

1st Care Limited

Hawthorne Nursing Home

Inspection report

School Walk
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Tel: 01159770331

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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 18 December 2017 and 10 January 2018 and both days were unannounced.

Hawthorne Nursing Home is a 'care home with nursing'. 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. Hawthorne Nursing Home accommodates up to 36 people in one adapted building. At the time of our inspection 25 people lived at Hawthorne Nursing Home.

The service is required to have a 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 the time of our inspection there was a registered manager in post and she was available during the inspection.

During our previous inspection on 1 November 2016 we rated this service as 'Requires Improvement' and there were no breaches of regulations. At this inspection, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. You can see the action we have told the provider to take at the back of this report.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and were not unnecessarily restricted. Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices.

Medicines were safely managed and people were protected against the risk of infection. Themes and trends in relation to accidents and incidents were reviewed and investigations of specific incidents were carried out.

People's needs and choices were assessed and care was delivered in a way that helped to prevent discrimination and was in line with evidence based guidance. Staff received appropriate training, support and supervision. People received sufficient to eat and drink.

People's healthcare needs were monitored and responded to appropriately. External professionals were involved where appropriate; however, we saw one example of where the service did not provide a fully effective transfer for a person moving to another service.

Adaptions and signage to the premises ensured it was suitable for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff who were pleasant and kind; staff were mindful of how people felt and offered reassurance. People were involved in decisions about their care and support and information had been made available in accessible formats. Advocacy information was made available to people.

Staff respected people's privacy and dignity and promoted their independence. Most people's visitors and friends were able to visit without being restricted; however, we saw one example where the provider had stopped a family member from visiting their relative in the care home. We were told of the reasons for this but we concluded that not all reasonable steps had been taken by the provider prior to the restriction.

One relative's complaints were not responded to appropriately.

Staff were aware of people's interests, hobbies and preferences; staff took steps to ensure people enjoyed meaningful activities and stayed connected to their local community.

People were involved in planning their care and support. People were treated equally, without discrimination. The registered manager had limited knowledge of the Accessible Information Standard, however efforts had been made to ensure people with communication needs and/or sensory impairment received appropriate support.

Processes were in place for supporting people with end of life care where appropriate.

The provider and registered manager were not fully meeting their regulatory responsibilities and systems in place to monitor and improve the quality of the service provided were not fully effective.

A clear vision and values for the service were in place. Staff felt well supported by the registered manager.

People and their relatives were involved or had opportunities to be involved in the development of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and were not unnecessarily restricted.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices.

Medicines were safely managed and people were protected against the risk of infection.

Themes and trends in relation to accidents and incidents were reviewed and investigations of specific incidents were carried out.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and care was delivered in a way that helped to prevent discrimination.

Staff received appropriate training, support and supervision. People received sufficient to eat and drink.

People's healthcare needs were monitored and responded to appropriately. External professionals were involved where appropriate.

Adaptions and signage to the premises ensured it was suitable for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were pleasant and kind; staff

were mindful of how people felt and offered reassurance.

People were involved in decisions about their care and support and information had been made available in accessible formats. Advocacy information was made available to people.

Staff respected people's privacy and dignity and promoted their independence.

Is the service responsive?

The service was not consistently responsive.

One relative's complaints were not responded to appropriately.

Staff were aware of people's interests, hobbies and preferences; staff took steps to ensure people enjoyed meaningful activities and stayed connected to their local community.

People were involved in planning their care and support. People were treated equally, without discrimination. Processes were in place for supporting people with end of life care where appropriate.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider and registered manager were not fully meeting their regulatory responsibilities and systems in place to monitor and improve the quality of the service provided were not fully effective.

A clear vision and values for the service were in place. Staff felt well supported by the registered manager.

People and their relatives were involved or had opportunities to be involved in the development of the service.

Requires Improvement ●

Hawthorne Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 18 December 2017 and 10 January 2018 and both days were unannounced.

On day one of the inspection, the inspection team included one inspector, a specialist professional advisor who was a nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people. One day two, the inspection team consisted of one inspector.

Before the inspection we looked at all of the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

We also contacted the local commissioning teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. We also checked what information Healthwatch Nottinghamshire had received on the service. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services.

During the inspection we observed care and spoke with eight people who used the service, six visitors, a visiting healthcare professional, two domestic staff members, a laundry staff member, two activities coordinators, four care staff, a nurse, the registered manager and representatives of the provider. We looked at the relevant parts of the care records of eight people who used the service, three staff files and other records relating to the management of the service.

Is the service safe?

Our findings

People were protected from abuse and discrimination. People told us they felt safe living at the service. One person said, "I feel very safe as the staff look after me really well." Another person said, "Staff are really good, they make me feel safe as they know what I need." The registered manager told us that staff received equality and diversity training and were observed to ensure that people were not discriminated against.

Staff were aware of safeguarding procedures and the signs of abuse. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was available to give guidance to people and their visitors if they had concerns about their safety and appropriate safeguarding records were kept.

Risks were mostly managed so that people were protected from avoidable harm and were not unnecessarily restricted. People told us that they didn't feel unnecessarily restricted. A person said, "You can please yourself really what you want to do and when." A visitor said, "I think it's really good here. My relative is really well looked after. [They do] walk about a lot and the staff keep an eye on [them] and hold [their] hand." We observed that the ground floor remained split into two parts and people could not walk freely between the two parts.

Individual risk assessments had been completed to identify people's risk of falls, developing pressure ulcers, nutritional risk and moving and handling risks. When bedrails were in use to prevent people falling out of bed risk assessments had been completed to ensure they could be used safely and did not pose a risk of entrapment to people.

We saw that the premises were safe and well maintained and checks of the equipment and premises were taking place. There were plans in place for emergency situations such as an outbreak of fire and personal emergency evacuation plans were in place for all people using the service. This meant that staff would have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

When people presented with behaviours that others might find challenging, behavioural care plans were in place and staff knew how they needed to support people in this area. Staff had also attended training in this area. We saw that the dementia outreach team had provided support and guidance for staff on supporting people with behaviours that might challenge.

Sufficient staff were on duty to meet people's needs. People thought there were enough staff in place to support them safely and meet their needs. A person said, "I don't think I wait very long at all for anyone to come. I don't need a lot of help but they are always there for me if I do want a hand." Another person said, "Mostly there's enough around to help. It's never a problem." Visitor feedback was more mixed. A visitor said, "There are usually plenty of staff around but everyone could do with another pair of hands." Another visitor said, "I don't think there is enough staff really. Not for what they have to do."

Staff told us that they felt that there were sufficient staff to meet people's needs and keep them safe. A staffing tool was used to calculate staffing levels and the number of staff on duty was in line with the staffing tool calculations. We observed staff responded to people's needs in a timely manner. When people needed assistance going to the toilet or needed support with eating, staff were there to support them. We also saw that lounge areas were supervised by staff to keep people safe. Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

Medicines were safely managed. People raised no concerns regarding how their medicines were managed. A person said, "They watch me while I take the tablets and bring me some water." Staff told us they had received a check of their competency to administer medicines and they had undertaken medicines training. We observed the administration of medicines and saw staff administered these safely. Medicines were stored securely. Medicines Administration Records (MAR) contained a photograph of the person to aid identification, a record of any allergies and their preferences for taking their medicines. We checked nine people's MAR charts which were fully completed with two exceptions. We identified two occasions where one medicine appeared to have not been given to a person and raised this with the registered manager for investigation. The two people had not suffered harm as a result.

When people were prescribed medicines to be given only as required, protocols were in place to provide the additional information needed to ensure they could be given safely. Systems were in place for the ordering and supply of people's medicines. We saw a person was being given their medicines covertly. There was a record of the involvement of the GP and their authorisation to give the medicines covertly. We also saw that the pharmacist had been contacted to ensure that it was safe to give a medicine in a covert manner.

People were protected against the risk of infection. People did not raise any concerns about the cleanliness of the service. The service was clean and staff followed good infection control practices. Staff understood their roles and responsibilities in this area and had attended food hygiene training.

Learning was identified from incidents and accidents and discussed with staff. Accident forms were completed and actions taken to minimise the risk of re-occurrence were documented. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening. Staff understood their responsibility to report safety incidents and we saw that incidents were discussed at team meetings so that lessons were learned.

Is the service effective?

Our findings

People's needs and choices were assessed and care was delivered in a way that helped to prevent discrimination and was in line with evidence based guidance. Assessment of people's diverse needs, including in relation to protected characteristics under the Equality Act, were considered in people's care plans with them. This helped to ensure people did not experience any discrimination. For example, where people had a particular faith this was recorded and staff told us about arrangements in place for those people to continue to practice within their faith communities. For example, people were supported to visit the local church.

Other assessments of people's needs were completed in line with current legislation. For example, we saw assessments included screening tools for malnutrition and skin integrity. Where people required more in depth assessments associated with their health conditions we saw referrals had been made so the assessment could be made by the appropriate professionals. This meant that people's needs were effectively assessed so that staff could provide appropriate support to meet people's needs.

Staff provided care to people who had skin damage or were at risk of skin damage in line with guidance. There were pressure relieving mattresses and cushions in place for people at high risk of developing pressure ulcers and they were functioning correctly, however, one pressure mattress was not at the correct setting and we drew this to the attention of staff. People's repositioning charts were fully completed to show that staff had supported people to change their position as frequently as stated in their care plan. Documentation was fully completed by staff recording that they had applied appropriate cream and dressings to people with skin damage.

Staff received appropriate training, support and supervision. People spoke positively about the skills and knowledge of the staff. A person said, "They are very good. I don't need a lot of help but when I do, they are very gentle." Another person said, "[Staff] do what they are supposed to do." A visitor said, "[Staff] are very careful how they handle [my family member] and make sure [they are] comfortable and safe. [They are] very well looked after." We observed that people were supported safely and competently by staff when being moved using equipment.

Staff felt supported by management. They told us they had received an induction which prepared them for their role. Staff also told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role. Staff told us they received regular supervision. Training records showed that staff had attended a wide range of training which included equality and diversity training. Systems were in place to ensure that staff remained up to date with their training and received regular supervision and appraisal.

People received sufficient to eat and drink. Feedback on the quality of food was generally positive. People told us that they enjoyed their meals. One person said, "I like the food. It's very good." Another person told us that they received food that met their diverse needs and that they enjoyed it very much. A visitor said, "I think the food here is really good and [my family member] has put on some weight since [they have] been

here which shows [they are] eating well."

We observed lunch being served. Food was appetising and portions were generous. Where people required assistance from staff with their meals, this was provided. However, we saw that one person did not have an overlap table set at the correct height to support them to eat easily. We raised this with the registered manager. We saw that people were offered tea and coffee from a tea trolley. We saw that there were areas where people could help themselves to cold drinks in both lounges and we saw people fetching their own cold drinks from them.

Nutritional assessments had been completed and reviewed monthly and people were weighed at least monthly. A care staff member told us that they met with the cook to share any concerns regarding people's weights on a regular basis. The registered manager told us that a separate deep fat fryer was used for a person who ate a vegetarian diet so that their food was not cooked in the fryer which was used for non-vegetarian food.

We saw that people at risk of choking received food and drink from staff to the correct consistency. However, we saw that a visitor gave their family member a drink which was not the correct consistency and could have put the person at risk of harm. A staff member observed this taking place but did not intervene. We raised this with the registered manager who has taken appropriate action.

Fluid charts were in place to record people's fluid intake where this required monitoring and a fluid target was identified. We saw people were maintaining a good fluid intake in line with their individual target.

People's healthcare needs were monitored and responded to appropriately. People told us that they thought they would be able to see a doctor when necessary. We saw evidence within care records that people had access to other professionals as they required. However, we saw one example of where the service did not provide a fully effective transfer for a person moving to another service. We received information raising concerns regarding the transfer of a person from the service to another care home. This took place on the first day of our inspection visit and we discussed this with the registered manager on both days. While the person did not suffer harm, the transfer did not take place smoothly. Medicines were not transferred correctly and an important document was also missing from the initial transfer of records.

Adaptions and signage to the premises ensured it was suitable for people. Adaptations had been made to the design of the home to support people living with dementia. Bedrooms, bathrooms, toilets and communal areas were clearly identified. Large clocks and clear information regarding the day of the week were in place and supported people to orientate themselves to the day and time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A person was asked if staff checked with them before they provided care and they said, "They are always asking me. Everything they do, they say is it okay?" We saw staff mostly asked permission before assisting people, giving people choices and respecting them. However, we observed one staff member moved a person's chair and removed their clothing protector without speaking to the person and explaining what they were going to do. We also observed a staff member continue to attempt to put food in a person's mouth after the person had clearly indicated they did not want anything more to eat. The person became angry and pushed the staff member's arm away. We raised both of these matters with the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The requirements of the MCA were being fully followed. When people were not able to make some decisions for themselves, mental capacity assessments and best interest decisions were made. When people were being restricted, DoLS applications had been made and conditions had been met. Staff had been trained in understanding the requirements of the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS.

We checked the care records for people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. There were DNACPR forms in place which had been fully completed.

Is the service caring?

Our findings

People were cared for by staff who were pleasant and kind; staff were mindful of how people felt and offered reassurance. People told us that staff were very kind and friendly. One person said, "They're all nice to us. I tell it how it is and I would say the staff are marvellous. They're very nice staff." A visitor said, "The staff are very kind. She walks about a lot and likes to hold people's hands and they all walk with her. She gets very tearful at times and they will always comfort her."

Staff were attentive to people's needs and had a good rapport with people. When people were anxious and required reassurance staff provided this in a supportive manner. One person was frequently tearful and any staff member who was nearby was very quick to comfort the person and distract them by talking to them. Staff told us that they sufficient time to provide support for people in a caring way.

People were involved in decisions about their care and support and information had been made available in accessible formats. Advocacy information was made available to people. People we spoke with were not aware of their care plans, however, they told us they were given choices by the staff and staff respected their wishes. A person said, "I go to bed when I'm ready and I choose my clothes. I tell them if I want my pink jumper or my blue one and they get it out for me."

A relative said, "We have been involved in the care plan and every time any of us come in, the [registered] manager will always take time to give us an update and if anything has changed at all." Another visitor said, "They are really good in that respect. They will always get in touch if [my family member] isn't well or they are worried about [them] at all. They do involve us all the time." However another visitor told us that they were not kept informed of incidents involving their family member and a deterioration in their health condition. Care records contained evidence that people and their visitors had been involved in their care planning.

Advocacy information was available for people if they required support or advice from an independent person. When people had difficulties in communicating verbally, communication care plans were in place. These provided information for staff on how to understand the person's wishes and strategies staff should use to maximise people's understanding and enable them to indicate their wishes. Information was also available in different formats where required.

People told us their privacy and dignity were respected. A visiting healthcare professional told us that staff always took them to a person's bedroom so that they could provide care in a dignified and respectful way. We saw staff took people to their bedrooms to support them with their personal care and staff knocked on people's doors before entering. Staff also took care to protect people's dignity when moving them using equipment. We observed that care records were stored securely at all times which respected people's right to privacy and confidentiality was maintained.

People told us their independence was encouraged by staff. A person said, "I can see to myself. I do my hair and sort out my own clothes. I undress myself when I'm ready for bed." A visitor said, "[My family member]

can't manage things on [their] own but [they like] to try and staff let [them] do it but keep an eye on [them]. Simple things like putting a cardigan on." We observed that people were supported to eat their meals and mobilise independently where appropriate.

We received information prior to our inspection from a visitor who had been restricted from visiting their family member. We discussed this with the registered manager who told us the reasons for this. We also inspected supporting documentation but concluded that not all reasonable steps had been taken by the provider prior to the restriction, for example, asking the visitor to limit their visits to take place in their family member's room only. The person is no longer living at the service.

We saw relatives visiting people throughout the inspection. Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. Information on visiting was in the guide for people who used the service.

Is the service responsive?

Our findings

While other complaints had been responded to appropriately, one visitor's complaints were not. We received information prior to our inspection from a visitor who told us that they were unhappy with how their complaints had been handled. We requested information prior to the inspection visit from the service regarding the handling of the complaint. We also discussed the visitor's complaints with the registered manager during our inspection visit. The registered manager and provider had worked to attempt to resolve the complaints the visitor had made but ultimately a decision had been reached that the visitor's family member's fees would be increased, the visitor would be restricted from visiting and the visitor's family member had been given notice to leave the care home. A letter to the visitor from the service stated the care home fees had been increased to their family member, "Due to all ongoing problems we have with you, we have spent a lot of time dealing with Social Services, GPs, CQC and the Police. A lot of time and effort were utilised during these times and increased cost to 1st Care Limited in manpower and wages. In view of this, the cost of care fee for [Person]'s ... will be increased..." This was not a proportionate response to the complaint. Complainants must not be discriminated against or victimised when someone makes a complaint on their behalf. The person is no longer living at the service.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A visitor said, "If I had any worries I'd talk privately to the [registered] manager." Other people we spoke with could not recall needing to make a complaint and we saw that other complaints had been responded to appropriately. Guidance on how to make a complaint was in the guide for people who used the service and displayed in the main reception area. However, the local authority complaints process and Local Government Ombudsman details needed to be added to the information. Staff were aware of the complaints process and the action they should take if a person raised a concern or a complaint.

People felt they received personalised care that was responsive to their needs. A person said, "I get everything I need." A visitor said, "[My family member] gets everything [they need]." We saw that people received care that was responsive to their needs. Call bells were answered promptly and staff responded well to people's requests for assistance. However, we observed on one occasion that staff did not respond to one person who required personal care until prompted by a visitor. We raised this with the registered manager. Staff were able to tell us about individual people and their likes and dislikes. For example we were told that one person did not like gravy or sauces and this was respected when his meal was prepared.

People views were mixed on the activities provided at the service. A person said, "Some of us have been to the [pub] for lunch and a sing song." However, another person said, "It's not bad during the week but weekends are really dead." A third person said, "There's not much to do. They've tried to get us doing stuff with glue and glitter but I don't want to do anything like that, it's for kids." A visitor said, "They take [my family member] for a walk up the road sometimes which [they] enjoy."

On the first day of our visit, children from a nearby school came in to sing carols which people clearly

enjoyed. We were told about a trip to Skegness which had taken place in June and a boat trip on the River Trent in August. An activity programme was in place which scheduled specific activities for both morning and afternoon from Monday to Friday. A person visited alternate Saturdays to provide chair based exercises at the weekend.

People told us they weren't asked whether they preferred staff of a particular gender when they received personal care but did not raise any concerns with this. A person said, "I don't mind who helps me."

An initial physical and social assessment had been completed before people were admitted to the service and was detailed. The service involved people in discussions about their care. This helped to ensure any communication needs associated with their health and wellbeing were identified and met in a responsive and individualised way. The registered manager had limited knowledge of the Accessible Information Standard (AIS), however efforts had been made to ensure people with communication needs and/or sensory impairment received appropriate support. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Care plans were mostly in place for people's care and support needs and had been regularly reviewed to support staff to provide people with personalised care. However, we observed that one person required additional care in relation to their fingernails and the registered manager agreed to put a specific care plan in place for that need. Another person's mental health care plan did not note the medicine that a person was receiving in relation to this need.

A person living with diabetes had a diabetes care plan in place which clearly identified the signs of low and high blood sugar levels and the action for staff to take if this occurred. A person living with epilepsy had guidance in place for staff on how to identify when their health condition was deteriorating. This meant that guidance was in place to support staff to meet these people's personalised needs in these areas.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. A person said, "I am taken to Church sometimes. I went last Friday and had my lunch there." We saw that people were supported to attend religious activities in line with their preferences. A person who ate a vegetarian diet received appropriate food to meet those needs. Another person also received food that met their cultural needs.

Processes were in place for supporting people with end of life care where appropriate. Policies and procedures were in place and staff received death, dying and bereavement training. End of life care plans were in place and the registered manager told us that external healthcare professionals would be consulted with regarding people's end of life care needs and equipment when required.

Is the service well-led?

Our findings

The provider had a system to regularly assess and monitor the quality of service that people received. However, it was not effective as it had not identified and addressed the issues we found at this inspection. These included responding proportionately to all complaints, incomplete MAR charts, staff not explaining the care they were going to provide for people or respecting their choices at all times, ensuring effective transfers between services, supporting people to receive visitors and responding promptly to people requiring personal care.

Improvements to the service had not been made and sustained following inspections by us. The CQC inspections in 2012 and 2013 identified breaches in regulations. At our inspection in November 2014, we found that all regulations had been complied with, however, the service was rated 'Requires Improvement'. At our previous inspections in November 2015 and November 2016, we also found that all regulations had been complied with, however, the service was again rated 'Requires Improvement'. At this inspection the service has again been rated as 'Requires Improvement'. The provider had taken action following previous inspections to make improvements. However there was deterioration in other areas and the systems in place had not identified these. This meant that effective processes were not in place to assess, monitor and improve the quality and safety of the services to ensure that improvements were made so that the service achieved a 'Good' rating.

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

We saw that audits had been completed by the registered manager and by representatives of the provider. Audits were carried out in a number of areas including infection control, medication, care plans, health and safety, mealtimes and catering. Where issues had been identified, an action plan had been put in place and actions taken. Actions had also been taken in response to reports produced by outside organisations. The registered manager also checked care documentation including food and fluid charts on a weekly basis which had led to improvements.

A clear vision and values for the service were in place. People told us that there was a homely atmosphere. A person said, "I am happy here." A visiting healthcare professional told us that staff were also welcoming, "Staff are always smiling." A staff member said, "The home is clean with a nice and friendly atmosphere."

The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the main reception area. The provider's Statement of Purpose stated, "We aim to provide care, support and treatment which maximises people's quality of life, lifestyle choices and experiences, preferences, independence and liberty." A Statement of Purpose sets out clearly what the service intends to do and how. We observed staff were acting in line with those values.

Prior to the inspection we had received concerns regarding the registered manager's attitude towards visitors. However, at the inspection visit, people and visitors were very positive about the registered

manager. She was considered to be visible and approachable. A person said, "They are kind. Particularly the [registered] manager. I have been in another home where you only saw the manager when she wanted money but this one is always around and comes in to have a chat with me which I enjoy." Another person said, "They are lovely people here. The [registered] manager is brilliant. She comes by every day for a chat and she is always about the place. She isn't afraid of getting her hands dirty." A visitor said, "The [registered] manager is really good. She is all over the place and very accessible. She really listens to what we tell her and she does her very best. She puts her heart and soul into the home."

Staff were positive about the registered manager. Staff told us the registered manager was supportive and they could discuss issues openly with her. Staff told us staff meetings were held regularly and they were encouraged to raise issues at the meetings. We saw that staff meetings took place and the registered manager had clearly set out her expectations of staff. Staff told us that they received feedback in an open and constructive way.

A registered manager was in post and she was available during the inspection. The registered manager felt supported by the provider to ensure the service provided a good quality of care for people. Statutory notifications had been made where required and the CQC rating was clearly displayed.

People could not recall attending any meetings or receiving any surveys asking them for their views on the quality of service being provided. However, we saw that a meeting for people who used the service and visitors had taken place in October 2017 but there was no documentation to show that actions had been identified and taken in response to any suggestions made. There had been a survey completed by people who used the service and visitors. Comments were positive on the quality of service being provided to people.

A whistleblowing policy was in place and contained appropriate details and staff told us they would be prepared to raise issues using the processes set out in this policy.

People told us, and records confirmed where other professionals had been involved in their care and treatment. Any information provided by other agencies had been used to inform and develop people's plans of care to ensure good outcomes for them. The service worked in partnership with other agencies.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Diagnostic and screening procedures	The provider did not take appropriate action in response to a person's complaints.
Treatment of disease, disorder or injury	Regulation 16 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have an effective system to regularly assess and monitor the quality of service that people received.
Treatment of disease, disorder or injury	Regulation 17 (1) (2) (a)