

PWC Care Limited

Thorn Hall Residential 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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive unannounced inspection took place on the 5 and 12 March 2018.

Thorn Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is located in Thorngumbald, in the East Riding of Yorkshire. It has accommodation for a maximum of 19 older people, some of whom may be living with dementia. During this inspection there were seven people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our previous comprehensive inspection on 28 November 2016, the service was given an overall rating of requires improvement. Caring was rated as good. Safe, effective, responsive and well-led were rated as requires improvement. We issued two requirement notices for breaches in Regulation 17, good governance and Regulation 18, staffing. You can read the report from our last inspections on our website at www.cqc.org.uk. The provider completed an action plan to show what they would do to meet the requirements of the regulations.

Although we found some improvements had been made during this inspection visit, we identified continued breaches of Regulations 17 and 18, and an additional breach of Regulation 11, need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The providers systems for assessing and monitoring the service were not consistently identifying where improvements were needed. Staff had not completed the required training to ensure their skills and knowledge were up to date to carry out their role and meet people's individual needs. Consent to care and treatment was not always sought in line with legislation and guidance. There was a lack of evidence that the Mental Capacity Act (MCA) legislation had been followed for two people.

This is the third time this service has been rated requires improvement.

Staff had been supported through the regular use of supervision. The service had a training matrix in place. We saw not all staff had been trained in control of substances hazardous to health (COSHH), nutrition, mental capacity act, equality and diversity, food hygiene, infection control and first aid. Staff files we reviewed showed five of those had no induction present.

Staff had developed good relationships with people using the service. Staff were aware of the importance of ensuring people's privacy and dignity was respected at all times, however we observed a number of occasions where they had failed to do this.

People lived in an environment that was suitable for their needs and checks on the services equipment were up-to-date. There was a programme of building work planned to change and improve the layout and facilities at the home. The environment was sufficiently hygienic however; the laundry room did not have any hand wash facilities. The provider told us there were plans in place to create a new laundry facility. We saw one bath had a part of enamel that had rubbed away and two toilet floor coverings had holes in them. This meant that any spills would be able to leak under the floor and would prevent the area from being cleaned effectively, increasing the risk of infection. Cleaning schedules had not been consistently completed. The registered manager updated us after this inspection with appropriate actions in response to these findings.

Staff had a good knowledge of what people could do, how they communicated and where they needed help and support. People were supported to make choices and decisions about how they spent their day.

Care plans were in place for each person who used the service. There had been improvements made to the information about people's individual preferences and how staff should provide person centred care.

People received good support to access health services when they needed them. The food in the home was good and people said they were happy with their diet. People enjoyed some group and individual activities.

Staffing levels were satisfactory and employees were subject to pre-employment checks before they were offered positions at the home. Risks to people in relation to their needs had been assessed. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. The registered manager maintained records of accidents and incidents which gave them an overview of any trends.

People, their relatives and staff spoke positively about the registered manager and provider. Staff told us they felt supported. They described both the registered manager and provider as approachable and supportive. Any concerns or complaints were taken seriously, investigated and responded to.

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 consistently safe.

Although the environment was clean and fresh, improvements were needed to infection prevention and control systems.

People received their medicines as prescribed.

Systems were in place to assess, manage and mitigate risk. Staff were trained in safeguarding. Staff recruitment was safely undertaken and there were sufficient staff deployed to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff had not received training to ensure they had the necessary skills and knowledge to carry out their roles.

Consent to care and treatment was not always sought in line with legislation and guidance. We found two decisions had been made without following the correct process in a person's best interests.

People told us they enjoyed their food and we saw they received good support with eating and drinking. People had support to access healthcare professionals when they needed them.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's privacy and dignity was not always respected.

People were complimentary about the attitude of staff. Staff had developed good relationships with people who used the service.

Is the service responsive?

Good ●

The service was responsive.

Improvements had been made to care planning documentation which promoted person centred care. Care plans now included information on people's nutrition, any food intolerances, equality and diversity information and emotional needs.

End of life care was sometimes discussed with people. Processes were in place to promote a pain free and dignified death.

People were supported by staff to take part in activities.

A complaints system was in place which captured complaints and concerns of people who lived at the service.

Is the service well-led?

The service was not well led.

The service had failed to make all of the required improvements to comply with regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The systems for monitoring quality and identifying where improvements were needed had not identified areas of concern we found. The provider and registered manager did not have effective oversight of the service and drive improvement. As a result the service has been rated 'Requires Improvement' since 2015.

Communication between staff and the management team was good. Staff felt supported and valued.

The registered manager demonstrated a clear knowledge of the staff they employed and the people who used the service.

Requires Improvement 

Thorn Hall Residential 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 5 and 12 March 2018. The inspection team on day one comprised of one inspector and one 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. Day two was completed by two inspectors.

Before the inspection we contacted the local authority commissioning and safeguarding teams to gain their views on the service. We looked at notifications about significant events that the provider was required by law to inform us about, the previous inspection report for 28 November 2016 and information received from the provider in regards to how they were planning to address the breaches in regulation we found at our previous inspection. We used information the provider sent us in the 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.

During the inspection we observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times. We spoke with three people who used the service and two visitors. We spoke with the provider, registered manager, four care staff and one ancillary staff.

We looked at four people's care plans along with the associated risk assessments. We also reviewed a selection of documentation relating to the management and running of the service. This included audits, policies and procedures, recruitment information for six members of staff including induction and training

records. We completed an observed walk around the premises to check general maintenance as well as the cleanliness and infection control practices.

Is the service safe?

Our findings

During our inspection on 28 November 2016, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 (staffing). This was because the provider had failed to deploy sufficient numbers of staff to meet people's needs. At this inspection we found the provider had taken appropriate action.

We looked at staffing levels within the home. At the time of this inspection there were seven people living at the home. There were three members of care staff (one of whom was senior staff) on duty during the day, and two at night. In addition, there was separate catering staff. Domestic staff had been employed since the last inspection for eight hours each week.

Care staff completed laundry, some cleaning duties and provided the evening meal for people. They told us there were sufficient staff on duty and they did not feel rushed when supporting people. Comments included, "The laundry is not a big task and we don't struggle to fit it in. We do it as and when throughout the day" and "There is enough staff. It (the home) is really small and it's nice to do different things for people."

At the time of this inspection, our observations were that people were settled and relaxed in the service. Any calls for attention throughout the day were dealt with in a timely manner.

Staff were recruited safely and full employment checks were completed prior to them starting work in the service. These included an application form, references and a disclosure and barring service check. The recruitment process helped to ensure that only suitable people were employed to work in the service.

At the last inspection in November 2016 we recommended that the service considered current guidance, in relation to effective infection prevention and control practices, and take action to update their practice accordingly. We found further improvement was needed in infection control practice.

We completed a walk around the premises and found it to be clean, fresh and free from unpleasant odours. Staff wore personal protective equipment (PPE) such as gloves and aprons as required. Staff we spoke with were aware of infection control procedures; however we saw five staff had no recorded training in infection control. The provider told us staff were spoken to about infection control at the start of their employment. We were unable to see any evidence of this.

All of the toilets had facilities to enable people to effectively wash and dry their hands. The laundry room did not have any hand wash facilities and staff told us they continued to go through to the staff toilet which was located through two doors in order to wash their hands. We observed staff wore disposable gloves in the laundry and removed these before leaving the room. The provider told us plans were still in place to build a new laundry facility. We saw one bath had a section of enamel that had rubbed away, and two toilet floors were compromised with holes in the flooring. This meant that any spillages would be able to leak under the floor and would prevent the area from being effectively cleaned, increasing the risk of infection.

Cleaning schedules were in place and we reviewed these from 22 January to 3 March 2018. We saw there were significant gaps in recording where these had not been completed. The last infection control audit in February 2018 had not identified holes in toilet floors, lack of completed cleaning schedules and no hand wash facilities in the laundry.

At the last inspection in November 2016 we recommended that the service considered current guidance on giving medicines within a care home setting and take action to update their practice accordingly. We found improvements had been made in medicines practice.

People we spoke with were happy for the staff to administer their medicines and told us they received these on time. The provider had an up to date medicines policy in place which covered all aspects of medicines management and we saw that staff responsible for administering medicines had received training.

We looked at how medicines were managed within the service and checked a selection of topical (used to record the application of external creams and lotions) and medication administration records (MARs). We found that both the topical and medicine charts we checked were completed appropriately. Accurate records were kept of the temperature of the room where medicines were kept and the fridge to ensure medicines were stored in line with the manufacturer's guidelines. We checked a sample of the stocks of medicines, including controlled drugs, and found that records tallied with the stock we counted. The medicines cabinet was kept secure and organised. Staff had received appropriate training to ensure they had the knowledge and skills they needed to administer medicines.

People told us they felt safe living at the home. One person told us, "It (the home) is locked up at night and there is a dog on the premises - no worries." Another said, "I am looked after, no burglars about." Staff confirmed they had received safeguarding adults training and were aware of the different forms of abuse. They demonstrated a good knowledge of safeguarding procedures and knew whom to inform both within the organisation and to outside agencies if they witnessed or had an allegation of abuse reported to them. One member of staff told us, "I have had safeguarding training in the past. [Name of provider] went through a leaflet with me and I recognise what I must report to my line manager. I would contact the CQC or the other numbers we have if I needed to."

We saw the service had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person's specific needs. This included moving and handling, falls, pressure areas, food and drink. Accidents and incidents were recorded and reviewed by the registered manager. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

There was a fire risk assessment in place which had been reviewed in October 2017. We noted the risk assessment stated all staff had received fire training in the last year. When we checked fire training we saw two staff had not completed this since 2015. After the inspection we received evidence to show one of the staff had attended fire training.

Equipment owned or used by the service, such as wheelchairs, bath chairs, hoists and raised toilet seats were clean and suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. External contractors had completed all necessary safety checks and tests.

Is the service effective?

Our findings

At our inspection on 28 November 2016, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 (staffing). This was because the provider had failed to ensure that staff received appropriate training to enable them to carry out the duties they are employed to perform.

Since the last inspection the registered manager had implemented staff competency checks which included observations of their everyday working practice. We reviewed a selection of these checks and found they did not contain any details of the observations made. For example, we saw one member of staff had their moving and handling practice checked in February 2018 however, there was no record of what was observed. It was unclear if the staff were compliant or where any areas for improvement were required with associated actions to meet compliance.

The provider did not have a training policy which meant we were unable to see what training they deemed to be essential. The registered manager provided a training matrix which provided a record of completed staff training. This showed staff training was not up to date to ensure they had the required up to date skills and knowledge to effectively carry out their role. One member of staff told us, "I have not done infection control, first aid or control of substances hazardous to health with this company." We discussed these concerns with the registered manager who told us that staff had done first aid training when they had worked for their previous employers but the service was unable to check staffs competency in this area. After this inspection the registered manager provided confirmation of booked first aid and moving and handling refresher training. They assured us infection control and equality and diversity would be completed.

This demonstrated a continued breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (staffing).

Staff received regular supervision. Six of the staff files we reviewed, showed five of those had no recorded induction present. This meant we were unable to be clear what the induction process for staff was when they began working at the service. On the second day of the inspection the provider showed us a revised induction they had begun to implement at the service which included a tour of the home, fire procedures, COSHH policy, infection control policy, food hygiene and use of equipment.

Staff told us they had received an induction when starting work at the service. One said, "During my induction I was shown around. I did some shadow shifts and observed other staff. I was shown how to use the hoist, basic food skills and fire drills." We spoke to one member of staff who had recently started at the service, they told us, and "I had my induction with [Name of provider] and did my shadowing with [Name of staff] I have been working closely with other staff and feel confident in most things. I have learnt a lot already about people and have read two care plans."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. Records showed that three people who used the service had a DoLS in place around restricting their freedom of movement. These were kept under review and applications had been submitted where needed for other people and the registered manager was awaiting the outcome from the authorised supervisory body.

Not all staff had received training in the MCA and DoLS, although they were aware that they should presume people had capacity until it was deemed otherwise. Staff said they always asked people for their permission before they did anything with them. One told us, "Assume the person has capacity and if they are capable of making the decision." We asked people who used the service if staff involved them in making decisions, comments included, "I choose my clothes, meals and bedtimes" and "I usually am up at 6.30am, dressed, shaved and washed (by self) and bedtime is 7pm-ish (by choice). I choose where I have my meals."

We checked to see if staff were following the legal requirements in relation to consent and we found a lack of mental capacity assessments for two people who had bed rails. We found no mental capacity assessments had been carried out to determine if they had capacity to agree to these and no best interests' discussions had been undertaken prior to the bed rails being fitted. We raised this with the registered manager who told us they would address this.

This demonstrated a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (need for consent).

The service cared for some people living with dementia but was not purpose built as a dementia service. The provider had implemented some measures to adapt the service to create a dementia friendly environment. Dementia signage had been put in place to help people orientate around the environment; we saw bathrooms and toilets had signage. We saw a picture menu in the communal room which showed what was for lunch and a memory board was on display with stories of WWII, photographs and a ration book.

We asked people what they thought of the food available. Comments included, "Very good choice, they will do their best to accommodate you" and "Reasonable choice and enough to eat." We observed lunch on the first day of inspection and noted this was a calm and relaxed occasion. Three people ate in the communal lounge and three chose to eat in their rooms. Staff sat and engaged with people and people were given the time they needed and encouragement (if required) to eat. For example, we observed one member of staff gently asking a person if they could help by putting their food on their spoon for them. The person accepted this help. We noted the support was given in a caring and unhurried manner. In between meals people were offered snacks and drinks. We noted a bowl in the communal lounge with packets of crisps in and a, 'Please help yourself' sign.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition. They cook told us, "We have a list up on a wipe board in kitchen with people's names on, and notes next to them stating plate sizes of small, medium or large. We currently have no people with any special dietary requirements."

People told us that they had access to external health and social care professionals, such as GPs and district nurses. One person said, "If I need a doctor they would call a doctor, if I need others they sort it." Other people told us, "District Nurse visits, chiropodist and physiotherapist" and "In two weeks' time there is an optician visiting." People were registered with a local GP practice to ensure continuity of medical treatment and staff kept records about the healthcare appointments people had attended.

Is the service caring?

Our findings

We received positive comments from people living at the home about how staff cared for people. Comments included, "They (staff) ask how I am, it's the same staff most of the time", "Nothing is short, I would soon tell them if not" and "I would say they are caring, I know them all by sight but not by name." A visitor told us, "[Name] is very well cared for. I have no concerns at all, everyone is nice."

Although staff presented as kind and caring we observed some practices did not always promote the dignity of people living at the service. For example, we observed staff and the management chatting in the communal lounge about a person's bathing regime, their upcoming healthcare appointments and concerns on the services ability to meet the person's needs. They discussed the person and named them in front of other people and staff. This meant that people were not always treated with dignity or respect as staff were indiscreet when communicating amongst each other about individuals' personal needs.

During lunchtime staff put music on low in the lounge. No one was asked if they would like music on or what type of music they would like to listen to. We noted the music playing was of a current genre. We found one person's records containing confidential personal information, were in an unlocked cupboard in the lounge and easily accessible to everyone. Such practices do not promote privacy and dignity.

People who used the service told us staff maintained their privacy and treated them with respect. Comments included, "They (staff) are very polite, I get a wash every morning and night, and bath twice a week, and the hairdresser comes in weekly" and "My room door is mainly open (by choice). I am comfortable with staff around." We observed a member of staff knock on a person's door before entering and bring them their mail which was unopened.

On both days of our inspection we felt the atmosphere in the service had warmth and humour. Interactions observed between the staff and people who used the service were overall friendly and staff spoke fondly to us about the people they cared for. Positive interactions between staff and people included chatter and laughter, which made a nice and calm atmosphere. Staff were smiling and using humour as they engaged with people. One member of staff said, "The whole package here (the service) is about caring for people."

Care plans were in place and were specific to people's needs and abilities. We saw information for staff to follow in relation to how they should engage with people. For example, one person's communication support care plan stated, 'I am able to speak and make myself understood and my face is expressive which helps me get across what I am trying to say.' Another person's plan said, 'I may become upset if no one listens to what I am telling them. People must take the time to listen to me.' This approach supported staff to provide responsive care to people who had communication difficulties.

Staff had the knowledge to meet people's needs whilst making sure people had every opportunity to remain as independent as possible. One person told us, "I do what I can (for myself)." Another person said, "I can do things for myself, but if I need assistance I press my red button but that is very rare." 'Resident of the Week' had recently been introduced which focused around one person's choice of activities, what meals they

would like to eat and a review of their care plan which included asking the person if their personal room was how they liked it. At meal times staff respected people who were able to eat their meals without support.

Peoples' differences were respected and they were supported to make decisions about their day to day care. We saw people wore clothes of their choice and could choose how they spent their time and where. One person's care plan said they loved the colour pink. We saw their bedroom was decorated this colour; they were wearing pink flowers in their hair and sitting with a pink blanket over their knees. One person told us, "Staff help me (to do what I want) and I can go outside when I like." We saw one person slept better wearing a specific type of nightwear and another person enjoyed an alcoholic drink of port or baileys from time to time.

People's care plans reflected their diversity and protected characteristics under the Equality Act. For example, care plans contained information on people's gender, religion, communication and significant relationships. Some people had religious needs and the service had visits from local churches.

People were encouraged and supported to maintain contact with their relatives and others who were important to them. One person originated from another country had recently had a visit from their family who had brought them specific items of food from their homeland. A member of staff told us, "Everyone should have choice and control over their lives. [Name and Name] chose to share a room together as they were in a relationship. [Name] is [Nationality] and their family send pictures of their country and the village via [electronic messaging]." The registered manager told us the person wanted to apply for a passport and the service was supporting them with this. A local media centre had visited them to talk about suitable laptops. The person had ordered one to help them keep in touch with their family.

As part of the inspection process, we looked at satisfaction questionnaires, which had been completed by people's relatives. One person wrote 'I am always greeted with a smile.' Another said 'They (staff) very much understand my relative and manage [Name's] sense of mischief very well.'

People had access to independent advocates if they wished. Advocates provide independent support for people to express their views and ensure their rights are upheld.

Is the service responsive?

Our findings

At our previous inspection on 28 November 2016, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 (good governance). This was because the provider had failed to monitor risks relating to the health and safety of people using the service and failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service. During this inspection we found the provider had taken appropriate action.

We found improvements had been made within care planning documentation which supported and promoted person centred care. We reviewed four people's care plans. They were organised and provided person centred information. Equality and diversity information, nutrition and any food intolerances and people's emotional needs had been considered and were consistently recorded in the care plans we looked at.

Although people we spoke with could not recall being involved in the planning of their care, it was evident from the information we reviewed that they and their relatives had been involved in the assessment of their needs and the development of their care plans. We saw that daily notes contained no gaps in the recording and respectful language was used.

Care plans contained details about the person's life history and things that were important to them, for example, previous occupations, family information and favourite memories. Plans included 'things you should know about me.' One person's care plan said 'I dislike sticky hands, loud people and being cold.' Areas of the care plans included; general health, personal care, mobility, eating and drinking and leisure/occupation and religion. The care records we looked at contained person centred information to show how people wanted to be supported and cared for. One person's plan for leisure/occupation and religion said, 'I am sociable and like to chat. My faith is Church of England but I don't actively practice. I have regular visits from my god daughter and friends from the village I used to live.'

Care plans were evaluated monthly, or sooner according to people's needs. Where changes in people's needs were identified these were responded to promptly. For example, one person was waiting to have surgery and had experienced increased falls. We saw they had been referred to the falls team. Their care plan reflected a falls nurse had visited them and completed a review of their needs and would be re-visiting in one month's time.

At the time of our inspection, no one living at Thorn Hall was nearing the end of his or her life, and therefore, we were unable to consider how this part of the service was managed. Although some care plans included people's final wishes in terms of funeral directors and type of funeral, others remained blank. There was no documentation surrounding how people wished to be supported and cared for in the last stages of their life. We spoke to the registered manager about this. They said they had tried to have conversations with some people but they did not always wish to discuss this. The registered manager said they supported people at the end of their life in partnership with the district nursing teams and GPs to ensure people's end of life care needs were met. We looked at feedback provided to the service. One family member we spoke with

commended staff on the end of life care provided to their family member. They told us the registered manager had come in to the service to be with them and their relative at the end of their life, they went on to say "The care here was wonderful, [Name] loved them (staff) and they loved [Name]. Everyone here has been great with [Name]. I cannot fault the care; they were so kind." We saw another comment recorded, 'Thanks you for your kindness and all your efforts in looking after [Name]. [Name] was always happy at Thorn Hall and it was clear to see how much you cared for [Name].' This showed us the registered provider was supportive in ensuring people had a comfortable and dignified death.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. The registered manager was not aware of the Accessible Information Standard but we saw that people's communication needs were clearly recorded as part of the services care planning process. This information was then used to develop communication plans, which would indicate people's strengths, as well as areas where they needed support. This approach helped to ensure people's communication needs were met.

The registered manager told us that the service did not employ anyone specifically to organise activities and that it was the responsibility of all staff to encourage people to join in different activities. People's opinions were positive about what activities were available to occupy them. Comments included, "A certain amount, in afternoon staff have more free time", "Staff play games like bingo, exercises and movement to music" and "I watch TV, we play dominoes and cards, there are always activities on."

A member of staff told us, "We play bingo, card game and have movie afternoons with popcorn. We do crafts and baking, play dominoes and quizzes. Whatever they (people using the service) choose. We will ask people; what do you want to do this afternoon?" They went on to tell us they played board games and chatted with people who chose to stay in their own rooms. We saw the communal lounge was decorated with Easter eggs and displayed information of an upcoming Easter egg hunt. Photos were on display showing past activities people had taken part in.

There was a complaints policy in place which was displayed in the entrance to the service. The registered manager told us that there had been no formal complaints received since the last inspection. We reviewed two informal complaints that had been made and saw there was a clear record of the review and investigation. We found a record of the response to the complainant regarding the findings of each issue raised. One person told us, " (If I had a complaint) I would see [Name of registered provider] and tell them. I have no complaints." They went on to tell us they had mentioned food to the registered manager a while ago and it had improved, they said, "Now I am consulted and they ask what they should add to the menu." Another person said, "If I was unhappy I would tell the carers."

Is the service well-led?

Our findings

At our last inspection on 28 November 2016 we rated the service 'Requires Improvement' in this key question. At this inspection we identified concerns about the lack of progress the service has made to improve following previous inspections.

At an inspection on 15 October 2015 the service was rated 'Requires Improvement' overall and was found to be in breach of one regulation under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified concerns about the safety of the premises. We told the service to make improvements and they submitted an action plan stating how they would comply with the regulations.

At the last inspection on 28 November 2016 we found that the service was rated 'Requires Improvement' overall and was found to be in breach of two regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified concerns about staffing levels, staff training, risks relating to people's health and safety, inaccurate records and the systems used to monitor and improve the quality and safety of the services provided. We told the service to make improvements and they submitted an action plan stating how they would comply with the regulations.

We reviewed the registered provider's quality assurance systems. Audits had been completed which included infection control, maintenance of the environment, nutrition, medicines, health and safety, hospital and GP appointments and emergency admissions to hospital. We saw the maintenance audit action plan included clearing the outside shed of rubbish and required refurbishment to an annexe toilet. These actions had been completed.

Despite this, the provider was again not always operating effective systems to assess, monitor and improve the quality of the service. We found three breaches of regulation relating to staffing, need for consent and good governance. We found that the audits implemented had not been continually reviewed by the management for their effectiveness because they had failed to identify the concerns we noted during this inspection.

We found that the management of the service had been unable to comply with all previously breached regulations. The service continues to be in breach of regulations 17 and 18, and additionally regulation 11, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The concerns have been described in the relevant sections of this report. Improvements are required to the management of the service, staff training, and the application of the mental capacity act and infection control practice.

The service has been rated 'Requires Improvement' since 15 October 2015. The service has been unable to make and sustain improvements to comply with Regulations and to reach a rating of 'Good'. This demonstrates that the systems in place to monitor the quality of the service and drive improvement are ineffective.

This was a continued breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 (good governance).

Following our inspection the registered manager provided us with evidence that they had responded to some of the concerns that we had raised with them during this inspection, and had started to address them. For example, they sent us information to show that additional training had been booked for some staff and the training matrix had been updated, showing mandatory training required as well as additional preferred training.

People and their relatives were encouraged to share their views and were able to speak to the registered manager or provider when they needed to. There was an annual quality assurance exercise where questionnaires were sent out to people and their relatives to seek their views on the service. The questionnaires for 2017 had been analysed and the results were positive. Comments included, 'I have no complaints whatsoever. I always have a laugh with the girls (staff). The home is very welcoming' and 'I am happy, nothing is neglected with regards to my welfare.'

The registered manager and provider had an active approach within the service and we saw they were visible and involved. They were both able to discuss the needs of people who use the service in a detailed way. During our inspection we saw they appeared to have positive relationships with people who used the service; people were addressed by their preferred names and the registered manager and provider had regular general discussions with people we met.

People told us they considered the home to be well managed. One person said, "[Name of provider and registered manager], they are very good too." We spoke with staff who worked at the home who told us they were happy with the support they received. Comments included, "It is an open door with the management. Nothing is awkward and if I had a real issue I would go to them" and "I get great support. [Name of provider and registered manager] are great and always there for a chat" and, "It (the home) is managed well and they (management) will help you at any time."

We spoke with staff about the culture of the service. They told us that the culture was very supportive and open. Our observations confirmed this. There was an open culture and a commitment to providing good quality care and support to people. One member of staff told us, "It's like coming to my second home. We try to make everyone happy. They [registered manager and provider] have the best interests of people at heart."

We reviewed minutes of team meetings which occurred on a regular basis. Team meetings were used to highlight changes within service delivery, discuss policies and procedures and peoples wellbeing.

We noted that the registered manager and provider worked closely with other organisations in order to support people who lived at the service. For example, they worked with local authorities that commissioned services for people and safeguarding teams, when required. Where any concerns had been raised the registered manager liaised with safeguarding and healthcare professionals in an open and transparent manner. This meant any concerns were addressed in a confidential and sensitive manner.

The service had a statement of purpose. This document provided details about the home, including its facilities and mission statement. It provided information needed to help people and their relatives make an informed decision about the suitability of the service.

The registered manager had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure that care and treatment of service users was always provided with the consent of the relevant person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes used by the provider to monitor the service were not always effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not been provided with appropriate training as is necessary to enable them to carry out the duties they are employed to perform.