

Havering Care Homes Ltd

Abbcross Nursing Home

Inspection report

251 Brentwood Road
Romford
Essex.
RM1 2RL

Tel: Tel: 01708 438343

Website: www.haveringcare.co.uk

Date of inspection visit: 8/07/2015 and 9/07/2015

Date of publication: 07/09/2015

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



Overall summary

This unannounced inspection took place over two days on 8 and 9 July 2015.

Abbcross is a purpose built 28 bed care home providing accommodation and nursing care for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those that need it. For example, hoists and adapted baths are available. 18 people were using the service when we visited.

The service had 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 and associated Regulations about how the service is run.

At the last inspection in December 2014, we found five breaches of regulations. The arrangements for managing medicines were not safe. Staff had not received sufficient training to provide a safe and appropriate service that met people's needs. Systems were not in place to ensure

Summary of findings

that people's human and legal rights were respected. The planning and delivery of care did not ensure people's welfare and safety. Issues identified as part of quality monitoring were not addressed in a timely way.

Since then improvements had been made. Medicines were monitored and audited and staff had information to enable them to make decisions about when to give certain medicines. Systems were in place to ensure that people received their prescribed medicines safely and appropriately.

Staff had received additional training and more was scheduled. However we found that staff responsible for wound care management did not have the necessary knowledge or dressings to enable them to do this effectively.

Staff supported people to make some choices about their care. Mental capacity assessments had been carried out and for people who did not have the capacity to make informed decisions about their care discussions had taken place with relatives and other professionals to determine what would be in their best interest. We were concerned that some of these decisions were not robust and have **recommended** that all resuscitation and best interest decisions be reviewed to ensure that they are properly and fully completed and that people's human and legal rights were respected.

Care plans had also improved but were not always clear or detailed. Some contained contradictory information. Further work was needed to ensure that care plans were person centred and contained sufficient detail to enable staff to provide an individualised service that safely met people's needs and preferences.

The provider had an action plan to address the shortfalls identified at the last inspection. The operations director was carrying out audits and spot checks and the provider met with the manager every two weeks to monitor the

progress in meeting the action plan. Although progress had been made some issues found during the inspection had not been highlighted during the ongoing monitoring and auditing process.

Record keeping was not always accurate or up to date and this placed people at risk of receiving inappropriate care or not being supported in a timely manner.

People told us they felt safe at Abbcross and that they were supported by kind, caring staff who supported them and treated them with respect. One person said, "Everything is alright here. The carers are nice." A relative told us, "Yes, I think [my relative] is safe here and the carers are attentive."

We saw that staff supported people patiently and with care and encouraged them to do things for themselves. Staff knew people's likes, dislikes and needs and provided care in a respectful way.

People said that they were happy with the type and variety of activities offered. We saw that people were supported to participate in activities of their choice.

People lived in a clean environment that was suitable for their needs.

People told us that the food was good and that they had a choice of food and drinks. We saw that their nutritional needs were met. If there were concerns about their eating, drinking or weight this was discussed with the GP and support and advice was received from the relevant healthcare professional.

People were happy to talk to the manager and to raise any concerns that arose.

We found breaches 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 the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the care provided were safe. Infection control practice was not robust and placed people at risk of infection.

Although risks were identified systems were not in place to minimise these and to keep people as safe as possible.

Systems were in place to support people to receive their medicines appropriately and safely.

Staff were trained to identify and report any concerns about abuse and neglect and knew how to respond to emergencies.

The premises and equipment were appropriately maintained to ensure that it was safe and ready for use when needed.

Requires improvement



Is the service effective?

Not all aspects of the care provided were effective. Staff providing wound care did not have the training, knowledge or dressings to do this competently, effectively or safely.

People's capacity to make decisions about their care and treatment had been assessed but this was not always robust. We have **recommended** that all resuscitation and best interest decisions be reviewed to ensure that they are properly and fully completed and that people's human and legal rights respected.

People told us that they were happy with the food and drink provided. They were supported by staff to eat and drink sufficient amounts to meet their needs.

People lived in an environment that was suitable for their needs.

People were supported to access healthcare services.

Requires improvement



Is the service caring?

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

Staff supported people in a kind and gentle manner and responded to them in a friendly and patient way.

People received care and support from staff who knew their likes and preferences.

Staff provided caring support to people at the end of their life and to their families.

Good



Summary of findings

Is the service responsive?

Not all aspects of the care provided were responsive. Although there were improvements in people's care plans further work was needed to ensure that they contained clear and detailed information to enable staff to provide a personalised and consistent service.

People were encouraged and supported to take part in a range of activities and to maintain their interests and links with the community. They told us that they were happy with the type and variety of activities that were on offer.

The service had a complaints procedure and action had been taken to address concerns and complaints.

Requires improvement



Is the service well-led?

Some aspects of the service were not well led. Record keeping was not always accurate or up to date and this placed people at risk of receiving inappropriate care or not being supported in a timely manner.

The quality monitoring of the service had improved but was still not effective enough to ensure that people received a safe and appropriate service.

People, relatives and staff said the registered manager was caring, supportive, approachable and available to speak with if they had any concerns.

Requires improvement



Abbcross 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 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 8 and 9 July 2015 and was unannounced on 8 July 2015.

The inspection team consisted of one inspector, a specialist nurse advisor 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 service.

Before our inspection, we reviewed the information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with four people who used the service, the registered manager, the provider, the operations director, two nurses, eight carers, the activities coordinator, the cook, three relatives and a healthcare professional. We looked at six people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

After the visit we received feedback from a healthcare professional.

Is the service safe?

Our findings

Not all aspects of the care provided were safe. We found that risks were identified and people's files contained risk assessments relevant to their individual needs. However the action required to minimise risks was not always clear and in some instances contradictory. For example, in one person's file the risk assessment for moving and handling stated to use the white/blue sling. The care plan stated to use the white/green sling. These were different sizes. In the risk assessment for skin integrity, it instructed staff to "moisturise as applicable", but there were no details as to which moisturiser to use or where on the body to apply this. In another person's file the care plan for skin integrity said to encourage adequate fluids and then specified 1500ml per day. For the same person the continence care plan stated to encourage adequate fluids and then specified 1000ml. This meant that although risks were identified people were not adequately protected from these risks. This was in breach of regulation

12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the treatment room there was a cupboard containing a limited range of wound dressings for named people. The nurse told us that there were not any sterile dressing packs and that, "We put a towel on the bed, use the saline to wash and then put on a dressing." They also told us that they used, "the gloves and aprons that are in the corridor". These were not sterile and with no sterile gauze to clean with or a sterile surface to work on, this was not safe practice and put people at high risk of infection. This was in breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we visited the service on 3 and 10 December 2014 we found that people were not protected against the risks associated with the unsafe use and management of medicines. Systems were not in place to ensure that they safely received all of their medicines. We also found that people were not protected from the risks of receiving care and treatment that was inappropriate or unsafe. The planning and delivery of care did not ensure their welfare and safety. The provider sent us an action plan detailing the changes that they would make to address these issues.

At the last inspection we found that the care and treatment of people with nasogastric tubes (tubes going into the

stomach via the nose for the administration of fluid, nutrition and medicines) did not reflect relevant research and guidance and that care was not planned and delivered in a way that ensured their safety and welfare. Nurses were responsible for managing the nasogastric tubes and although they continued to administer via the tube they no longer reinserted the tube if it was displaced or came out. If needed people returned to hospital for this procedure. We looked at the records for people with nasogastric tubes and found that nurses recorded what had been administered via the tube and that there was a consistent record that the necessary safety checks had been carried out before they started this process. Systems were in place to ensure that the needs of people with nasogastric tubes were safely and appropriately met.

We found that that systems were now in place to ensure that people received their prescribed medicines safely. Medicines were administered by qualified nurses who, since the last inspection, had received additional medicines training. There were guidelines in place for the administration of 'when required' medicines so that staff were clear as to when and how to administer this. A system of two weekly medicines audits had been introduced and these were monitored by the registered manager and the operations director. Any issues were followed up with the relevant nurse to ensure that they were clear as to what was required.

Medicines were kept safely. Medicines were securely and safely stored in two medicines trolleys with controlled drugs stored in a separate controlled drugs cupboard. The trolleys were kept locked and attached to the wall to ensure they could not be moved or opened by unauthorised persons. The person responsible for the administration of medicines kept the keys with them during their shift. We looked at the storage, administration and recording of controlled drugs. We found that these were stored safely and a controlled drugs record was kept. We checked the controlled drugs and found that the amount stored tallied with the amount recorded in the controlled drugs register.

Appropriate arrangements were in place in relation to the recording of medicines. We looked at a sample of Medicines Administration Records (MAR) and found that the MAR included the name of the person receiving the medicine, the type of medicine and dosage, as well as the date and time of administration and the signature of the

Is the service safe?

staff who administered it. We saw that the MAR had been appropriately completed and were up to date. This meant that there was an accurate record of the medication that people had received.

People told us that they felt safe living at Abbcross Nursing Home. One person said, “I do feel safe.” Another told us, “Yes, I feel safe here, the carers are OK.”

Two relatives told us that they sometimes thought that there were not always enough ‘carers’ around. However, a person who used the service told us that staff were “always available.” When we visited there were 18 people using the service supported by one nurse and four care staff. In addition there was an activities organiser, cook, handyman and domestic and laundry staff. Staff spoken with felt that staffing levels were sufficient to meet people’s needs given the number of people using the service at the time. They also told us that the manager would always ‘help out’ if needed. At the time of the inspection staffing levels were sufficient to meet people’s need.

Staff were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. Staff told us that they had received safeguarding adults training and records showed that for most staff had refresher safeguarding training since the last inspection. Staff told us that they were confident that the manager would deal with any concerns they raised.

Systems were in place to ensure that the environment was safe and that equipment was safe to use and fit for purpose. Equipment such as hoists, slings, mobility aids and pressure relieving aids were available. Records showed that equipment was serviced and checked in line with the

manufacturer’s guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. The records also confirmed that the maintenance person carried out weekly checks on alarms, call points, hot water temperatures and pressure relieving mattresses, to ensure that they were safe to use and in good working order.

The provider had appropriate systems in place in the event of an emergency. Staff were aware of the evacuation process and the procedure to follow in an emergency. They told us they had received fire awareness and health and safety training. One member of staff told us that when an emergency during the night had arisen they had been given clear instructions by the nurse on duty and worked together until the emergency service arrived to takeover. Systems were in place to keep people as safe as possible in the event of an emergency arising.

The provider’s recruitment process ensured that staff were suitable to work with people who need support. This included prospective staff completing an application form and attending an interview. We looked at three staff files and found that the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. Nurse’s registration with the Nursing and Midwifery Council was also checked and monitored by the manager to ensure that they were allowed to practise in the United Kingdom. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom. People were therefore protected by the provider’s recruitment process.

Is the service effective?

Our findings

The service was not always effective. We found that some people had developed or been admitted to the service with pressure area ulcers. As this was a service providing nursing care the responsibility for day to day wound care was held by the nursing staff with guidance and advice available from a specialist tissue viability nurse (TVN). Nursing staff had not received tissue viability or wound care training and there was not any posters or information for carers or nurses about skin integrity, pressure ulcers or suitable wound dressings. The TVN had visited the service shortly before the inspection but the nurse we spoke with was unable to tell us how wounds should be cared for or dressed. There was no evidence in the care plans of any structured record of reviews of pressure ulcers, type of dressings required or the dates when they were redressed. Staff providing wound care did not have the necessary skills and competence to do this safely. This was in breach of regulation 12 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we visited the service in December 2014 we found that the provider did not have adequate systems in place to obtain consent from people who used the service and that their legal rights were not protected. Staff were clear that people had the right to and should make their own choices and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training had been arranged for September 2015. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be legally deprived of their liberty where it is deemed to be in their best interests or for their own safety. The manager had carried out assessments on people's mental capacity and ability to make informed decisions about their care and treatment. When people had been assessed as not having the mental capacity to make a decision then discussions had taken place with relatives and healthcare professional to determine what would be in the persons 'best interest.' None of the people who used the service had a DoLS in place but relevant applications had been made to supervisory bodies and the manager was awaiting their responses. Therefore systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty. The systems for obtaining people's consent had improved.

In the files we looked at we saw resuscitation decision forms. In these cases mental capacity assessments had been carried out and there was a note of 'best interest' discussions. However although forms had been signed by the GP they had not been properly completed. They did not indicate if the GP agreed with the resuscitation decision or not. In addition there was no evidence to confirm that relatives had the necessary legal right to consent to the decisions being made.

We recommend that all resuscitation and best interest decisions be reviewed to ensure that they are properly and fully completed and meet legal requirements. Also that evidence of a relative's legal right to consent to treatment is obtained and held on file.

In December 2014 we also found that although staff had received training to meet people's basic needs other training identified as needed by the service had not been provided. This included managing behaviour that challenges, record keeping and risk assessment. In addition nurses had not been trained or assessed as competent to manage the care of people who had nasogastric (ng) tubes (tubes going into the stomach via the nose) inserted for the administration of fluid, nutrition and medication. The provider had tried but was not able to source training for the insertion of ng tubes and to ensure people's safety nurses were not carrying out this procedure but only administering fluids and medicines via the tube. If the need arose the procedure was to be carried out at the local hospital. This ensured that people's needs with regard to ng tubes were safely met.

Three nurses had been trained to carry out male catheterisation to enable them to safely meet this specific need. Staff training sessions had been held since the last visit and topics included safeguarding, first aid, and behaviour that challenges. Further training was booked in July, September and October 2015. Topics included, principles of care, Mental Capacity Act, Food Hygiene, fire safety awareness and infection control. Therefore systems were in place to provide staff with the training needed to safely meet people's needs.

People were provided with a choice of suitable nutritious food and drink. They told us that they enjoyed the food. When asked whether they had enjoyed lunch one person told the staff member, "It was lovely and if you'd given me a

Is the service effective?

spoon I'd have drunk the gravy up as well." Another person said, "The food is very nice here. Sometimes we get fish and chips on a Friday from the shop. I love fish and chips, and it's the best meal we have here."

People's menu choice and dietary needs were recorded on a colour coded chart. This enabled the cook and care staff to quickly and easily identify what people needed and wanted and lessened the risk of any errors being made.

People were supported to eat and drink sufficient amounts to meet their needs. We saw that there were drinks available in the lounge throughout the day and also available in people's rooms. Some people ate independently and others needed assistance from staff. We observed that staff appropriately supported people to eat and that they were not hurried. We saw that some people required a pureed diet and each food was pureed and served separately to enable them to enjoy the different tastes. Staff recorded what people had eaten and drunk and how much. When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals.

At the time of the inspection none of the people who used the service had a specific dietary requirement due to their culture or religion. However, the cook told us that the service was able to cater for a variety of dietary needs. At the time of the visit this included diabetic, vegetarian, soft diet and pureed diet. Therefore people were able to have meals that met their needs.

People were supported to access healthcare services. They saw professionals such as GPs, dietitians and speech and language therapists when needed. One GP practice visited for a weekly 'surgery'. A few people were registered with a different practice and a visiting GP told us that they had no

specific incidents or concerns. They were not called for unnecessary visits and there was not a high incidence of falls or skin tears. A relative told us that they had been worried the past couple of days about [their relative] and was going to ask the service to get a doctor in to see the person. When they visited they found that the manager had already arranged for a doctor to visit. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

The environment met the needs of the people who used the service. There was a lift and the building was accessible for people with mobility difficulties. There were adapted baths and showers and specialised equipment such as hoists were available and used when needed. We saw that Abbcross was clean and adequately maintained. In addition to individual bedrooms there was a large combined lounge and dining area where most people spent their time. There was also 'dementia friendly' garden with chickens and a fish pond.

The manager told us that the services' procedure was that staff received supervision (one to one meeting with their line manager to discuss work practice and any issues affecting people who used the service) four times a year and an annual appraisal. There was a computerised system to record information from supervisions and appraisal and this system also flagged up when these were due. Staff told us that they received regular supervision. They said that the manager was flexible, approachable and listened to them. One member of staff told us, "I feel supported in my role." Another said, "I have had overwhelming support from everyone. I have raised "little bits and pieces" and they have all been taken on board." People were cared for by staff who received support and guidance to enable them to meet their assessed needs.

Is the service caring?

Our findings

The service was caring. People were positive about the care and support they received. They told us that staff were kind, caring and respectful and that their privacy and dignity was maintained. One person said, “They always knock before they come in.” Another told us, “The carers are nice.” We saw that when the hoist was being used in the lounge to transfer people staff used a blanket to cover them and to help maintain their dignity.

We observed that staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. For example, one person said they felt tired and a member of staff offered to take them to their room or to a comfortable seat. Throughout the visit we saw the staff talking to people, they smiled, made eye contact and allowed time for the person to reply. We also saw that staff discreetly explained to people that they were going to assist them with their personal care needs.

Staff we spoke with knew the people they cared for. They told us about people’s personal preferences and interests and how they supported them. Staff told us that they were allocated which area that would be working in each day and that this was rotated so that they worked with and got to know everyone. In a quality survey completed in June 2015 a relative had written, “The staff are very friendly, attentive and cheerful. Most go the extra mile for treats for people.”

People were supported by staff to make daily decisions about their care as far as possible. We saw that people made choices about what they did, where they spent their time and what they ate. A member of staff told us, “We ask what they want to eat, wear, drink and do. They can have different things and we try to give them some independence.”

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice. We saw that the staff team were working towards accreditation for the Gold Standards Framework (GSF). GSF is an independent accreditation framework to support people as they near the end of their lives. We saw thank you notes from bereaved relatives. One had written, “I cannot praise the staff enough for the way they cared for [my relative]. Always taking into consideration their wishes and needs whether physical, medical, dietary or emotional. From the day [my relative] arrived they were made to feel valued and cared about and it transformed their outlook and final three weeks.” Another wrote, “Thank you for looking after [my relative] and making sure she was free from pain.” A third had written to the manager saying, “Thank you for staying with [my relative] in her last few hours. I am glad I chose your care home.” People benefitted from the support of a caring staff team.

Is the service responsive?

Our findings

The service was not always responsive. At our last inspection in December 2014 we found that care plans were not comprehensive and that they lacked detailed and specific information about people's needs. Since that time work had been progressing to improve the quality and content of care plans and to make them more person centred. We saw that night time and 'washing and dressing' care plans had been completed by care staff. The washing and dressing plans we saw gave good details about the person's needs and preferences and showed that staff knew people well and what they liked and wanted. For example, in one plan it said the person liked to get up between 8.30 and 9.30, that they liked dove soap, liked talcum powder and also to choose their clothes. However we also found that other care plans did not give clear instructions or precise information on how the individuals care should be provided. For example, "Encourage to take adequate fluids", "Change position in bed as often as required" and "Transfer under the supervision of 1-2 staff." People were positive about the staff and staff spoken with were knowledgeable about people's needs. However, the lack of detailed and specific information about people's needs placed them at risk of not consistently receiving the care that they required. This was a breach of regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In order to further improve the quality of care planning and provision the provider had invested in a person centred care delivery and monitoring package care which was scheduled to be introduced in the service in August 2015.

Systems were in place to tell staff about people's care needs and any identified changes. This was during the handover between shifts. One member of staff told us, "The nurse's handovers are good and clear. Each 'resident' is spoken about. We look in the folders and see how they have been and what the notes say."

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. They told us that they chose where to sit, what to eat, when to get up and what to do. We saw that people were consulted and staff asked their permission before doing things for them. For example, at lunchtime we saw that before a member of staff started to help a person they asked, "Would you like me to cut it up for you?"

Good arrangements were in place to meet people's social and recreational needs. People were happy with the activities that were on offer. Activity care plans were in place and detailed people's interests, hobbies social choices and preferences. There was an activities organiser each weekday. They discussed with people what they would like to do and then arranged activities based on their preferences. On the day of the visit we saw that people enjoyed a ball game and also an adapted version of bingo. People's art and craft work was displayed in the lounge. This was theme based and changed regularly. The current theme was gardens in preparation for a planned garden party. Their activities programme for July included, sports, jam making, bread making, a church service and strawberries and cream whilst watching Wimbledon tennis. Three young men from a local school were on work experience and worked with the activity organiser.

One person told us, "Sometimes they take me up to the park in a wheelchair. That's lovely, I really enjoy getting out." People were encouraged and supported to take part in a range of activities and to maintain their interests and links with the community.

We saw that the service's complaints procedure was displayed on a notice board in a communal area. People informed us that they felt comfortable that if they raised any concerns these would be listened to and acted upon. People and their relatives told us they would talk to the manager if they wanted to make complaint. One relative said, "If we ever saw a problem we'd go straight to [the manager]." People used a service where their concerns or complaints were listened to and addressed.

Is the service well-led?

Our findings

Some aspects of the service were not well-led. We looked at six people's care records and found that these were not always accurate, complete, contemporaneous or up to date. For example, in one person's file we found a written report concerning another person. In another file two risk assessments asked "who is the person at risk" and the response to both of these was another person's name. Some people needed to have their positions changed or specific care throughout the day. In one person's file we found that the records for repositioning and mouth care had not been completed in the previous seven hours. This meant that there was not an accurate or up to date record of the care that people needed or had received which placed them at risk of receiving inappropriate care or not being supported in a timely manner. This was in breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in December 2014 we found that due to the lack of robust management monitoring people were placed at risk of receiving a service that was not safe, effective or responsive to their needs. Since that time the provider had introduced more audits and tighter monitoring of the service. There was an action plan in place to address the issues and progress was monitored by the provider and the operations director.

Systems were in place to monitor the quality of service provided. This was formally and informally. Informal methods included direct and indirect observation and discussions with people who used the service, relatives and staff. Formal systems included medicines and care plan audits. A member of staff told us, "[The registered manager] is always watching and listening and [the provider] sits in the lounge and observes." Another member of staff told us, "The registered manager keeps a tight eye on things and is

'on the case' about getting the paperwork right." We saw records of management action meetings and also a more detailed director's audit. External consultants also carried out quality audits and made reports of their findings and recommendations for improvement.

Although progress had been made in addressing the shortfalls identified at the last inspection some issues found during the inspection had not been highlighted during the ongoing monitoring and auditing process. Further work was needed to ensure that robust and effective systems were in place and that people received a service that was safe, effective and responsive to their needs. This was in breach of regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sought feedback from people who used the service and their relatives through quarterly quality assurance surveys. Feedback was formally sought from staff twice yearly. In addition the consultants, provider and the operations director also spoke to people during their visits. People used a service which sought and valued their opinions and these were used to improve and develop the service.

There was a registered manager in post. In addition to the manager the nurse on duty was responsible for the management of the shift and also for the overall service when the manager was not on site. Staff told us that the manager was approachable, listened and could be contacted for advice and support. People informed us that they were happy with the management of the home. They knew the manager and had spoken with them. They told us that they would be comfortable raising any concerns with them. People spoke highly about the caring approach of the manager. Staff commented on a caring, supportive manager who was ready to help when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Systems were not in place to ensure that service users received safe care and treatment. They were not adequately protected from risks. This included the risk of infection and the risk from staff not being skilled and knowledgeable enough about some aspects of care. Regulation 12 (2) (b) (c) & (h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care and treatment was not designed in a way that ensured service users' needs and preferences were met. Regulation 9 (3) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not adequately assess, monitor and improve the quality and safety of the services provided and did not maintain accurate, complete and contemporaneous records in respect of each service user. Regulation 17 (2) (a) (b) & (c).