

Farrington Care Homes Limited

Brookside House Care Home

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 and 12 April 2017 and was unannounced.

Accommodation for up to 25 people is provided in the home on two floors. The service is designed to meet the needs of older people living with or without dementia. There were 15 people using the service at the time of our inspection.

At our last inspection on 17 and 18 October 2016, we served warning notices on the provider in the areas of medicines and good governance. We also asked the provider to take action to make improvements in the areas of statutory notifications, person-centred care, dignity and respect, safe care and treatment, safeguarding people from abuse and improper treatment, premises and equipment, recruitment and display of rating. We received an action plan setting out when the provider would be compliant with the regulations. At this inspection we found that action had been taken to make improvements in all areas. However, while improvements had been made, more work was required in the area of good governance.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The service had not had a registered manager since January 2017. A manager was in post but had not started the application process to become registered with the CQC. They were available during the inspection. 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.

Staff did not always safely manage identified risks to people. Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Sufficient numbers of staff were not always on duty to meet people's needs during our inspection. Staff were safely recruited. Safe medicines and infection control practices were mostly followed.

Staff did not receive appropriate training, supervision and appraisal. People's rights were not consistently protected under the Mental Capacity Act 2005. People's needs were not fully met by the adaptation, design and decoration of the service. People received sufficient amounts to eat and drink and external professionals were involved in people's care as appropriate.

Staff were kind and knew people well. People and their relatives were not fully involved in decisions about their care. Advocacy information was made available to people. People were treated with dignity and

respect and their independence was promoted.

Activities required improvement. People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

There were systems in place to monitor and improve the quality of the service provided, however, they were not effective. Further work was required to ensure that people and their relatives were involved or had opportunities to be involved in the development of the service. The provider was not fully meeting their regulatory requirements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 consistently safe.

Staff did not always safely manage identified risks to people.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Sufficient numbers of staff were not always on duty to meet people's needs during our inspection.

Staff were safely recruited. Safe medicines and infection control practices were mostly followed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not receive appropriate training, supervision and appraisal. People's rights were not consistently protected under the Mental Capacity Act 2005.

People's needs were not fully met by the adaptation, design and decoration of the service.

People received sufficient amounts to eat and drink and external professionals were involved in people's care as appropriate.

Is the service caring?

Good ●

The service was caring.

Staff were kind and knew people well.

People and their relatives were not fully involved in decisions about their care. Advocacy information was made available to people.

People were treated with dignity and respect and their independence was promoted.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Activities required improvement.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs.

A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

The service was not consistently well-led.

There were systems in place to monitor and improve the quality of the service provided, however, they were not effective.

Further work was required to ensure that people and their relatives were involved or had opportunities to be involved in the development of the service.

The provider was not fully meeting their regulatory requirements.

Requires Improvement 

Brookside House Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 April 2017 and was unannounced. The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with three people who used the service, six visiting relatives and friends, a visiting healthcare professional, two housekeepers, a kitchen staff member, four care staff, a senior care staff member and the manager. We looked at the relevant parts of the care records of six people, three staff recruitment files and other records relating to the management of the home.

Is the service safe?

Our findings

During our previous inspection on 17 and 18 October 2016 we found that appropriate action was not taken in response to potential safeguarding issues. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with.

People we spoke with told us that they felt safe living in the home. A person said, "It seems safe, very nice people and no strangers can come in." A relative said, "[My family member]'s very safe as it's a good secure place."

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 relatives if they had concerns about their safety.

During our previous inspection on 17 and 18 October 2016 we found that staff did not always safely manage identified risks to people. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that this regulation had been complied with but further improvements needed to be made to ensure that all risks were managed to keep people safe.

Checks of the equipment and premises were taking place but documentation was not in place to evidence that water temperatures were being monitored and emergency lighting checked. Some bedroom windows needed repair, some bedroom locks required replacing, some bedroom doors needed work to ensure they did not slam shut and some wardrobes needed fixing to walls so that people were protected from avoidable harm.

We also saw that the kitchen door off the lounge was open all the time, regardless of if staff were in the kitchen preparing drinks or the cook at work out of sight at the far end of the kitchen or away collecting stores. A person with mobility could potentially enter the kitchen unseen and have access to food, hot drinks and implements.

A new alarm system had been put in place which meant that the premises had been made more secure and staff were aware when parts of the building were being accessed from outside. There were plans in place for emergency situations such as an outbreak of fire and personal emergency evacuation plans (PEEP) 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 and available for staff to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People told us they were not unduly restricted and could make choices about where to sit and what to do. A person said, "They let me go anywhere. I just have to ask. I'm a smoker and can go out on the balcony as often as I want. The girls keep my lighter handy." Another person said, "I can go and sit anywhere I like really."

I decide my meals and what to do."

People told us that staff supported them to move safely. A person said, "I'm in a wheelchair most of the day as I go out for a smoke. But [staff] help me to stand up and they walk me with a frame and a [staff member] on both sides. My confidence has come on a lot being here. They help me try to walk every day. When I get out the chair they [support] my arms and are very gentle." We observed people being assisted to move safely and staff used moving and handling equipment competently.

Individual risk assessments were completed to assess people's risks. These included falls, developing pressure ulcers and malnutrition. Actions were identified to reduce these risks as much as possible. These actions included the use of pressure relieving mattresses and cushions. People were also assisted to change their position regularly if at risk of skin damage.

We saw documentation relating to accidents and incidents and the action taken as a result, including the involvement of external professionals. Accidents and incidents were analysed to identify any trends or themes so that actions could be taken to reduce any risks of them happening again.

During our previous inspection on 17 and 18 October 2016 we found that staff were not recruited through safe recruitment processes. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with.

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.

During our previous inspection on 17 and 18 October 2016 we found that safe medicines practices were not always followed. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with.

People told us that medication was safely managed. A person said, "Someone stands with me while I take them." A relative said, "We've had no worries about medication here." Staff administering medicines told us they had completed medicines training and received competency checks for medicines administration. Records confirmed what we were told.

We observed the administration of medicines and saw the staff member administering medicines stayed with people until they had taken their medicines. However we saw that the staff member touched the medicines with their fingers, without wearing gloves, before putting them in a medicines pot for the person to take. This was not safe practice and put the person at risk of infection.

Medicines Administration Records (MAR) contained a photograph of the person to aid identification, a record of any allergies and information about the person's preferences for taking their medicines. MARs were completed consistently; however, handwritten additions to the MAR were not always signed by two staff members to confirm that the additions had been checked for accuracy.

Processes were in place for the ordering and supply of medicines. Staff told us they obtained people's medicines in a timely manner and we did not find any evidence of gaps in administration of medicines due to a lack of availability. Medicines were stored securely in locked trolleys, cupboards and a refrigerator

within a locked room. Temperature checks were recorded daily of the room and the refrigerator used to store medicines. When medicines were prescribed to be given only when required protocols were in place to provide staff with guidance on when to administer the medicines.

During our previous inspection on 17 and 18 October 2016 we found that safe infection control practices were not always followed. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with but further improvements were still required.

People told us that the home was clean. A person said, "It's very clean here. The bedding is spotless and my clothes are washed very fast." A relative said, "The place seems clean enough."

During our inspection we looked at some bedrooms, all toilets and shower rooms and communal areas. We observed that the environment was clean and with the exception of the staff member handling medicines all other staff followed safe infection control practices.

People told us that at busy times, staff were stretched and quality time with people was not feasible. A person said, "They're very busy at bed times. I say 'Look after the poorly ones first' as I don't mind waiting a bit." A relative said, "They try their best. Nowhere is ideal for staffing but they seem to cope." Another relative said, "Sometimes there's not enough at night. [My family member] tells me they have to wait to be taken to bed. Staff haven't got enough time for them."

Most staff told us they felt there were sufficient staff to meet people's needs. During our inspection, we saw that people were promptly responded to but the main lounge was not always supervised by staff. This meant that there was a greater risk that staff would not be available to promptly respond to people in the lounge if they requested assistance. No activities coordinator or maintenance person was currently employed by the service and during our inspection we saw that this had impacted on both of those areas. The manager told us that a new maintenance person was starting soon but that there were no plans to employ an activities coordinator.

Is the service effective?

Our findings

During our previous inspection on 17 and 18 October 2016 we found that people's needs were not fully met by the adaptation, design and decoration of the service. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that this regulation had been complied with but further improvements needed to be made to the garden and signage to the home.

A person said, "It's marvellous what sort of building it is. My bedroom is beautiful." Another person said, "I think it's a suitable place and my room is ideal for me." A relative said, "The place has been redecorated and re-carpeted a lot recently and it's better for it." A relative said, "My only regret is no easy access to a sitting out place here. [My family member] would love to see the trees and birds."

Bathrooms, toilets and communal areas were clearly identified and there was directional signage to support people to move independently around the home. However, signage to the home was still unclear which meant it was not easy for visitors to find the home's entrance and car park. The garden area was not secure or welcoming which meant that people could not access an outside space that supported their wellbeing. These have been issues at previous inspections.

We also heard the front door alarm being triggered quite often during the day when visitors were admitted, creating a loud ringing sound throughout the building. We noticed that a number of people tutted or appeared disturbed by the noise each time it sounded. We raised this with the manager who told us that they were in contact with the alarm company to reduce the volume of the alarm.

People told us that staff were sufficiently skilled and experienced to effectively support them. A person said, "They seem very good at doing things for people." A relative said, "Some are better than others but most are very capable. I've never witnessed anything negative, even when a lady shouts and swears a lot. They have their gentle methods."

Staff felt supported by management and had received sufficient training for their role. However, training records showed some staff with gaps in a number of areas including fire, MCA, DoLS, first aid and equality and diversity. Records showed that staff received an induction but not all staff received regular or frequent supervision nor had an appraisal. This meant that staff performance was not being regularly assessed to ensure they had the skills to meet people's needs.

People told us staff asked their permission before providing care. A person said, "They do ask me first, like when they take me to the bathroom." Another person said, "I'm often asked if I mind doing something first." We observed staff asking for consent before taking people to the toilet before lunch. We also observed staff asking for permission before placing clothing protectors around people at lunch time.

People told us they could make choices. A person said "I can stay up and watch TV until I'm ready for bed." Another person said, "I like to sit by myself in the little lounge as it's quieter and I have visitors quite often." A third person said, "I take myself off to bed when I'm ready and get up and dressed mostly on my own. It's up

to me what I do in the day. I'm very happy here."

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments and best interest decisions were not consistently completed when people were unable to make some decisions for themselves. DoLS applications had been made where appropriate. However, not all staff had an up to date knowledge of whether a person's had an authorised DoLS in place. This meant that there was a greater risk that people's rights would not be protected in this area.

Care records contained guidance for staff on how to effectively support people with behaviours that might challenge others. Staff were able to explain how they supported people with periods of high anxiety. We observed staff effectively support people with behaviours that might challenge others.

We looked at 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 and they had been completed appropriately.

People were positive about food offered in the home. A person said, "It's very good meals, I'm asked what I'd like. At breakfast you can pick your own cereal and ask for anything." Another person said, "It's beautiful food. We get a choice at every meal. It's casserole today or anything on toast. I'm having eggs and bacon in this lounge. Before bedtime we have tea and biscuits or a sandwich if we want." A relative said, "The food is brilliant. [My family member] is still being encouraged to eat by herself."

People felt that they received sufficient amounts to drink. A person said, "We get lots of drinks any time of the day and we can ask for more too." Another person said, "We get coffee, tea, fruit juice, fizzy pop, we get so much." A relative said, "They try and remind [my family member] to finish a drink up." We saw that drinks were offered throughout our inspection but noticed that two people who required assistance to drink had been given a lidded beaker of squash on their table but did not receive assistance to drink for most of the morning. We raised this issue with the manager and also checked their records which indicated that they received sufficient to drink.

We observed the lunchtime meal in the dining room. Food looked appetising and portion sizes were good. Staff provided support for people where appropriate. However, no drink top ups or seconds were offered and we did not observe people being offered a choice of desserts. We also saw that a person with visual impairment would have benefitted from an adapted plate to support them to eat more easily.

Fluid charts were completed where people were identified at risk of not having sufficient to drink. People were weighed regularly and appropriate action taken if people lost a significant amount of weight. Food charts were in place for people where appropriate and were well completed.

People told us they were supported with their healthcare needs. A person said, "You've only got to cough and they're ready to get the doctor! I'm on the list for the chiropodist. My own hairdresser comes in each

week to do me." A relative said, "[Staff] take her to the local dentist. She gets the optician and chiropodist in here though."

A visiting healthcare professional told us that the service followed their advice. They told us that staff intentions were good but staff needed to take care that they did not admit someone to the home that required more support than they were able to provide as a residential home. Care records contained record of the involvement of other professionals in the person's care.

Is the service caring?

Our findings

During our previous inspection on 17 and 18 October 2016 we found that staff did not always respect people's privacy and dignity. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with.

People told us that their privacy and dignity were respected. A person said, "It's as private as you can make it really. They knock first and I get my curtains closed when it's time to dress." Another person said, "They knock and wait 'til I call out to come in. Very respectful of my privacy." A relative said, "They're very polite to [my family member] – old school style!"

We observed a member of staff respecting a person's dignity by smoothing down the person's trouser legs and cardigan after moving them using the hoist. However we also observed a person's dignity not being respected when a staff member spoke loudly in the lounge to a person, who was not hard of hearing, clearly audible to other people in the lounge and dining room "Would you like to go to the toilet? Let's stand up. Walk this way."

We saw that staff treated information confidentially and care records were generally stored securely. However, we saw that some documentation was left unsupervised for 15 minutes in the lounge on the first day of our inspection. We raised this issue with the manager who agreed to discuss this with staff to ensure this did not happen again. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

People told us that they were encouraged, when able, to be independent. A person said, "I'll be going home so I keep on the move. [Staff] walk with me." A relative said, "[My family member] has got a frame for walking. They've done a fantastic job to keep them on their feet. They resist using a wheelchair all the time to and from the loo." Another relative said, "[My family member] has a swollen leg after hospital and they're encouraging them to walk." Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

Staff told us people's relatives and friends were able to visit them without any unnecessary restriction and people we spoke with confirmed this. A relative said, "I can come whenever suits me." Another relative said, "We're not restricted at all."

People told us that staff were kind and caring. A person said, "They're all very kind with us." A relative said, "They're very kind and patient with her."

Staff had a good knowledge of the people they cared for and their individual preferences. We saw kind interactions between staff and the people they cared for. These interactions indicated empathy for people and a caring approach by staff. We saw staff respond appropriately and promptly to people showing signs of distress.

People we spoke with had not seen a care plan or had attended a meeting. Some relatives had. A relative said, "We've had no meetings yet but we will do as we want to make sure her care is up to date and with her medication review. I've seen her care plan today for the first time." Another relative said, "I've had no care meeting in all the time [my family member] has been here." A third relative said, "I did the paperwork when [my family member] came in, so I feel involved."

We did not see any evidence of the written involvement of people in their care plans when the care plans had been updated. Care records showed some involvement of families in decision making but recording of this information could improve. However the care records contained a lot of personalised information which suggested that staff had spoken at detail with people and their relatives. The manager told us they would be introducing regular care reviews for people and their relatives.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions.

Is the service responsive?

Our findings

During our previous inspection on 17 and 18 October 2016 we found that that people did not always receive support that met their personalised needs, activities required improvement and care records did not contain sufficient information to guide staff to provide personalised care for people. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that this regulation had been complied with but further improvements needed to be made to the activities available to people who used the service.

People told us that call bells were usually responded to in a timely manner. A person said, "It depends if they're busy. It can be very quick or 5-10 minutes if they're really pushed." Another person said, "They come very quickly usually."

People told us that they received personalised care that was responsive to their needs. A person said, "We have a lot of laughs. They help me so readily." Another person said, "It was my birthday last week and they gave me a big card and some lovely flowers. They did me a buffet and a big cake. My friends were allowed to join in too. No matter what I ask, they'll do it for me."

A relative said, "We asked for [my family member] to be in a recliner chair in the lounge so they can sit further back and not fall forward and they did that. I like the way they talk to [my family member] as an individual, not just as a person. There's good interaction and it feels like they're involved in our lives." Another relative said, "It's changed for the better but we didn't realise there's more poorly people now - there are many who can't communicate or socialise. So [my family member] feels a bit lonely without special friends in here."

People told us that they had a shower if they wished. A person said, "They haven't got a bath here, so we just have a shower. I have two a week." Another person said, "I have a shower once a week which is okay with me. They give me a daily strip wash otherwise." A relative said, "She says she has a shower and she never smells odd."

People told us that they enjoyed visiting entertainers but other activity was sometimes limited. A person said, "I like reading but haven't got anything with me like a magazine or book. They have something on most days like a game or bingo." Another person said, "The music movement man who comes in is good. We don't do much else really. I've no TV so can't watch anything in my bedroom to pass the time. We enjoy the church service once a month. A friend takes me out for a drive round now and then."

Relatives told us that they felt there should be more activity provision for their family member. A relative said, "The limitations are that staff are busy doing toilets and things. I'd like a bit more for them to do if I'm honest." Another relative said, "They could do more with them I think. We don't see a lot going on." A third relative said, "[My family member] just sits on their own all day really. I don't see much activity happening here. [My family member] likes the monthly church service here."

Activities still required improvement. We saw limited evidence of co-ordinated planned activities or personalised entertainment. We noticed that a person living with dementia and who had good mobility was sat looking across the lounge for much of the day between meals. They received no stimulation other than watching people come and go. They clearly enjoyed dancing with staff if they had the opportunity as they passed and had a love of music. They were not offered other stimulation by staff like helping to lay lunch tables, folding laundry or simple manual tasks.

Activities records we reviewed were limited and the manager had told us that an activity coordinator was not employed instead staff were encouraged to participate in some activities with people. Staff told us they did not have sufficient staff to take people outside of the home.

Care plans were in place to provide information on people's care and support needs. Care plans were reviewed monthly to ensure they remained up to date. Information was not always easy to find in older care records but newer care records were much better organised.

People told us they knew how to make a complaint. A person said, "I've not been worried yet but could talk to any of the [staff]." Another person said, "I only complained about the paracetamol and not getting one. I think they rang to doctor to change it for me as I can have one now. There's nothing to complain about here really." Staff were able to explain how they would respond to a complaint.

There had been no recorded complaints since our last inspection. Guidance on how to make a complaint was displayed in the main reception, however, it was not easily accessible for people who used the service. This had been identified as an issue at the last inspection. The manager agreed to take action in this area.

Is the service well-led?

Our findings

During our previous inspection on 17 and 18 October 2016 we found that the systems in place to monitor the safety and quality of the service were not always effective. At this inspection we found that some improvements had been made but the regulation had still not been complied with and more work was required to ensure that systems were fully effective to identify and address all the issues we found at this inspection.

We saw that the service's management team had completed some audits and a representative of the provider had also completed audits including care records and health and safety. However, an infection control audit was not being completed and audits of the majority of care records had not been completed. A medicines audit had taken place but medicines were not being audited regularly in order to identify issues promptly. There was a manager audit tool in place which looked at a number of areas of care and the environment but it required further development to support the manager to identify and address the issues we found at this inspection.

Improvements to the service had not been made and sustained following inspections by us. The CQC inspections in 2011 and 2013 identified breaches of regulations. An inspection in February 2014 found that all regulations had been complied with, however, another inspection in November 2014 identified breaches in regulations and the service was rated 'Requires Improvement'. Our inspection in October 2015 found that all regulations had been complied with, but the service was rated 'Requires Improvement'.

At our previous inspection in October 2016 the service was rated 'Inadequate' and we identified a number of breaches of regulations and a number of areas were also identified as requiring improvement. These had not all been fully addressed by the time of this inspection. This meant that effective processes were not in place to ensure that improvements were made and sustained when required.

People were not aware of any meetings or surveys. A relative said, "They had a meeting after the bad inspection last year. I think they're trying more now." No surveys had been completed by people who used the service. We saw surveys had been completed by relatives and a meeting for people and relatives had taken place since our last inspection. However, comments had been made that activities required improvement in the home and this remained an issue at this inspection. This meant that people's views had not been responded to.

These were continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our previous inspection on 17 and 18 October 2016 we found that statutory notifications had not always been sent to the CQC when required. At this inspection we found that there had been improvements in this area and the regulation had been complied with. We saw that notifications had been sent to the CQC when required.

During our previous inspection on 17 and 18 October 2016 we found that the current CQC rating had not been displayed in the home. At this inspection we found that there had been improvements in this area and the regulation had been complied with. The current CQC rating was clearly displayed in the home.

People were positive about the atmosphere of the home. A person said, "It's a laugh a minute." Another person said, "I'd say it's happy." A relative said, "It's always fine, not a negative atmosphere really." Another relative said, "I come every day and it seems to have a good feeling." A staff member said, "It's a lovely home. Good team of staff and everyone can see that improvements are taking place."

A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy. The provider's values and philosophy of care were displayed and staff were observed to act in line with them during our inspection.

People were positive about the manager. A person said, "I find the manager very nice and easy to have a chat with." A relative said, "The manager is fine. I can go to her with any problems. She's there for [people who use the service], which is good."

Staff were also positive about the manager. They told us she was approachable and responded to their concerns. A staff member said, "[The manager] is reassuring and I feel supported by her." We saw that staff meetings took place and the management team had clearly set out their expectations of staff.

The service had not had a registered manager since January 2017. A manager was in post but had not started the application process to become registered with the CQC. They were available during the inspection. They told us that they felt supported by the provider and resources were available for them to improve the service.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective system to regularly assess and monitor the quality of service that people received.</p> <p>Regulation 17 (1) (2) (a) (b)</p>