

Derbyshire County Council

The Spinney 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?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Spinney Care Home provides accommodation at ground floor level for up to 37 people who require personal care. At this inspection there were 21 people living and receiving care at the service. Accommodation comprises of level access to four separate living areas, each providing single use bedrooms, communal living, dining, bathroom and toilet facilities. There is also level access with handrails to a tidy garden area with seating.

People's experience of using this service: At our last inspection in January 2018 we found the provider did not operate effective systems and processes to fully ensure the quality, safety and effectiveness of people's care. This was a breach of Regulation 17 – Good Governance. We asked the provider to tell us what action they were taking, which they provided. At this inspection, although we found a number of significant care and service improvements were made and in progress. This was not sufficient to rectify the breach.

Further improvements were required, to consistently ensure timely service improvement; good leadership and culture; and to continually support the assured delivery of safe, high quality person centred care. As such the service remains rated as Requires Improvement for the second consecutive time. Provider's should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding.' Good care is the minimum that people receiving services should expect and deserve to receive.

The service was not always safe. Identified remedial measures for medicines and fire safety at the service, were not yet fully assured by the provider. Revised staffing and safeguarding arrangements helped to ensure people's safety at the service and protected them from the risk of harm or abuse. Improvements had been made for cleanliness, infection prevention and control at the service. Risks to people's safety associated with their health condition, any equipment used for their care were safely managed and accounted for.

The service was not always caring; People's preferred daily living routines and emotional support needs were not always respected or met. People had good relationships with staff and felt they were treated fairly and free from discrimination at the service. People's privacy, dignity and independence needs and wishes were promoted by staff.

People received effective informed care as agreed with them from staff who were trained to provide this. Staff sought people's consent or appropriate authorisation for their care and ensured least restrictive care practice, when they needed to ensure people's safety in their best interests.

People were supported to maintain and improve their health and nutrition and protected from the risk of malnutrition. This was done in consultation with relevant external health professionals when needed. Action was in progress to address people's views regarding the variable quality of meals provided.

Extensive environmental refurbishment had been made and was in progress since our last inspection. This helped to ensure people's needs were fully met by the design, adaptation and decoration of the premises.

People's received timely, individualised care that was responsive to their needs and interests. Arrangements were on place to support people's end of life care and ensure their related dignity, comfort and choice.

Complaints information and handling arrangements were identified and effectively accounted for. People's views about their care and home life were sought and used to inform related service improvements

Lines of accountability and responsibility were revised and re-established. This included improved communication, reporting and record keeping for people's care. Staff understood their role and responsibilities for people's care. Comprehensive operational policy and related procedural guidance helped to inform and ensure this.

The provider often worked in partnership with people, their representatives and relevant external health, educational and social care agencies. This helped to inform and improve people's care experience. Legal obligations were met by the provider in relation to notifications about important events when they happened at the service and display of their most recent inspection rating. More information is in the full report.

Rating at last inspection: At our last inspection we rated the service as Requires Improvement. Report published 20 March 2018.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: As this is the second consecutive rating of Requires Improvement. We have asked the provider for a written report, to show how they will comply and any plans they have for improving the standard of services provided to people, to ensure their health and welfare. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below

The Spinney Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector and an expert by experience. An expert by experience is someone who has experience of using or caring for someone who uses this type of service.

Service and service type: The Spinney Care Home provides accommodation and personal care for up to 37 older people.

There was no manager registered with the Care Quality Commission for the service. Registered managers like the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on 5 March 2019.

What we did: We looked at information we held about the service, to help us plan the inspection. This included written notifications the provider had sent to us when required, to tell us about any important events that happened at the service. We also reviewed the Provider's Information Return (PIR), 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 any improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We spoke with 10 people who used the service and four relatives about their experience of care from this service provider.

We spoke with the new manager, a deputy manager and a senior external manager for the provider. We also spoke with one senior and four care staff, a cook and two external health professionals. We looked at aspects of four people's care records, to check they were accurately maintained and consistent with the care provided. We also looked at a range of other records relating to the management of the service. This

included staffing, complaints and medicines records, meeting minutes, service improvement documents and management checks of the quality and safety of people's care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe. There with limited assurances about how related safety improvements identified by the provider, would be achieved or sustained.

Assessing risk, safety monitoring and management

- The Provider Information Return (PIR), sent to us in February 2019, showed the local fire authority had identified a number of fire safety improvements were required to fully ensure people's safety at the service. There was no information to show by when this was to be actioned by the provider.
- At this inspection, we found a fire safety risk assessment had been subsequently carried out by the provider, following the local fire authority inspection in November 2018. However, the provider's record of their proposed remedial measures to ensure the necessary fire safety improvements, had not been actioned and showed no timescales for completion. The manager, recently in post at the service, had not been made aware of the local fire authority inspection findings or any proposed remedial actions by the provider. This meant there may be an increased risk to people's safety because of the limited assurance about fire safety improvements needed. Following our inspection we shared our related concerns with the local fire authority, who have discussed and agreed actions with the provider for completion.
- A range of safety procedures relating to people's care at the service, were revised and updated. Related management action was in progress with identified timescales for completion, to ensure staff knowledge and competency. This included emergency evacuation and accident reporting procedures. Key emergency written procedures were in place and accessible for staff to follow in the event of any foreseen emergency.
- Risks to people's individual safety associated with their health condition, including for their nutrition and any care equipment used, were assessed before people received care. Risk assessments we looked at were accurately recorded and showed the care interventions staff needed to follow, to mitigate any risks identified to people's safety. Related management monitoring helped to ensure people's risk assessments were accurately maintained, kept up to date or revised to reflect any changes for people's care when needed.
- Care staff we spoke with, fully understood identified risks to people's safety and the related care measures they needed to follow, to help mitigate any risks.
- We saw staff supported people safely when they provided care. This included, to move, eat, drink and take their medicines safely, and for people's timely body repositioning to prevent skin soreness, when needed. Management advised, the provision of individual personal alarms was being looked at for people assessed at risk from falls who may benefit, to further ensure their safety.
- Care staff we spoke with confirmed they had received safety training and any related competency checks. Such as for fire, medicines, moving and handling safety or for falls prevention.
- Arrangements were in place for the regular servicing and maintenance of equipment used for people's care, and for ongoing management monitoring to fully ensure this.

Using medicines safely

- Information in the PIR showed there had been a significant number of medicines errors since our last inspection. Related management advice at this inspection told us the errors were mostly due to record keeping omissions, where staff responsible had failed to record when people's medicines were given to them as prescribed.
- Before this inspection, we had received information of concern, that people's medicines were not always being safely stored, recorded or given to people. There had also been a recent potential safety incident reported to us by the provider, where one person's prescribed medicines were given to another person by a staff member, in error. Whilst no harm resulted to any person, this showed people's medicines were not always safely managed.
- At this inspection, we found the monthly internal management audits to check the completion of medicines administration records, had not been completed for the preceding five months. Whilst we found people's medicines were safely stored, the room used for this purpose was untidy and disorganised. The provider had recently carried out and introduced a periodic external management audit of people's medicines, which they planned to repeat at six monthly intervals. The related record from this initial external management audit, showed a number of areas where medicines safety was not fully assured and therefore improvements were needed to ensure this. There were no identified improvement actions or timescales to achieve this, or to show who was responsible.
- Introduction of a revised medicines recording system was in progress, to help ensure the safe management of people's medicines at the service. This included related training updates and individual competency checks for staff responsible for people's medicines.
- People we spoke with said they received their medicines safely, when they needed them. One person said, "Staff are very good; They bring my tablets when I need them with a drink of water and wait until I've taken them."
- We saw a senior care staff member supported people to receive and take their medicines safely.

Learning lessons when things go wrong

- The provider had not always acted in a prompt or timely manner, to ensure people's safety when things went wrong at the service.
- Whilst we found improvements needed, were often either made or in progress for people's safety. Our findings from the last and at this inspection, showed there had been delays to ensure timely, safety improvements needed. For example, in relation to medicines safety and also environmental safety, which were not yet fully assured.

Staffing and recruitment

- Since our last inspection, the provider had restricted any further admissions to the service, whilst they ensured sufficient staffing arrangements for people's safety.
- People, relatives and staff felt staffing arrangements were recently improved, sufficient to meet people's care needs and their requests for assistance. One person said, "There's been a lot of coming and going with new staff but they are not short staffed now; Staff have a lot to do but are very quick to attend to people when needed." Another person said, "Day or night, they are always around; You can just tell them if you need anything, they always come quickly."
- The manager told us they had recently revised staffing rotas for the service, following the successful recruitment and deployment of eight additional care staff and two deputy managers. This ensured consistent staffing levels maintained throughout the day and night.
- With the exception of one observed delay, we saw staff were visible and available to meet people's care needs and requests for assistance when needed.
- Staff described safe procedures followed by the provider for their recruitment, which related records also showed. This included obtaining relevant employment checks, to make sure prospective staff were suitable

to provide people's care, before any offer of employment.

- This helped to ensure effective staff recruitment and deployment measures for people's care and safety at the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person said, "I feel very safe; the staff look after me really well." Another person told us, "This is a very safe place."
- Information was visibly displayed for people, relatives and visitors about how to recognise and report abuse. Staff were trained and confident to report the witnessed or suspected abuse of any person receiving care, if they needed to. One care staff member said, "There are procedures to follow; it's a very open culture here, I would have no hesitation at all to report any abuse or safety concerns; I know this would be definitely be taken seriously and acted on."
- Management and staff had recognised the need and acted promptly to ensure people's safety at the service, following a recent safeguarding concern. This included timely reporting and information sharing with relevant parties and authorities, along with related safety checks and measures such as following staff disciplinary procedures where unsafe practice was found. This helped to safeguard people at the service from the risk of harm or abuse.

Preventing and controlling infection

- People were happy with the standards of cleanliness and hygiene at the service. This included environmental cleanliness, the laundry service and staff practice to help ensure people's health hygiene. One person said, "The home and my clothing and bedding is always kept clean." Another person told us, "We have a nice new bathroom on our wing, it's lovely fresh and clean; I think they are doing them all."
- The environment and care equipment was kept visibly fresh, clean and hygienic. A programme for the complete refurbishment of bathrooms, toilets, and sluice rooms was in progress. So far this was fully completed for the laundry, two of the four communal bathrooms and communal living areas. This helped to ensure effective cleanliness and hygiene at the service.
- Staff we spoke with were trained and understood key nationally recognised principles for cleanliness, infection prevention and control at the service. We observed staff followed safe practice to ensure this when needed. For example, by wearing personal protective clothing and following correct procedures for the safe handling of waste or dirty laundry and for cleaning.
- This showed the provider ensured effective measures, to protect people from the risk of an acquired health infection through cross contamination.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Improvements were implemented since our last inspection, to ensure people's health related care needs were assessed, agreed and regularly reviewed with them. People we spoke with were confident staff understood their health needs, related care and choices. People also confirmed staff supported them to access relevant external health professionals when they needed to. One person said, "It's all settling down now, we have quite a lot of new staff; but they seem to be informed and know what they are doing." Another person told us, "It's certainly improved; The district nurses come in and see to my legs; but the staff will phone them, if I need them to come quicker."
- Staff we spoke with understood people's personal care needs and their related care requirements and choices. Revised staff communication and care handover arrangements also helped to ensure staff received up to date care information to enable them to provide people with the right care. One staff member said, "We are getting the information we need to provide people's care, including if anything changes; I feel more confident we are giving the right care."
- People's care plans we looked at were reflective of nationally recognised best practice guidance. For example, in relation to skin or nutritional care.

Staff skills, knowledge and experience

- Staff were trained to provide people's care, but did not always receive interim briefing sessions, training updates or regular management supervision, when identified due by the provider. Management remedial actions were identified and had commenced to rectify this, within identified timescales.
- People and relatives felt staff understood their care needs and knew how to support people effectively. We saw staff supported people effectively when they provided care; in a way that met with nationally recognised guidance and practice standards. This included supporting people's individual physical and mental health needs. For example, relating to people's nutritional, skin or dementia care needs.
- All new care staff were expected to undertake the Care Certificate, following their initial care induction. The Care Certificate promotes a national set of care standards, which non professional care staff are expected to adhere to when they provide people's care.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the MCA, 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 said staff generally explained what they were doing and checked people were happy before and

after they provided care.

- We saw that staff asked people for their consent and offered them choices in relation to their care and daily living arrangements.
- When people were unable to make specific decisions about their care because of their health condition; staff followed people's related care plans, which showed how their individual care was determined in their best interests and least restrictive manner.
- Where people were subject to any formally authorised or requested DoLS; staff understood any related care restrictions or conditions, they needed to follow to keep people safe. and ensure the requirements of the MCA were met.
- This showed staff understood and followed the requirements of the MCA to ensure this was met.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet;

Staff working with other agencies to provide consistent, effective, timely care.

- People were supported to maintain or improve their health and nutrition and to access any relevant external health professionals when needed. This included for any routine or specialist health screening.
- Staff understood people's health conditions, how they affected them and their related care needs, including for their healthy nutrition. This information was shown in people's recorded needs assessments, related care plans and subject to regular review. Staff understood and followed any instructions from relevant external health professionals involved in people's care. For example, in relation to their nutrition or skin care.
- People received the support they needed to eat and drink. People's diets were catered for according to their identified health needs and food choices, including to ensure the correct consistency of food and drink when needed. For example, to ensure people with swallowing difficulties associated with their health condition, received adequate nutrition. Action was in progress to address people's views about the varying quality of their meals. This included the imminent commencement of revised catering arrangements and food menus, as agreed with people.
- Arrangements were in place to ensure timely information sharing with any external care provider, when needed for people's care. For example, in the event of a person needing to transfer to hospital because of acute ill health. This helped to ensure people received consistent, timely and informed care, as agreed with them.

Adapting service, design, decoration to meet people's needs

- Overall, people were happy with the environment and pleased about the provider's extensive programme of upgrading and refurbishment in progress. People were able to personalise their own rooms as they wished.
- The environment was clean, with some adaptations to meet people's independence and orientation needs. Additional consideration was being taken to aid people's orientation around the various corridor areas of the home to enable their independent access to the four separately named living accommodation areas at the service, known as 'wings'
- People were able to move around the home safely, which provided suitably located hand and grab rails and sufficient space for any equipment people needed to use, such as walking frames.
- There was a reasonably well kept garden area, which provided hand railed, level access and seating for people to use. Improvement plans were in progress to enable improved exterior lighting and for people's chosen involvement in gardening activities; including raised beds for planting and an accessible, functional greenhouse.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

The service was not always caring; People's preferred daily living routines and emotional support needs were not always respected or met.

Ensuring people are well treated and supported; equality and diversity;

- We found a subdued atmosphere during the morning of the inspection, with little in the way of interaction between care staff and people who used the service.
- During this time we observed staff supporting one person who was unable to move independently or verbalise their needs because of their health condition. We saw care staff involved, took time and were gentle in their physical touch, whilst they supported the person to move using a hoist. However, this was carried out in a 'task like,' detached and almost silent manner by staff, who did not engage verbally with the person or provide them with any emotional reassurance.
- We observed a marked difference during the afternoon following the staff shift change, when oncoming staff took time with people and made animated, friendly and direct conversation with them. We saw people became visibly brightened and more animated and engaged, from staffs interaction and inclusive approach with them during this time.
- We discussed our findings with management who told us about their actions in progress to rectify this. This included through related staff briefings, training and awareness sessions, which related records showed were planned.
- Overall, people and relatives felt they had good relationships with staff who knew them well and treated them with kindness. Their comments included, "Staff are very nice, friendly and kind;" "One the whole yes; most of them are lovely people;" and "There have been a lot of changes, I think staff are just a bit fed up, but it's their job to look after us."
- Key service information was provided for people, which could be provided in a range of alternative formats, if needed; to help people understand what they could expect from the service. People's care plan records showed this need was formally assessed and agreed with them.
- People told us they felt they were treated fairly and were free from discrimination. People said they felt able to discuss any needs associated with their culture, religion and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- People or their representative were often involved in agreeing, reviewing and making ongoing decisions about their care; Staff usually supported people's wishes for their preferred daily living routines.
- A few people and a relative felt this was not always so. This was specific to people's personal hygiene routines and preferences and their use hearing aids. One person said, "I have a bath on a Saturday night; but I do love a bath; I'd like to have one every day, but even if I could just have two a week that would be good."
- A relative told us, "They arranged for [person] to have a hearing test to help them communicate, which I didn't know about at the time; Hearing aids were supplied, but they kept buzzing and whistling and have

just ended up in the drawer." There was no care plan in place to show staff how to support the person's care, knowledge and confidence to use their hearing aids.

- People's care plans did always not always show their individual care and daily living choices. Records showed management improvements were in progress to rectify this, which included timescales for achievement and who would be responsible.
- Staff we spoke with gave examples of how they ensured people's involvement and choice when they provided care, which we saw they followed. This included a choice of male or female staff to support people's personal care; choices of clothing, food; and where and how people wished to spend their time.
- People were provided with information about how to access independent advocacy services, if they needed someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity, privacy and independence when they provided care. One person said, "Staff respect privacy and dignity at all times."

Another person told us, "Staff help me when I need help but they take care to let me do the little things I can; They always check with me first."

- We saw staff made sure people were comfortable and had refreshments or important personal items to hand before leaving them. For example, drinks and magazines.
- Staff we spoke with understood the provider's published care aims and values, to ensure people's dignity and rights in their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People felt their preferences and wishes for their care and daily living arrangements were now being sought and adhered to, with the exception of two people who said their preferred frequency of bathing or showering was not regularly supported. We discussed our findings with management and found work was in progress to fully ensure this.
- People said they received timely care and support when they needed it. One person said, "I don't need much help, but I see staff are always quick to attend to people when needed." Another person told us, "Staff are very good, they come when I need them and do as I ask."
- We saw staff were observant, responsive and proactive to provide people with assistance and support when needed. Staff noticed quickly when one person became visibly distressed and they took time to reassure and divert the person's attention, through positive engagement with them. The resulted in the person becoming visibly more relaxed, smiling and positively engaged.
- We saw people were supported by way of occupation and leisure activities at various times during the inspection, mainly on a one to one basis. This included reading, chatting, playing bingo, watching TV and listening to music. One person was supported to regularly organise and run a small shop at the service, which they opened most days. This provided people living at the service with access to purchase personal items, such as toiletries and confectionary. Regular entertainments and seasonal celebrations were organised for people and their families to engage, as they chose.

Improving care quality in response to complaints or concerns

- People and relatives said they were informed and confident to make a complaint or raise any concerns about the service, if they needed.
- There was a system in place to effectively account for, investigate and act on any complaints or concerns raised about the service.

End of life care and support

- The service offers personal care for people living with life limiting health conditions and at the end stage of life.
- Working links were established, to ensure relevant input, direction and support from external lead medical and health professionals responsible for people's end of life care. This included the local hospice team.
- Staff we spoke with understood important personal care principles concerned with end of life care; to ensure people's dignity, comfort and choice.
- There was no one receiving end stage of life care at the time of our inspection. Staff were supporting one person living with a life limiting condition. The person's care plan showed advance decisions for their care and treatment including after death, as agreed with them.
- Anticipatory medicines were kept if needed for individual's use outside of normal working hours, to

support their end of life care. This helped to ensure people's comfort in the event of pain or distress and to avoid any unnecessary hospital admission.

- This helped to ensure people received timely, consistent and co-ordinated end of life care at their chosen location, as agreed with them; and promote their dignity, choice, comfort and support at the end stage of life.

Is the service well-led?

Our findings

Well-Led – This means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service support the delivery of high-quality, person centred care, in a timely manner.

At our last inspection we found people were not sufficiently protected from risks associated with unsafe or ineffective care. The provider's systems to regularly assess, monitor and improve people's care when needed, were not effectively operated to ensure this. This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. We issued a requirement notice to the provider and asked them to send us a report to tell us what action they were going to take.

At our last inspection, we also found improvements were needed to ensure the service was consistently caring and responsive.

At this inspection we found that a number of improvements were made. However, further improvement was needed to fully ensure continuous, timely service improvement, good leadership and culture; to support the delivery of high quality person centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The Provider Information Return (PIR), sent to us in February 2019, showed in November 2018, the local fire authority had identified a number of fire safety improvements were required to fully ensure people's safety at the service. At this inspection, an external senior manager for the provider showed us their related improvement plan, which listed the remedial actions needed for fire safety at the service. The plan did not show any timescales for commencement or completion of the improvement work needed, or who was to be responsible for ensuring this. Related remedial works identified had not yet commenced. The manager present who was recently redeployed to lead the service, had not been informed by the provider and therefore had no prior knowledge of the fire safety improvements required at the service.
- There was still no registered manager for the service since our last inspection. People, staff and relatives felt the home had lacked leadership and direction during this time. We received many similar comments from them, which included, 'Managers and senior staff for the provider continuously coming and going; and 'Never knowing what's happening, or who was in charge.'
- The provider was able to demonstrate to us, their unsuccessful attempts to recruit a registered manager for the service. A registered manager from one of the provider's other care home locations had very recently been redeployed to the service. We were advised this was a temporary solution for an initial three month period, whilst attempts to recruit a permanent manager continued. Two additional permanent deputy managers were also recently redeployed to the service, to help ensure management stability, staff direction and leadership, which staff, people and relatives were pleased about.

- Records relating to the provider's quality assurance and risk management system, identified improvements made since our last inspection. This included to ensure people's safety in relation to their health conditions, environmental hygiene, staffing levels, safeguarding and to obtain people's consent or appropriate authorisation for their care. However, a number of improvements identified at that time, remained in progress at this inspection, either partially achieved or not yet demonstrated as sustained.
- Improvements were in progress in relation to the environment, staff supervision and training; and care plan records, to ensure people's care was person centred. Related action plans identified revised timescales for completion, including who would be responsible. Improvements identified in relation to medicines safety, were not yet fully assured or sustained. This demonstrates a lack of timely improvement, when needed for people's care and safety.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on two consecutive inspections. The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services. We will also be meeting with the provider to review what changes will be made to ensure that outcomes for people who use the service improve.

- Otherwise, lines of accountability and responsibility were recently revised and re-established within the service following revised procedures and related staff instruction. This helped to ensure effective communication and health incident reporting relating to people's care, health and safety needs at the service.
- The provider had met their regulatory obligations to send us written notifications about any important events when they happened at the service, to help ensure people's safety there; and to ensure the required display of their inspection rating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff told us they had been unsettled and unsure regarding ongoing management changes, since our last inspection. However, all were introduced, knew who the new acting manager was and felt confident to approach them.
- The provider sought people's views and those of their representatives, about their care experience at the service. This included individual care reviews and discussions, group meetings and periodic care questionnaires across their services. Weekly 'house' meetings were planned to increase consultation with people; to help enhance and inform people's care experience and their engagement in home life in a more timely manner.

Continuous learning and improving care

- The provider had established, published care aims and a comprehensive range of operational policy guidance. This was kept under periodic review against nationally recognised guidance concerned with people's care. Staff performance and development measures were under review for improvement.
- For the most part, records relating to people's care and the management of the service were accurately maintained and all were safely stored. The provider's operational policy and oversight arrangements,

helped ensure the safe handling and storage of people and staffs' confidential personal information.

Working in partnership with others

- The provider often worked with external health, educational and social care partners, when needed for people's care. For example, to inform people's personal care who were living with more complex health needs, dementia or a life limiting illness.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2) & (3) HSCA 2008 (Regulated Activities) Regulations 2014 – Good governance.</p> <p>The provider's governance systems were not always effectively operated to consistently ensure continuous, timely service improvement; good leadership and culture, to support the delivery of high quality person centred care.</p> <p>The provider must send us a written report, no later than 28 days beginning on the day after receipt of the request to show - How they will comply with the regulation and any plans they have for improving the standard of services provide to service users with a view to ensuring their health and welfare.</p>