Dales Care Homes Limited

The Dales

Inspection report

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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 25 June 2018 and was unannounced. We returned on 4 July 2018 to look at some documents and to give feedback to the registered manager who was on holiday when the inspection took place.

When we last visited the home in June 2017 we judged the home to be in breach of Regulation15 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because some areas were not as orderly as they might be and unlocked cupboards and tools left out could pose a threat. At this visit when we walked around we saw that cupboards were locked and that the home was somewhat tidier than before. We judged the service to no longer be in breach of this regulation in relation to environmental risks.

In June 2017 we also found a breach of Regulation12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff were not using personal protective equipment appropriately and some parts of the environment needed to be improved. At this visit we saw that gloves, aprons and cleaning materials were readily available. We saw that staff had recently completed training in infection control. Some lavatories and bathrooms had been updated with impervious surfaces and improved drainage. Further work was under way. We judged the service to no longer be in breach of this regulation.

We did, however make a further requirement because the service was in breach of Regulation12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because risk assessments and risk management plans were not in place for some individuals.

We found at the inspection in June 2017 that there was a breach of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the monitoring of quality and the governance arrangements were not robust. At this inspection in June 2018 we judged that the service remains in breach because the governance arrangements were still unclear, the quality monitoring system had not been re-established and some recording needed to be improved.

We also judged that the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because two people had no care plan and other plans were out of date or incomplete. Care plans did not always reflect the person centred care that was being delivered. Staff said they did not read the care plans on a regular basis. Risk assessments and analysis of falls were not completed in a consistent fashion. Nutritional planning was not as robust as it could be. Staff could access specialists if people needed communication tools but some people did not have these needs and how to meet them recorded in their notes.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good. This was completed in detail but the actions in the plan had not all been addressed when we visited in 2018.

The Dales is a 'care home' providing care for older people and people living with dementia. 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 Dales accommodates up to 40 people in the main building and in the separate unit specialising in providing care to people living with dementia. There were 32 people in residence when we inspected.

The home is situated in Ellenborough which is a village near Maryport. The home is near to the local services of the village. Accommodation is in single, ensuite rooms and the home has some larger rooms that can be shared. There are a number of small lounge areas and shared bathrooms and toilets. The home has a small patio area and a secure garden.

The Dales is a family run service and one of the family is 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.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training. Good arrangements were in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. The registered manager was aware of his responsibility to report any accidents or incidents to the Care Quality Commission.

The senior team kept staffing rosters under review as people's dependency changed. We judged that there were suitable care and support staffing levels in place by day and night. There were suitable numbers of ancillary staff employed in the home.

Staff were appropriately inducted, trained and developed to undertake their job role. We met team members who understood people's needs and who had suitable training and experience in their roles. Further training and changes to the supervision model were being developed.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. The team made sure that strong medicines and any sedation were kept under review with the local GPs.

People told us they were very happy with the food provided and we saw well prepared meals that staff supported and encouraged people to eat. We have made a recommendation about nutritional planning because some of the work done by the cook and the care staff was not recorded in care files.

The Dales is an older property that has been extended and adapted to accommodate up to 40 people. There is a separate dementia care unit that has been specially designed to keep people safe and secure. The house was warm, clean and comfortable on the day we visited. The home was tidy and more orderly than previously and several areas had been improved. Suitable equipment was in place to help people with things like mobility.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We have made a recommendation that group decisions made on a person's behalf be recorded as a 'best interest' meetings rather than just referred to in daily notes.

People who lived in the home told us that the staff were very caring. We observed kind, patient and appropriate care being provided. Staff knew people and their families very well. They made sure that confidentiality, privacy and dignity were maintained. People were encouraged to be as independent as possible. Staff were trained in end of life care and we saw evidence to show that this kind of care had been done to good effect for many years.

We learned that the home had regular entertainers, activities and parties. Staff took people out locally and encouraged people to follow their own interests and hobbies. People were supported to be as independent as possible.

We noted that this home had good links to the community and had a locally based culture. The registered manager ensured that staff understood the vision and values of the service and good practice was discussed on an informal basis. Staff were able to discuss good practice, issues around equality and diversity and people's rights.

We had evidence to show that concerns or complaints were dealt with appropriately.

The service did not have a comprehensive quality monitoring system in place but people were asked their views in a number of different ways and quality audits had started to be used. There had been a number of changes in the governance arrangements with the appointment of a general manager and a deputy manager supporting the registered manager. These roles were still being defined and tasks needed to be deployed appropriately.

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 yet safe.

People told us they felt safe and protected from harm and abuse.

Risk assessments and risk management plans were not always in place.

Improvements had been made to safety in the home and to matters related to infection control.

Medicines were suitably managed.

Is the service effective?

Good

The service was Effective.

Staff received training, supervision and appraisal was underway.

People told us the food was of a very high quality.

The environment was undergoing some major refurbishments.

Is the service caring?

Good

The service was caring.

People told us staff treated them with dignity and respect.

We observed kind, considerate and empathic interactions between staff and people in the home.

Independence was encouraged and we met assertive people who made their own decisions about their lifestyles.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Assessment, care planning and review were not always up to date or detailed.

People told us they were very satisfied with the activities on offer.

The registered manager responded appropriately to complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had created and sustained a person centred, caring culture in the home.

Matters of governance were being actively worked on and arrangements being consolidated.

Quality monitoring had started but more work was needed so that any issues could be dealt with appropriately.

The Dales

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 checked 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 25 June 2018 and was unannounced. We returned on 4 July 2018 to look at some documents and to give feedback to the registered manager who was on holiday when the inspection took place.

The inspection team was made up of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older adults and for people living with dementia. Everyone on the team was experienced in the care of vulnerable adults and older people.

Due to technical problems, the provider was not able to complete a 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 took this into account when we inspected the service and made the judgements in this report.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular meetings with them. We planned the inspection using this information.

We met all of the thirty two people in the home and spoke in some depth with fifteen of them. The expert by experience shared a meal with people in the home and the team spent time in shared areas observing the life of the home.

We also met five visiting family members and two visiting professionals. We read ten care plans and looked at daily notes related to these care plans. We also looked at records of medicines when we checked on the

medicines in the home. We saw risk assessments, risk management plans and moving and handling plans and charts that helped staff record care delivery.

We looked at six staff files which included recruitment, induction, training and development records. We checked on the details of the supervision and appraisal notes on these files. We looked at records related to matters of competence and of a disciplinary nature.

We met the general manager, the deputy manager, two supervisors, the cook, three domestic staff and seven care assistants. We talked with them in small groups or individually. We met with the registered manager on 4 July 2018.

We saw rosters, records relating to maintenance and to health and safety. We checked on food and fire safety records and we looked at some of the registered provider's policies and procedures. We saw some records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

We received information related to staffing issues and quality audits electronically after the inspection.

Requires Improvement

Is the service safe?

Our findings

When we last visited the home in June 2017 we judged the home to be in breach of Regulation15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because some areas were not as orderly as they might be and unlocked cupboards and tools left out could pose a threat. At this visit when we walked around we saw that cupboards were locked and that the home was tidier than before. We judged the service to no longer be in breach of this regulation in relation to the risk management in the environment but we stressed to the registered manager the need to keep the home as orderly as possible.

In July 2017 we also found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff were not using personal protective equipment appropriately and some parts of the environment needed refurbishment. At this visit in 2018 we saw that gloves, aprons and cleaning materials were readily available. We saw that staff had recently completed training in infection control with more planned. Some lavatories and bathrooms had been updated with impervious surfaces and improved drainage. Further work was under way. We judged the service to no longer be in breach of this regulation but we stressed to the registered manager the need to continue with the improvement already made in infection control matters.

At this inspection in June 2018 when we looked at general and individual risk assessments and risk management plans we saw that not every person had a risk assessment or a care plan that would support the management of risk. We observed two people at risk of falls where the records of falls had not been analysed and the staff were unsure of how to prevent further falls. Two people in the home had no care plans in place and others were out of date. We noted that analysis of things like falls or nutrition were not being completed. Staff spoke about recording ABC charts (These are used to record any behavioural issues to allow planning for support). These had not been analysed and no specific care planning to lessen or remove risk put in place as a result of analysis. This meant that care and treatment were not always managed in a safe way.

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

Staff were suitably trained in understanding harm and abuse. Staff could talk to us about how they would respond to any concerns. We had evidence to show that the management team would make safeguarding referrals, if necessary. Arrangements were in place so that staff could 'blow the whistle' if they had any concerns. People told us they felt safe and well cared for in The Dales. One person told us, "I feel quite safe here...the staff are very good and I have no worries." Another person said, "We are well looked after, no worries at all, the girls are lovely to you". Another person said, "It's grand... I have no worries".

Staff had received some training in understanding human rights and matters of equality and diversity. Staff could also talk about the balance between individual rights and the duty of care. We spoke with staff who understood the need to allow some people to take their own risks. They also understood that some people, due to the disorders they lived with, needed to have their rights managed for their own safety. The team saw

some good examples of staff giving people living with dementia plenty of support when they were disorientated.

We saw the rosters for the four weeks prior to our visit and spoke with staff who told us there were plenty of staff by day and night. The dementia care unit had good staffing levels so that people were given the right levels of support. People told us that the staff came "quite quickly" when they were summoned. Suitable levels of catering and housekeeping staff were on duty every day. Senior care staff led the shifts and staff told us that these staff and the deputy manager were very "hands on".

We looked at recruitment files and spoke to staff who confirmed that background checks were made prior to new staff having any contact with vulnerable people. The general manager had looked at the issues around recruitment and had developed networks that had helped the home recruit suitable new staff. We looked at personnel records and these were in order. There had been some matters related to competence or discipline in the staff team and we saw detailed records that showed the issues had been dealt with appropriately and fairly. We noted that staff were happy with the way the management team supported them. One staff member told us, "[The general manager] has been really good and understanding and I can carry on doing a job I love." One person in the home told us, "We have some lovely new staff...They made good choices."

We checked on medicines managed on behalf of people in the home. These were kept securely with good recording in place. Staff ensured that they kept medicines under review and we saw that the GP or specialists ensured people got appropriate medicines. Suitable monitoring of administration had started and the deputy manager was checking staff competence as well as auditing the medicines kept on behalf of people. We saw people being given their medicines at a time and pace suited to their needs. We heard staff discussing medicines with people so they would know they were getting appropriate treatment. People in the dementia care unit were given good explanations and support to encourage them to take their medicines.

Good

Is the service effective?

Our findings

We looked at assessments for people on admission and as part of the on-going care delivery. We saw that, in most care files, the management team looked at all aspects of a person's needs and preferences, without discriminating against them. Some files needed updates to assessments and we discuss this further in Responsive. We had evidence to show that staff took advice from health and social care professionals and paid attention to any relevant legislation. Assistive technology could be accessed to allow staff to monitor people, whilst protecting their privacy.

We observed staff asking people and giving them options about their lives. We also saw that, where appropriate, people were asked for both formal and informal consent. We observed this being done around the home and staff did this with politeness and warmth. Consent forms were in place in some files as were Do Not Attempt Cardio Pulmonary Resuscitation forms. Staff were in the process of confirming with relatives that any legal requirements, like lasting power of attorney, were in place so they could act upon them correctly. The senior team were aware that some recording needed to be updated and we discuss this under Well-led.

The registered manager and the general manager were aware of their duty of care under the Mental Capacity Act 2005. When people were living with dementia or had other mental health needs the team had considered whether people needed to be deprived of their liberty to ensure they were kept safe. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that authorisations were in place, where necessary, and that staff supported those people in the least restrictive way possible to comply with the authorisations. New applications had been completed and the team were waiting for updates and approvals.

We saw in daily notes and case records that family members and other interested parties had discussed individual needs when decision making for people who lacked capacity but often this had not been formally recorded. Visiting relatives told us that there had been, "Long discussions about what is best for [my relative] and we are all involved." The deputy manager said, "We sit down with the person and their families to help them with decisions but we don't always record this...We only put it in the daily notes." We found that 'best interest' review notes were not on file for some people who had required assistance in making decisions.

We recommend that 'best interest' reviews are recorded formally and that where there are conflicts or difficulties suitable professionals are involved.

We looked at the training provided to the staff team. We saw that the provider's mandatory training programme covered a wide range of topics including basic home nursing, nutrition and understanding the ageing process. We could see that the staff team were being encouraged to complete all the mandatory training. New staff were working through induction and were registered for National Vocational Qualifications in care. We met with a NVQ assessor who told us, "I have just got three staff members finishing the level 2 and we are starting more infection control training next, I think we have got everyone through the NVQ's and diplomas. I have given the manager a list of what's on offer, and I'm happy with the staff I have assessed".

We also looked at the arrangements in place for supervision and appraisal and we saw that this too was a work in progress with a new system of supervision being developed. We saw some good examples of records of supervision in place with more planned. Appraisal was due to recommence and new staff reaching their first year of service were preparing for this. The service was still undergoing changes and we noted that some of the senior care staff were relatively new to their roles and were being coached in supervision and observation of competence in practice. We look forward to seeing the system working to its optimum. The newly appointed deputy manager told us, "We are on with supervision and we are learning how to record it and we are starting to record when we do observations".

We looked at menus and spoke to people about their meals. People were very happy with the meals, snacks and drinks provided. People were given lots of choice and were extremely happy with the quality, presentation and quantity. Everyone we spoke to said, "The food is great...really good...plenty." One person said, "You get good choices...dinnertime proper meals and at least two different things. We like sandwiches at tea time and what a choice we get. There is always homemade soup at tea time too and home made cakes all day long if you want".

We also went into the kitchen and spoke with a knowledgeable and experienced cook. We saw that the food was well prepared and nicely presented. Special diets were catered for and the advice of dieticians and other professionals was followed. The cook and the care staff could identify who needed support with nutrition and they knew in practice how to encourage and support people. Issues were identified in some care plans but we saw that these needed to reflect the good practice we saw.

We recommend that nutritional planning is recorded in more detail in care plans when people have issues related to diet.

The people in the home looked well and well cared for. They told us, and we saw in files, that the staff helped people to good health. The local surgery team visited regularly. People had access to opticians, chiropodists and other specialists. The dementia care team visited the home regularly. We could see from observing practice and looking at notes that staff followed their advice. People told us, "The staff get the doctor if needed and the nurses come in all the time."

The Dales is an older property which has been extended and adapted over the thirty or more years the service has been operating. The home had a modern dementia care unit with a very pleasant enclosed garden where people could access the outside safely. The unit had appropriate signage in place and the décor helped people find their way around the unit. There was enough space for people to be able to relax and spend time alone if they needed. We heard a staff member saying to one person who was feeling a little restless, "Let's go out for an adventure ...." and the person went out with staff. This helped to settle this person and distract them from their anxiety.

The main part of the home had a number of shared lounge areas and we noted that some of these were

being modernised and a new entrance developed. There was a quiet lounge where small groups could meet or where people could entertain visitors. This was designed to support reminiscence as it had pictures and objects from the past. Families could make refreshments in this room which was set up like a domestic sitting room.

We saw that some bedrooms and corridors had been updated to very good effect. People were encouraged to personalise their rooms. We noted that refurbishment work was still underway and this also included bathrooms and toilets. A new laundry for the home was being built. We look forward to seeing how these plans progress.

Good

Is the service caring?

Our findings

We judged that this was a very caring home, with kind and considerate staff who displayed an empathy and real affection for people in the home. The staff team had inclusive and appropriate relationships with people in the home and with their families. We met people who were assertive and confident because they knew their opinions were listened to.

These are some of the things people told us. "I'm very happy, the girls are very kind", "The staff are lovely...so jovial, we have a good laugh" and "The girls are very nice to me, they care."

A relative told us, "The staff are great, so welcoming, so nice, they let us know what is going on, they are onto illness in a flash". Another visiting relative said, "Oh it's great...well fantastic really considering [my relative] was supposed to be on their way out before they came in here and look at them now", as they (pointed to the person playing dominoes), "It's wonderful".

We observed caring, respectful and empathic interactions. Staff were patient and understanding with people living with generalised frailty or with dementia. Care was delivered in an unhurried way and staff took time to support people. Care was not rushed and people were given the type of support they needed and preferred. We saw that staff were sensitive and persuasive. They supported people in a dignified way when they needed help with moving, eating or making choices. They encouraged people and used empathy and a genuine caring approach when people felt unwell or were distressed due to the symptoms of dementia or other disorders.

We saw that they used humour and affection appropriately and that people in the home felt comfortable enough to tease staff. One staff member returning to work from days off was greeted with laughter and "'Where have you been hiding". The team members were upbeat and happy and encouraged that in people in the home.

Staff gave people good explanations of the need for care and support. They also kept people informed of what was happening in the home and in the wider community. One person told us, "[The registered manager] is good at talking to us and asking us what we want. We get told about any changes and we are consulted." Communication was open and equitable and people told the team that they felt, as one person said, "...part of everything...nothing is kept from us."

People were supported to be as independent as possible. One person told us, "I am not as good as I used to be...but I can still have my say and I get time to do things for myself." Another person told us, "The girls are very good, great they are, they do ask what you want to do... I chose when I get up and go up to bed". We also spoke to people who told us, "We do as we want." One person told us, "I go out as I please". We observed people choosing how to spend their time and several people went out locally. We noted that encouraging independence was included in daily notes.

People could have access to independent advocates. The management team told us they could arrange this

quite easily but that most people had told them that they wanted relatives to act in this role. We heard and saw lots of evidence of family and friends being appropriately involved in helping people get the care and services they wanted. We also noted that the registered manager would contact social work practitioners if they felt people needed support that advocacy alone could not meet.

Staff had received training on matters of equality and diversity and we had spoken evidence to show that staff delivered care and support using these principles. People told us that they were all treated as individuals. One person said, "The staff know us well and understand us and what we all want". We judged the care to be very person centred and that staff did not judge people but accepted them and worked hard to meet their needs.

Requires Improvement

Is the service responsive?

Our findings

The inspection team met everyone in the home and we judged that people were well cared for and that things like personal care were done to a very high standard. People's health care needs were attended to and the staff gave emotional and psychological support. We judged that the good delivery of care was dependant on the skills and aptitude of the staff team. We noted that formal planning was not as well organised as it might be and in some files it did not reflect the good practice we saw on the day.

We looked at a range of care files for people with different needs. These included details of the needs of people with physical, psychological and mental health needs. We also looked at files for people who were living with dementia. We looked at initial assessments and on-going assessments. We found that assessment of needs had been completed for some people in the home. These covered physical, psychological, emotional and social needs. Some were detailed and comprehensive but other assessments had significant gaps in them. This was more marked when people needed reassessment of needs. We noted for example that some people needed further professional assessment of their capacity. Staff we spoke with were unsure of when to undertake a 'best interest' review when people had difficulty making decisions for themselves.

We noted that the local authority had been helping the registered manager to improve the care planning in the home but this had not progressed as rapidly as it might have. We learned from a visiting professional that a month after their visit only one care plan had been updated. We saw some care plans that covered people's needs and gave guidance to staff but many of the care plans did not reflect on the current needs of the person. Plans related to nutrition, moving and handling and continence were not specific or detailed enough to give good guidance. We also found that two people had no care plan. Those care plans that were in place had not been routinely reviewed and analysed to see if these were still meeting people's needs. We looked at daily notes and some of this gave a good picture of the person's day. We spoke to staff and a number of staff said they did not routinely refer to care plans and did not write their daily notes in relation to the planned care.

We judged that the care team relied on handovers and verbal communication to deliver care. This worked well for some people but opened the home to potential problems if staff were working inconsistently or did not understand guidance given to meet individual needs. We saw some examples of this where there was potential for problems due to staff being unsure of how to meet a person's need.

Some people in the home had a visual impairment, were living with dementia, had suffered a stroke or were hard of hearing. We saw that staff managed to communicate with them and to guide and support them. No one in the home used specialist forms of communication like sign language or Makaton. We saw staff working well with one person who had specific communication needs and saw that they had some adaptations and equipment to help with this. This person had no care plan so staff did not always use the tools to communicate with the person.

This is a breach of Regulation 9 of the health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We had evidence to show that people enjoyed the activities and entertainments on offer. The expert by experience spoke to people at length about activities and entertainments and people were very positive about what was on offer. She stated that "At the entrance there were notice boards which had a staff uniform guide to aid visitors, and a large activities file with photos of past events and future plans. The spread and type of activities were very varied, including many trips out.
There was a large activities board in a corridor which listed all the entertainers and booked events coming into the home. This included singers, acting groups, and music. There was a reminiscence room, which had record players and a large selection of vinyl records. Older type radios, vintage china and advertising signs were evident around the home".

The home had a number of sitting areas. We noted that some people were watching a football match and having a lively discussion about "England's chances" Other people were listening to classical music. People went out for walks or sat on the patio. There was a lively game of dominoes on in the morning downstairs. One person said, "We have plenty to do...we entertain ourselves and we join in. We have parties and entertainers in...lots of visitors. It's a lively place". Two people had their pet dogs with them and the home had a cat which spent a lot of time with people in the home.

People told us they had no complaints but said if they did they would, "Go to the office..."Several people said they would "Just talk to [the registered manager]". There was a suitable policy in place and staff understood how to support a person, or their family, if they had any complaints. We had evidence to prove that the registered manager was very quick to respond to complaints both formal and informal and would investigate any complaint in a thorough manner.

The home had a culture that was based on an anti-discriminatory approach and we saw that everyone in the home was treated in an equitable way. We had evidence to show that the registered manager created a culture where 'difference' was noted and people's individual needs and preferences respected and supported. Gender, religion and sexual orientation were noted and people given respect and support.

We noted that there were good arrangements in place for end of life care and one team member told us, "We work really well with the nurses and we prefer it if people can die in their own home." We had this confirmed by health and social care professionals. We noted that there was special medication held in the home 'just in case' one person at the end of life had needed this. Staff understood the support people needed and spoke respectfully and fondly about people who had passed away in the home. We also met with the visiting relatives of a recently deceased person who was very complimentary about the caring approach of the staff. "It's been wonderful, they did prolong [our relative's] life we are sure... would have died much sooner at home. They looked after [our relative] beautifully right to the end."

Requires Improvement

Is the service well-led?

Our findings

When we last inspected the home in June 2017 we judged that the service was in breach of Regulation17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because despite the fact that there were arrangements in place to monitor quality the auditing of the service had not been carried out in a robust and meaningful fashion.

At this inspection we again looked at quality monitoring. Quality monitoring is related to the policies and procedures of any service. We noted that considerable work had been done to update all the policies and procedures. We saw that there was a new staff handbook and that the information for people in the home had been updated. The website for the home had also been updated. We noted that health and safety and infection control matters had been updated and that auditing had recommenced for some matters. We noted that good monitoring of medicines had started and had led to good outcomes for people. There was no up to date auditing of care planning and this had led to the breach identified in Responsive. Falls, nutrition and the management of behaviours that challenge were not yet being audited or analysed leading to a breach in the Safe outcome. Quality monitoring was still not being routinely done for all aspects of the service.

Some recording had improved. We saw that matters related to human resources and finances were now much improved. The recording of medicines continued to be of a good standard and records in the kitchen were of a suitable standard. Daily records were routinely done but assessment and care planning records were not of a good standard. Nutritional planning, best interest reviews and falls analysis needed to be recorded formally.

The home has a suitably qualified and experienced manager who was registered with the Care Quality Commission. He had concentrated his time and efforts into upgrading the environment and this had been done to good effect, with more planned. He had also appointed a general manager who had updated and managed some of the systems and the management of personnel matters. There was also a new deputy manager in post who had started to update care records and planning and who had started to audit medicines. We judged that because there had been so much change some matters had not been dealt with in a timely manner. We did, however, note that a new system of governance had been decided on with a few more changes still to be implemented.

When we returned on 4 July 2018 we discussed these matters with the registered manager and with other members of the family who worked in the home. We were given a simple plan for the delegation of management tasks and we saw some evidence to show that the areas where the breaches of regulation had been identified were being given high priority. We also learned that the deputy manager had taken on some new tasks.

We judged that the service remains in breach of Regulation17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the governance arrangements needed to be consolidated, the quality monitoring system had not been re-established and recording needed to be improved.

We learned that the senior team were working with the local authority quality officers to manage the deficits that had been identified. All the professionals we spoke with confirmed that they judged the home gave most people good care and services but that systems needed to reflect this care delivery. The local authority were keen to support the service to improve and that the registered manager was working with them in a proactive way.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care planning was not always up to date and some people had no care plan in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Assessment and risk management planning were not being completed consistently.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance arrangements needed to be consolidated, the quality monitoring system had not been re-established and recording improved.