

Lett's Care Ltd

# Hamilton's Residential 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 7 March 2018 and was unannounced.

Hamilton's Residential Home 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.

Hamilton's Residential Home is registered to provide accommodation and personal care for up to 17 people. Most people were living with dementia. Some people could become anxious or distressed and displayed behaviours that could challenge. There were 15 people living at the service at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in August 2017, the service was rated 'requires improvement' and 'inadequate' in the 'well-led' domain. This service was placed 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. We received an action plan from the provider, and they told us they would be compliant with all regulations by 31 August 2017.

At this inspection the service demonstrated to us that improvements had been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures. This is, however, the second time the service has been rated as, 'requires improvement.'

At our previous inspection medicines had not been managed safely. At this inspection, improvements had been made, however, there was no guidance in place for staff, to inform them when to administer one person's angina medicine and handwritten medicine administration records had not been double signed to confirm they were accurate. The registered manager rectified these issues during the inspection.

Some people could become distressed, and verbalised suicidal thoughts. There were no window restrictors on upstairs windows, to prevent people from falling from a height. These were purchased on the day of the inspection and we were sent photographs confirming they had been fitted the next day.

The registered manager completed a range of checks and audits but they had not identified the issues we found regarding the safety of the service. Although relatives and staff were asked their views on the service, people and other stakeholders were not formally consulted with.

People's care plans were now detailed, accurate and fully represented people's needs. Risks relating to people's care and support had been assessed and mitigated where possible, and there was clear guidance for staff to follow if people displayed behaviour that challenged. Records were person-centred and contained people's choices and preferences. Staff had documented what each person wanted to happen at the end of their life and who they wanted present.

Staff documented how much people drank, and totalled this each day to ensure that people were drinking enough. When people lost weight staff took action and consulted with healthcare professionals. Any accidents or incidents were documented and analysed to look for any trends or patterns and ways of preventing them from occurring in the future.

There was clear guidance for staff regarding how to assist people to leave the service in the event of a fire. Regular checks were completed on the water temperatures and equipment to ensure they were safe for people. The service was clean, and people were protected from the spread of infection.

There were enough staff to keep people safe. Throughout the inspection staff spent time with people chatting and there was a warm and welcoming atmosphere at the service. Staff treated people with compassion and ensured people's privacy was respected. People participated in a range of activities and during the inspection people sang, danced and listened to music. We were shown pictures of people participating in big events, such as a Valentine's Day dinner. Food at the service appeared appetising, and people were supported to eat and drink safely.

Healthcare professionals fed back that the service was improving, and that staff listened and implemented their recommendations. The provider and registered manager had also worked with the local safeguarding and commissioning teams to ensure improvements had been made at the service. The registered manager regularly consulted with the local safeguarding team when potential incidents occurred and staff knew how to recognise and respond to abuse.

Staff received the necessary training and support to carry out their roles effectively. People's care and support was planned and delivered in line with best practice when supporting people with dementia.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. When people were unable to consent to staying the service the registered manager had applied for DoLS as necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

The provider had greater oversight of the service and representatives of the provider visited the service regularly to check what the registered manager and staff were doing. The registered manager told us they felt well supported by the provider, and had access to the training they needed to keep their knowledge up to date. Complaints and low level concerns were now recorded, and any action taken was also documented.

There was a positive culture at the service and people were encouraged to be involved in planning their care and support.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications in an appropriate and timely manner and in line with guidance. The registered manager had displayed the rating from our last inspection in the entrance hall of the service.

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.

Some environmental risks had not been assessed. There were no window restrictors on the upstairs windows, leaving people at risk of falling.

Medicines were not always managed safely.

Risks relating to people's care and support had been assessed and mitigated where possible. Lessons had been learnt and action had been taken when things went wrong.

There were enough staff to keep people safe. Staff were recruited safely.

The service was clean and people were protected from the spread of infection.

### Is the service effective?

**Good** 

The service was effective.

People received assistance from a range of healthcare professionals. Staff had taken action when people were losing weight.

People were supported to eat and drink safely.

Care and support was planned and delivered in line with best practice. Staff received the necessary training and support to provide effective care.

The service had recently been redecorated.

People were supported to make choices about their lives and any restrictions had been appropriately authorised.

### Is the service caring?

**Good** 

The service was caring.

Staff were kind and treated people with compassion.

People and their loved ones were involved in planning their care.

People's dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were accurate and up to date. People took part in a range of activities.

Complaints had been documented and responded to in line with the provider's policy.

People had been consulted on what they wanted to happen at the end of their lives, and their wishes were recorded.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered manager completed a range of checks and audits but they had not identified the issues we found regarding the safety of the service.

Although relatives and staff were asked their views on the service, people and other stakeholders were not formally consulted with.

The registered manager worked in partnership with the local safeguarding and commissioning teams.

The registered manager and the provider understood their regulatory responsibilities.

There was a positive and inclusive culture.

# Hamilton's Residential 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 7 March 2018 and was unannounced. Three inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not request the provider complete a Provider Information Return, as we inspected the service less than a year ago. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with a representative of the provider, the registered manager, the head of care, three care staff, the cook and the cleaner. We spoke with three relatives and a visiting healthcare professional. We looked at eight people's support plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spent time with the people using the service. We spoke with 5 people and observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experiences of care. We used the Short Observational Framework for Inspection (SOFI).

SOFI is a way of observing care to help us understand the experience of people who could not talk with us.





## Our findings

People told us they felt safe living at the service. One person said, "I feel secure here and I feel safe." A relative said, "They go above and beyond."

At our last inspection we found multiple concerns regarding medicines management. At this inspection, although improvements had been made we found that handwritten medicine administration records (MARs) had still not been double signed to ensure the information written on them was correct, in line with best practice.

At our last inspection there had been no guidance in place for when people were prescribed medicines for pain relief and anxiety. At this inspection, we found that these were now in place. However, one person was prescribed a spray to take if they experienced angina. Angina is a type of chest pain, caused when the blood supply to the muscles of the heart is restricted. People were living with dementia, and may not always have been able to ask for their medicine. Staff and the registered manager agreed that without clear guidance for staff there was a risk the person may not receive their medicine when they needed it. Guidance was put in place during the inspection.

The registered manager and the provider had failed to ensure that medicines were managed safely. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

There was now a medicines policy in place. Daily counts of medicines were completed and countdown sheets had been introduced, so staff had increased oversight of different medicines. Medicines administration records (MARs) were fully signed, indicating people received their medicines as and when they needed them.

Staff now recorded the date when liquid medicines and creams were opened to ensure they were still in date and safe to use. People had body maps in place, to show staff where creams needed to be administered.

At our previous inspection risks relating to fire safety had not been managed effectively. There was a lack of clear guidance for staff regarding how to assist people to leave the service safely in an emergency, and not all staff were recorded as having participated in a fire drill. At this inspection, improvements had been made. There was clear guidance for staff and each person had an up to date PEEP in place. A PEEP is a personal

emergency evacuation plan, which outlines people's individual needs and how they should be supported to leave the service in an emergency. Regular fire drills had been completed, and the registered manager checked that all staff had taken part in one.

Although there was an environmental risk assessment in place, and staff and the registered manager completed a range of checks regarding the environment we identified that there were no window restrictors on upstairs windows. This meant windows could be opened fully, leaving people at risk of falling out. People were living with dementia, and could be confused, which meant they may not have recognised the risk of falling from a height. Some people expressed suicidal thoughts, telling us they were unhappy and 'wanted to die' during the inspection. Although staff dealt with this sensitively, and there were plans in place to assist people their feelings, the lack of window restrictors were a heightened risk, for these people. The registered manager agreed this was a serious concern and window restrictors were ordered immediately. We were sent pictures after the inspection, showing us that these had been fitted.

The registered manager and the provider had failed to identify and mitigate all risks relating to the environment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Water temperatures were checked daily to make sure people were not at risk of getting scalded. Hoists had been regularly serviced to ensure they were safe to use and yearly checks on electrical equipment were all in date.

At our previous inspection, people had been at risk of dehydration and had experienced urinary tract infections. Staff recorded what and how much people drank each day, but the amounts that people drank were not totalled, and the registered manager did not check that people had had enough to drink to ensure they remained healthy and well. At this inspection improvements had been made. Staff entered everything that people drank onto an electronic care planning system. This generated reports, and could automatically total the amount people drank. The registered manager told us had increased their oversight with regards to how much people drank, and ensured they could monitor if anyone was at risk of dehydration.

Previously there was also a lack of guidance for staff when people displayed behaviour that may challenge. Staff documented when people were aggressive towards other people and these incidents were analysed by the registered manager. However, when people were verbally or physically aggressive towards staff these were not always documented appropriately. This meant the registered manager was unable to analyse them fully and look for trends or triggers to reduce the risk of incidents happening again. At this inspection, improvements had been made. There was now clear guidance in place for when people became distressed or anxious, detailing the potential triggers for any behaviours and how staff should respond. During the inspection staff put this guidance into practice, and when one person was becoming distressed staff put their favourite music on in the lounge, and distracted the person by asking them to dance with them.

Staff now recorded any accidents, incidents and when people displayed any behaviours that challenged. These were reviewed by the registered manager, and immediate action was taken when needed. The registered manager collated incidents and accidents and reviewed them to look for trends and patterns. We discussed with the registered manager how their analysis could be strengthened by looking at additional information such as the time when incidents occurred and the staff present and they agreed this would be beneficial. The number of incidents when people had become distressed and anxious had decreased since our last inspection.

There were enough staff to keep people safe. Throughout the inspection staff did not appear rushed, and

had the time to stop and speak to people, offering them support when needed. The registered manager told us they did not formally assess people's dependency, but used staff feedback and their own observations to determine staffing levels. When a new person joined the service, or if people's needs deteriorated then staffing levels increased, to ensure there were enough staff available. Rotas showed that shifts were fully staffed, and people and their relatives all feedback that there was always enough staff available.

Staff had been recruited safely. Before staff started work a disclosure and barring (DBS) check was completed to check staff were safe to work with vulnerable people. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services. The registered manager had completed risk assessments for staff that had declared previous convictions. Full work histories had been gained for staff, and any gaps in their employment had been looked into.

Staff knew how to recognise and respond to abuse and people were protected from the risk of discrimination. One staff member told us, "Physical abuse might mean a person had bruises or marks, anything I could visibly see. I would report it straight to the manager or senior in charge. If I was really worried I know I could go straight to you [CQC] or people's care managers." The registered manager regularly liaised with the local safeguarding team regarding potential safeguarding incidents, and reported any concerns as necessary.

The service was clean and free from odours. Staff had received training in infection prevention and control and staff had access to necessary protective personal equipment to prevent the spread of infection. We observed staff wearing aprons and gloves when appropriate, throughout the inspection.



## Our findings

At our previous inspection staff had not taken action when a person had lost weight, and had not consulted with health care professionals to ensure the person remained healthy and well. At this inspection, improvements had been made. Staff we spoke with were all knowledgeable about people's healthcare needs and were all able to identify who was at risk of losing weight. Some people had recently lost weight and staff had taken immediate action. People had been seen by relevant health care professionals such as dieticians, and some people had been prescribed nutritional supplements, to increase their calorie intake. We saw people being offered these throughout the inspection.

People were encouraged to keep active and lead healthy lives. They were supported to see a range of other healthcare professionals, depending on their individual needs. One person told us, "Staff took me to the dentist when I had tooth ache." A relative said, "[My loved one] was supported to see an optician and order new glasses as they had recently broken them." During the inspection one person told staff they were in pain, and not feeling well and a doctor was immediately contacted to visit the service, to check on the person.

Staff and the registered manager shared information about people across organisations to ensure people received joined up care. They worked together with people's care managers (who co-ordinated people's care and support) and other professionals to ensure people's needs were met. A visiting healthcare professional told us, "We work well together to ensure people's needs are met."

People's needs had been planned and delivered in line with best practice. When people moved into the service the registered manager or a senior member of staff completed an assessment, clearly outlining the person's needs and involving them and people important to them. Tools such as Waterlow assessments (to assess the risk of people developing pressure areas) and a malnutrition universal screening tool (MUST) had been used to identify people who required more support and there was clear guidance in place for staff to follow to ensure people's needs were met. Staff were knowledgeable about supporting people with dementia, and throughout the inspection we observed people receiving reassurance and support if they were anxious or confused.

Staff had received training in a range of essential topics such as safeguarding, moving and handling and first aid, and in topics related to people's needs such as dementia and behaviour that challenged. This training was in date, and reviewed regularly by the registered manager to ensure staff received updates as needed. Staff put their training into practice and throughout the inspection we observed people being supported to move safely, for example. Staff explained clearly what was about to happen to people, and assisted people

in a calm and thoughtful manner. We saw feedback from relatives praising staff, and one family member had said, 'A big thank you to the brilliant care and attention you showed [my loved one] while they were in your care. We cannot praise you enough. You are a brilliant team who are always upbeat and happy...You should be proud of yourselves.'

When staff started working at the service they received an induction, and were given time to get to know people before working unaccompanied. Staff completed the Care Certificate, (the Care Certificate is an identified set of standards that social care workers adhere to in their daily working life.) Staff met regularly with their line manager to reflect on their practice and discuss any issues within the service. They had also had an annual appraisal to discuss any development needs that they may have. Staff told us they felt well supported and had the skills they needed to complete their roles. One staff member said, "I am grateful to the registered manager for all of their support, and I feel like I am continually learning. It is a great place to work."

People were complimentary about the food at the service. One person told us, "I love the food here and have no disappointments." Another person said, "I had bacon and sausage for breakfast today; it is very good."

Throughout the day people were offered a range of snacks and drinks, and lunch appeared home cooked and appetising. One person told staff they didn't want to eat their meal, and they were offered a range of alternatives, including soup, sandwiches and a larger pudding. Relatives told us that staff were flexible, and people were offered a range of things to eat. One relative said, "I came out last week and [my loved one] was still hungry when I got here in the afternoon, so they cooked us both fish and chips because it was Friday and [my relative] wanted it."

People were supported to eat and drink safely. Some people required plate guards or other equipment, to enable them to eat unaided and these were seen to be in use during the inspection. No one was currently at risk of choking, however, staff told us that if people were noted to be coughing or struggling they would refer them to a speech and language therapist, for further guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS for people and these had been authorised by the local authority. Conditions on people's DoLS, such as regularly reviewing their care plan had all been met.

Staff had an understanding of the MCA and supported people to make decisions wherever possible. We observed staff offering people a choice of drinks and people were able to choose to stay in their bedrooms or the communal lounge, and if they wanted to participate in activities. When decisions needed to be made on people's behalf, such as for medical procedures their loved ones and other important people had been involved in best interest meetings.

The service was in process of being redecorated. Walls had recently been painted, and a new carpet had

been fitted in the hallway and entrance hall. This had been completed with minimal disruption to people, and in a phased way. There was a large garden, which was easily accessible by doors from the lounge. Staff showed us pictures of people enjoying using the garden in the summer months, taking part in gardening, relaxing and at a BBQ. The doors for bathrooms had been painted red, so they were easily recognisable for people living with dementia. We discussed with the provider their plans to increase signage and accessibility throughout the building, to make it easier for people with dementia, and this is something we will follow up at our next inspection.



## Our findings

People and their relatives told us that staff were kind and caring. One person said, "Staff are friendly, you could not want a better group. If you want something, they will try their hardest to get it." A relative told us, "The staff are very friendly and nice, they have been very good to me and [my loved one]." Another relative said, "Staff are all very fond of them [people.] I like the fact that my relative is very relaxed here."

During the inspection one person became distressed and visibly anxious. Staff responded with compassion. One staff member knelt down, as the person was sitting in a chair, and ensured they were able to retain eye contact. They offered reassurance to the person by holding their hand and speaking to them in a calm manner. Later on in the day, the person became distressed again. A different staff member responded in a similar way, again offering reassurance, and the person became calmer.

One person fell asleep in their chair. Although the ambient temperature was warm, staff bought them a blanket and carefully wrapped them up within it. This was done in a respectful manner, and when the person awoke they drew the blanket towards them, smiling, clearly pleased to have been given the blanket earlier.

There was a relaxed and upbeat atmosphere within the service. There was music playing in the lounge, and people could choose the different music that was played. One person liked Elvis, and so this was put on, and another person liked old show tunes which were played afterwards. When we arrived at the service staff were dancing with one person in the middle of the floor, and their beaming smile, showed that they were enjoying themselves.

Relatives told us that staff were engaged and interested in people. One relative said, "I have viewed other homes and there did not seem to be the interaction like here." Throughout the inspection staff were attentive to people, spending time talking to them and there was lots of chatter and laughter.

People's relatives and friends were always welcome at the service. When a relative arrived staff greeted them warmly, the relative told us they visited most days and the reception was always the same. Another relative said, "I phone every night on the care home phone, staff talk to me and then give it to [my relative]. Staff give me a great big welcome when I arrive and help me in and out of the taxi; they are fantastic."

Most people living at the service had complex needs, and required support to make decisions. People had been involved where possible in the initial planning of their care, and in recent reviews of their care plans.

When people required more support their loved ones were also fully involved, to ensure their previous wishes and preferences were documented. One relative told us, "They discuss with me what is going on. I have seen the written care plan and was happy with what I saw."

Staff treated people with respect, and ensured their privacy and dignity was retained. They knocked on people's doors and waited to be invited in before entering. When we asked staff questions they responded in a respectful manner, keeping their voice low, to prevent other people from hearing.

Some people required support to make their needs and advocates had been involved in the past, to ensure people's voices were heard. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Some people had complex needs and staff worked with them to ensure they understood information that was presented to them. Staff used simple language and spent time with people one on one to assist.

The registered manager and the provider had introduced an electronic care planning system. Information stored on this was secure, and password protected. Staff told us they would never share the password with anyone else, ensuring people's information remained confidential.





## Our findings

At our previous inspection people's care plans were not always person-centred and accurate. When people's needs had changed records had not always been updated, meaning staff did not always have up to date guidance. At this inspection, improvements had been made.

People's care plans were now accurate and fully represented people's needs. The registered manager showed us how the electronic care planning system in place alerted them when a review was due. When people's needs changed people's care plans were immediately updated to ensure all staff had access to accurate information.

Preferences with regards to people's personal care and daily routine were documented in their care plan. For example, the time that people usually chose to go to bed had been recorded, although people were able to choose to go to bed earlier or later than this. Some people had complex needs, and found it difficult to make their needs known. By recording the usual time people chose to go to bed staff could be alert if people were becoming tired, and could prompt them, or offer them assistance and ensure they received the support they needed.

There were clear, accurate guidelines in place for when people needed assistance with moving and handling. When people required the assistance of a hoist and sling to transfer, the correct way to do so was clearly recorded. Throughout the inspection we observed staff moving people safely and they clearly explained to people what was happening when they did so.

People were supported to participate in a range of activities at the service. During the morning of the inspection music was playing and people were singing and dancing. Some people were supported to use musical instruments to join in, and others chose to watch, or spend time in their rooms. In the afternoon people were supported to access the service 'tuck shop.' Staff displayed a range of items, including sweets and toiletries and people were supported to visit the shop and choose individual items to buy. People were talking excitedly to staff and each other about what they had purchased.

Staff showed us a variety of pictures of people taking part in big events at the service. There had been a recent Valentine's Day meal where staff had decorated the service with heart shaped balloons and confetti, and people had been encouraged to invite their friends and loved ones. People had been given white roses and all the pictures showed celebrating with their families and smiling.

The service was not currently supporting anyone at the end of their life. Staff had discussed with people their wishes regarding what they wanted to happen at the end of their lives, and this was recorded in their care plan. When people were unable to tell staff what they wanted, their loved ones had been consulted regarding what had been important to them. The type of music people wanted playing, important people they wanted present and any specific faith rites they wanted to occur had all been documented. Relatives had complimented the service on their approach to end of life care, and we saw feedback which stated, 'Thank you for making [my loved one's] last few weeks happy. You are like family.' A visiting nurse told us, "I have worked with the service to ensure they are fully prepared when people reach the end of their lives. I am confident they respond well."

At our previous inspection we identified that low level concerns were not always documented, meaning the registered manager was unable to have an overview of all issues that arose. At this inspection they had introduced a book where all complaints and concerns were documented and actions taken were recorded. The registered manager had documented when people's items had gone missing in the laundry, for example, and ensured all items had been labelled in the future. This ensured the risk of items going missing was reduced.



## Our findings

People, their relatives, staff and external professionals all told us they felt the service was well led. One person said, "The manager is lovely; I feel confident to talk to her." A member of staff said, "[The registered manager] is so passionate and works so hard. I think all the visitors would agree." A visiting health care professional told us, "Now staff are engaging so much more. It seems so much more cosy and the staff have a good relationship with people. I have seen a difference and a definite improvement."

At our previous inspection checks and audits had not identified the shortfalls we found regarding medicines and risk management and records were not always complete and accurate. At this inspection, improvements had been made. The provider was taking a more active role in the service and different representatives of the provider visited the service each week. They had oversight of an action plan from our last inspection, and nearly all of the issues we identified had been resolved. The provider and registered manager had remained in regular contact with us and the local authority commissioning and safeguarding teams to update us on their progress towards becoming compliant with the regulations.

Although this work had been undertaken we still identified that oversight of medicines and environmental risks needed further improvement. The provider and registered manager's checks had not identified that there was no guidance regarding one person's as and when medicine and that handwritten medicines administration records were not double signed as necessary. No one had identified the lack of window restrictors in upstairs bedrooms, and the risk this may pose to people who were confused and living with dementia. All of the issues we identified were dealt with promptly by the registered manager and the provider, who took action during the inspection, but this was reactive rather than proactive.

The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular relative and residents meetings were held to gain feedback from people and their loved ones. Relatives and staff had been formally asked their views on the service via questionnaires, and the registered manager told us that people had been consulted as part of this work, but had not been asked their views separately. Feedback had been reviewed and analysed, and recommendations, such as improvement to the décor of the service had been acted on. Other stakeholders, such as health care professionals had not been asked for their feedback on the service. Although stakeholders we spoke with were positive about the service, and felt that improvements were being made it would be beneficial for the service to have formally

captured these views and put in place any recommendations. The registered manager agreed this was an area for improvement, and we will follow this up at our next inspection.

Since our last inspection the registered manager had reviewed each person's care plan and these were now detailed and accurately represented people's needs. There was clear guidance in place when people displayed behaviour that challenged. Each care plan was stored on an online system, which automatically alerted the registered manager when they required review. This was secure and password protected and all staff were aware of their responsibilities regarding keeping information stored securely.

Staff completed daily notes for each person and these were also detailed and accurate. Previously staff had written confusing or conflicting information, and the registered manager now checked daily notes to ensure they were completed correctly.

Since taking up their management role, the registered manager had gained a level five qualification in leadership and management of health and social care services. They regularly attended local meetings with registered managers from other services in the local area to share and learn best practice. They told us they were well supported by the provider and were proud of the improvements being made at the service. They had worked closely with the local safeguarding and commissioning team who had been monitoring the service, and any recommendations they had made had been implemented. A clinical nurse from the local care homes team had made recommendations regarding audit and infection control, and these were seen to be in place at the inspection.

The provider's vision, 'To deliver high quality and person-centred care in a way that promotes independence to our residents' was displayed on a notice board in the dining room. The registered manager told us they shared this vision, and they wanted to, "Make the home as nice for them, [people] as possible. Make it person-centred and ensure people are treated with respect and dignity. That is what it is all about." Staff were aware of the provider's vision and were passionate about providing good quality care to people. One staff member said, "I want to work smoothly as a team and make sure residents are happy. I want to make sure activities are happening."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the entrance hall.

## 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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager and the provider had failed to ensure that medicines were managed safely.</p> <p>The registered manager and the provider had failed to identify and mitigate all risks relating to the environment.</p>
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 and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service.</p>