff member said, "I thought [the trainer] did the training in a way so they made it fun."
- A member of staff who was trained and competent at administering medicines was now always available on the premises.
- Staff felt more supported now. One staff member said, "I do [feel supported] now, I didn't do when I first started." Staff confirmed they had supervisions in order to discuss their role and needs.
- The provider and deputy manager were now more effectively monitoring the level of staff compliance and kept a tracker of the number of completed courses and what was still outstanding. Training had improved since the last inspection but was not yet complete.

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

- People had their needs assessed prior to moving into the home. This had been more effective since the last inspection as people were being supported more appropriately and staff were more able to meet people's needs.
- Care plans and assessments were being refreshed to ensure all aspects of their care were planned for and to ensure their needs were met. However, this was still in progress with further reviews still to be completed.

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

- People and relatives told us, and we saw, they had access to other health professionals; one person said,

"Staff will get the doctor for me. I've seen an optician. Every so often I go to the hospital for my [health condition]. I go with staff in a minibus." A relative said, "The home has a resident G.P and the nurse keeps an eye on my relative. The doctor has seen my relative and gives them creams [for skin condition]."

- There was a weekly GP round and people's health needs were discussed and changes were investigated.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always treated with dignity, were not always involved in choices about their care and staff were not always caring. At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

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

- People told us they were well treated by a caring staff team. One person said, "Oh yes staff are very caring. They come and chat with me." Another person said, "They [staff] are gentle. I can talk with them, easy. I always have a laugh with them."
- People confirmed they continued to practice their religion how they chose to. Comments included, "I always used to go to church. [Name] church comes here once a month for communion and I do attend" and, "I'm not religious but I still say my prayers at night." A relative also confirmed, "[My relative] is religious. The local church visits and holds a service here."
- Staff were kind towards people, we saw caring interactions where people were reassured if needed and staff spoke with kindness to people.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity. Comments included, "Staff do respect me by the way they talk to me," "They [staff] all treat me respectfully. Oh yes, I'm quite happy here" and, "They [staff] are very good and approachable."
- People also confirmed they were encouraged to be independent. One person said, "Yes I am very independent. I wash myself but need help with my legs and feet. I dress myself. Staff help me in the shower as I can't stand. Staff know when I need them and when I don't."
- We observed staff helping people maintain their dignity, such as ensuring people were covered up whilst being hoisted. Staff were able to give us examples of how they supported people to maintain their dignity during personal care.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their care. One person told us, "I can do what I want. Nobody forces me. If I don't want to then I don't do it." Another person said, "You can go to bed and get up when you want."
- Other comments included, "I can make decisions. Like, if I want anything. I can lock my room and I've got a key. The shops are a bit much for me to go to. I can go into the garden" and, "I can lock my door if I want but I leave it open, so I can see what is going on."

- We observed staff explained things to people whilst being supported, such as during hoisting and they asked people where they wanted to sit. One staff member said, "You can't assume what people will choose, you've still got to ask them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

At the last inspection there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always supported to have personalised care and engage in activities or their choice. At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

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

- People had opportunities to engage in hobbies and activities, although sections of the home were being refurbished so were out of use. There was a new activity coordinator who was observed to be actively engaging with people. People took part in a quiz, reminiscence and a sing-song which they told us they enjoyed.
- Comments from people included, "There's enough to do. I have a puzzle book. We get singers here. Everybody gets bored now and then," "I like the singing and quizzes. I can go out in the garden" and, "I like to join in the quizzes and bingo. I enjoy my knitting and doing crosswords. I do tend to drop off to sleep."
- A relative told us, "They [staff] do try to involve my relative in entertainments. They join in the bingo. I think they [staff] have a chat with [my relative]. They play music."

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

- People's care plans had improved since our last inspection, although work was still ongoing to ensure all improvements were achieved. A plan was in place to get all care plans updated and ensuring all aspects of their care were taken into consideration which the compliance manager had acknowledged was not yet complete.
- Despite this, people told us they were involved in their care plans and their relatives could contribute if necessary. One person said, "I've got a care plan. The office keep it. It was discussed with me." Another person said, "Yes I have a care plan. Its kept in the office. Things haven't changed for me."
- A relative commented, "My relative has a care plan. Its kept locked in the service area. I can access it if I want. Initially we [family] were consulted about it. It has been updated on my relative's changed needs."
- People confirmed they were supported in a way they liked. One person said, "I can ask the carers when I want support. They'll do it. I get a shower. I just tell them what I need." Another person said, "The carers help me dress on the bottom because I can't reach. They wash my legs. They'll do anything [I need]."
- People were supported in line with their preferences about the gender of staff who supported them, although some people did not mind male or females staff supporting them. One person said, "I always insist on a female carer and that is respected."

End of life care and support

- No one was imminently nearing the end of their life, although there were some people who may become end of life soon. We saw an example of a care plan in place for someone who had recently passed away which included practical medical details as well as personal preferences and how family would be involved. Plans were in place to ensure everyone had detailed plans in place for those that wished to discuss it. When we discussed this with the deputy manager and compliance manager, they said, "Some relatives do and don't want to talk about it. Now the care plans are being reviewed, we will look at it."
- The deputy manager and compliance manager were aware of their responsibilities to liaise with other support services, such as the GP and local hospice in order to support people nearing the end of their life to have a comfortable and pain free death.

Meeting people's communication needs

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

- Written information such as care plans was available in alternative formats. For example, they could be printed off in larger font or read out to people. The deputy manager said they would look into braille if it was required. We discussed the need for staff to offer people choices using visual prompts where needed, such as showing them plates of food to assist them in making a choice.

Improving care quality in response to complaints or concerns

- People and relative's feedback about being supported to make a complaint, had improved since our last inspection; they felt their complaint would be dealt with. One person said, "I've got no complaints. No problem. If I've got something to say, I'll say it." Another person said, "No complaints from me. I'd talk to one of the staff. Yes, I'd trust them to listen."
- A relative gave us an example when they had complained, and things had been explained to them and action taken to reduce the risk of them needing to complain again.
- When complaints had been received, they were fully investigated and responded to.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to poor oversight of the safety and quality of the service. At this inspection improvements were still needed to the governance and oversight, so the provider remained in breach.

- Whilst many improvements had been made to the service, new systems were not yet in use to monitor and improve the quality and safety of the service.
- There was confusion for one of a person's medicines; the Medicine Administration Record (MAR) stated two tablets to be taken at tea time, however the prescription label stated two to be taken at night time. The correct blister had been put for disposal as two blister packs had been delivered in error. It had not been identified that the MAR differed to the prescription label when they should match. No harm had come to the person as a result of this as it was the same amount of medicine in each blister pack, however systems had failed to identify this.
- Checks on medicines storage had not identified that the thermometer was not being reset by staff once the temperature had been checked. The maximum and minimum temperature was consistently the same and the maximum temperature was showing as over the recommended maximum. This had not been noticed by staff completing checks or through some medicine checks.
- Systems had failed to identify some gaps in recording and stock discrepancies in relation to medicines.
- Staff were still not always effectively deployed so improvements to this has not been fully effective to ensure staff were always where they needed to be.
- The review of a person's capacity and whether it was in the person's best interest in relation to covert medicines had not been undertaken, despite the original decision being a long time ago.
- One person had lost weight over several months in 2019. The person had not been weighed since November 2019 despite it being February 2020. A staff member said the person refused, however there was no record of the person being offered to be weighed or whether multiple attempts had been made. Following our feedback, a refusals chart was put in place so the service could evidence why people had not been weighed. The person had involvement from their GP, dietician and advanced practitioner to help keep them safe however, there was a lack of oversight of this person refusing to be weighed.
- The provider was still attempting to implement a new quality assurance and governance system across all of their homes. However, whilst the templates were now in place in Haversham House, none had been completed at the time of our visit, so we could not be sure these new systems would be effective in ensuring

the quality of people's care was monitored and improved. When we discussed this with the deputy manager, they explained, "We've been doing it [monitoring the service], but not writing it down. We've not been writing the general audits down." Following our inspection, the compliance manager sent us a completed audit, however we could not verify whether it was effective as it was completed after our inspection.

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

At the last inspection there was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to failing to adequately check and maintain the building to an acceptable level. At this inspection improvements had been made so the provider was no longer in breach.

- Checks were now being made on the safety of the building such as fire detection and alarm systems, electrical systems and fire-fighting equipment.
- The roof which had been previously damaged had now been repaired. Work was ongoing to repair a specific bath which was still out of action, but people told us they were still able to have baths if they chose to in other facilities available in the home. We will continue to check this is fixed, where possible.
- Improvements to the décor and layout of the building were ongoing. There were some short- and longer-term plans being considered. The layout of the building still made deploying staff effectively a challenge. The communal space available for people to use was insufficient for the amount of people the provider was registered to accommodate. Following a discussion, the provider determined which rooms would not be used until such time as the building was more conducive to comfortably fitting in more people. They updated us with their reduced size.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the provider had failed to ensure notifications relating to certain events were sent to the CQC. At this inspection improvements had been made so the provider was no longer in breach.

- Notifications required by law were now being submitted.
- The deputy manager and provider were aware of their responsibility to be open and honest. The compliance manager explained to us, "We divulge all information to anyone affected by the event, so the person, family and appropriate professionals."
- A recent incident had occurred, and a person sustained an injury at the service. The provider had admitted something had gone wrong and the person and their relatives were informed of the situation. Action has since been taken to reduce the risk of similar incidents occurring.
- Staff were aware of whistleblowing and to report their concerns should they have any.

Continuous learning and improving care

- The service was now learning and improving care. Improvements had been made since the last inspection and an action plan was in place to ensure improvements were maintained and check progress on those actions that were not yet complete.
- Staff felt some improvements had been made. One staff member said, "The impact of last inspection and the poor rating has meant lots of changes, trying different things, trying to make it better."
- Staff said they had feedback if they could improve; One staff member said, "I get a chance as an employee to get given feedback if you're not doing something. The [deputy] manager puts it in a way, so you don't feel like a naughty kid."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The culture was more positive, and staff said morale had improved as well as acknowledging work had been done to help staff work better together. One staff member said, "Sine we've lost a few members morale has gone up" and went on to say, "Different carers are put with different staff all day to stop cliques."
- Staff felt the deputy manager and compliance manager were having a positive impact on the service and that the deputy manager was approachable. One staff member said, "I can go and speak to the [deputy] manager at any time. It's an open-door policy." Another staff member said, "I think [deputy manager's name] is very approachable. [Compliance manager's name] is very firm but is very fair. You need a strong leader, but I'm not intimidated by them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were engaged about the changes taking place in the service in response to the previous inspection; meetings had been held to discuss this. One person told us, "Meetings happen and are good. They [staff] listen. They've got to listen, or they won't have many people." Another person said, "The meetings are being reorganised here. They [staff] inform me of what changes are happening."
- People told us they knew who the deputy manager was and felt able to go to them. One person said, "Yes I know the managers and do talk to them. They do say hello. I think they are doing a good job." Another person commented, "I know the [deputy] manager. On the whole the home is running well. It's quite good."
- There were records of meetings with people, relatives and staff and there were open conversations about what had gone wrong and what action was being taken to resolve issues.

Working in partnership with others

- The service worked in partnership with other organisations, such as the local authority who carried out monitoring visits and other visiting professionals. There were regular visits from the GP surgery to check people's health.

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 17 HSCA RA Regulations 2014 Good governance There was a lack of sustained oversight of the service to monitor the safety and quality of the service.