Community Integrated Care

Amberleigh House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 and 20 September 2018 and was unannounced.

Amberleigh House is registered to provide accommodation for people who require nursing or personal care, and the treatment of disease, disorder or injury. It is a charity owned care home which provides accommodation for up to 38 adults living with dementia. The service is located in the Fazakerley area of Liverpool and is close to local public transport routes. Accommodation is provided at ground level and all rooms have en-suite facilities.

When we last inspected Amberleigh House in February 2017, the service was rated as 'Requires improvement' in the responsive domain. This was because records associated with people's individual care needs were not always completed fully. Following this inspection, the provider wrote to us to tell us how they would address these concerns and make improvements to meet the regulations. We reviewed this plan as part of this inspection. We found that the service had not made sufficient enough improvements to meet this breach. We also found an additional breach in relation to safe care and treatment.

There was a manager in post, however they had not yet registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had made some improvement with regards to record keeping. However, we found there were still issues relating to wound care plans for some people as well as other records which still had some gaps. There were audits in place which identified the need for further improvement in some areas, and this had been followed up with an action plan. However, other audits had not identified some of the other concerns we highlighted during this inspection. The provider was still in breach of regulation relating to record keeping and good governance.

There was a lack of planning and recording to support good wound care for people with pressure sores. Some people had special pressure relief mattresses and the settings of these mattresses had not been recorded. This meant that the home had not adequately protected people from the risk of injury to their skin or worsening pressure sores. We fed this back to the manager at the time of inspection and this was rectified straight away. Additionally, other risk assessments were not always accurate and information varied between the risk assessment and staff knowledge of the risk. This meant we could not be sure the registered provider had a robust procedure with regards to minimising risks to people.

It was not always clear that the Mental Capacity Act 2005 (MCA) was applied correctly and decisions were being made in people's best interests. Most records we viewed in relation to the MCA had specific decisions recorded on them however best interest processes for people were not always considered. Consent was not

sought in people's best interests for some of the care plans we viewed. We have made a recommendation regarding this. When we returned for day two of our inspection, the manager had made some improvements to this process and hads a plan in place to complete the rest.

The high use of agency staff was a concern during our inspection. People and their relatives fed back that this was worrying for them. We did see however, that the use of agency staff had decreased in the last few months, and the manager informed us that additional staff had been recruited and were awaiting further clearance checks.

People told us they mostly felt safe living at the home, however the staffing had been a concern, as was some environmental issues which we raised at the time with the manager.

Medication was safely managed, stored and administered. People received their medications on time. However, there were some issues with recording.

Staff were recruited and selected to work at the home following a recruitment procedure. The manager retained comprehensive records of each staff member, and had undertaken checks on their character and suitability to work at the home. There were some discrepancies with regards to staff members references which we raised at the with the manager.

The home was clean and tidy. There was provision for personal protective equipment stationed around the home, and staff were trained in infection control procedures.

Staff were able to describe the process they would follow to ensure people were protected from harm and abuse. All staff had completed safeguarding training. There was information around the home which described what people should do if they felt they needed to report a concern.

The training matrix showed that staff were trained in all subjects which the provider considered mandatory to their role, and as stated in the provider's training policy. New staff with no experience in health and social care were enrolled on an induction process which was aligned to the principles of the Care Certificate.

Staff received regular supervision and appraisal. We did see some gaps in the recording of this however, the manger was able to explain the reasons for this.

People were supported to eat and drink in accordance with their needs. People, who were assessed as at risk of weight loss had appropriate documentation in place to monitor their food and fluid intake. We did raise at the time that some of these documents were not completed accurately or in full. Where specialist diets were needed for some people, the staff had knowledge of this.

The service worked in conjunction with all medical professionals to ensure people had effective care and treatment. We received feedback from some professionals involved with peoples care which was mostly positive Everyone had records in their files relating to external appointments with healthcare professionals such as GP's, opticians, dentists or chiropodists. The outcome of these appointments was recorded in people's records..

We observed kind and caring interactions between staff and people who lived at the home. Staff spoke kindly and fondly about people, and demonstrated a good knowledge about them, their likes and their needs. People told us they liked the regular staff and felt that they were kind to them.

There was information recorded in people's care plans with regards to their likes dislikes and how their care should be delivered which showed the service was providing care in a diverse way.

People confirmed they knew who the manager was and everyone we spoke with said they had noticed an improvement in the service since the new manager had taken up post in July. Team meetings and resident meetings took place. Feedback was gathered from people who used the service and their families, the manager had also attempted to meet relatives one to one to introduce themselves.

We saw all notifications had been sent to CQC.

You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Care and treatment was not always delivered safely and put people at risk of avoidable harm.

Risk management procedures and records were not always clear and consistent.

An electronic medicines management system was in place to support correct and timely administration. However, records were not always completed correctly.

Is the service effective?

Requires Improvement

The service was not consistently Effective.

There were gaps within the recording of the MCA with regards to best interests and consent.

Staff confirmed they received supervisions and appraisals, although some records had not been updated to reflect this.

We received mixed comments concerning the quality of food.

Is the service caring?

Good

The service was caring.

We observed kind and familiar interactions between people who lived at the home and the staff who supported them.

Staff were able to demonstrate a good knowledge of the people they supported.

There was advocacy information available for people who wished to access this service.

People's privacy was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Records relating to people's needs, preferences and the provision of care were not consistently completed.

Information about people's backgrounds, likes and dislikes was recorded in their care plans.

Complaints were well managed and responded to in accordance with the provider's complaints policy. People said they knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records relating to people and the provision of care were not always completed to an appropriate standard.

Some audits were not sufficiently robust to identify issues and generate improvement.

People spoke positively about the manager and said they were approachable and had made improvements in the home.

Amberleigh House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 20 September 2018 and was unannounced. The inspection team included two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance their experience was in relation to supporting older people living with dementia.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We had received a large amount of notifications concerning falls and incidents involving people who lived at the home. There had also been a recent change in manager at the home so we planned our inspection sooner than expected to ensure people were receiving care and support which was meeting their needs.

We also contacted the commissioners of the service and received some mixed feedback from professionals.

We used all of this information to populate our planning tool. This is a document which helps us plan how the inspection should be conducted.

During the inspection we spoke with the manager, the quality manager, the maintenance person, six members of the care staff, seven visitors, and three people who lived at the home.

We looked at the care files of four people receiving support from the service, four staff recruitment files,

medicine administration charts and other records relevant to the quality monitoring of the service.

We also observed the delivery of care at various points during the inspection. 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.

Requires Improvement

Is the service safe?

Our findings

We asked people and their relatives whether the home was a safe place to live. Some thought their relatives were safe. Others told us of risks to their loved ones they were concerned about. This included risks in the environment, as well as risks regarding falls.

Care and treatment were not always provided safely and placed people at risk of avoidable harm. For example, there was a lack of planning and recording to support good wound care for people with pressure sores. Some people had special pressure relief mattresses which needed specific settings to best protect the person's skin. These settings should be regularly reviewed to ensure that the mattress remains effective in maintain skin integrity. We found that staff did not check that these mattresses were on the correct setting as required. There was also no clear instruction for staff of what the setting should currently be for each individual to protect the person effectively. This included a person that already had a pressure sore. An incorrectly set pressure relief mattress can lead to skin injuries or worsen them. This meant that the home had not adequately protected people from the risk of injury to their skin or worsening pressure sores. We discussed our concerns with the manager during the inspection. They acknowledged our concerns and took immediate action to improve practice.

The home's management of risk was not always clear and consistent. People had risk assessments in their care plans and we saw some good examples of person-centred information. However, we found the accuracy of information and the consistency of records was mixed. For example, staff had not always scored risk assessments or had not scored them correctly. This put the person at risk, as the assessment did not accurately reflect their needs. Staff had not always created clear plans around people's risk, based on what they knew about the person; for example, where a person was at risk from falls or could at times present physical behaviours that challenge, such as hitting out. We also spoke with staff about some aspects of people's care and found that their level of understanding varied.

Incidents or concerns had not always led to an investigation to safeguard people, learn from lessons and prevent things from happening again. For example, staff had recorded bruising on a person on different occasions. When we showed these records to the manager, they were unaware of the bruising. This was because staff had not completed an incident report or alerted the manager to ensure the bruising was investigated properly.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager used overviews to analyse incidents and safety concerns and had changed practice as a result. For example, the manager had changed some of the shift patterns and numbers of staff on duty. They explained this was because they had identified certain times at which people were at higher risk.

Staff we spoke with told us they were aware of safeguarding and whistle-blowing procedures. A whistle-blower is for example someone who voices concerns about poor care to other organisations, such as the

local authority or CQC. We found there were training and policies in place around this. However, it was concerning that despite this, staff had not always followed protocols to protect people.

People using the service had Personal Emergency Evacuation Plans. We found that information in these emergency plans did not always match care plans. For example, one plan stated staff needed to use lifting equipment to evacuate a person. The other plan stated they did not need to. This was although staff had written both plans within days of each other. In emergency situations staff needed to be able to act very quickly and in the right way to keep people safe. Therefore, this information needed to be much more reliable and consistent.

The consistency of staffing at the home was a concern. According to the home's rotas and from our observations, there were enough staff in numbers to meet people's needs. When call bells rang during our visit, we did not hear them sound for longer than a couple of minutes. However, the home currently relied on agency staff to make up these numbers. This meant that staff would have greater difficulty in developing a professional relationship with people receiving care and understanding their needs. The manager confirmed that there was currently a high use of agency staff and they were aware of this as an issue. The manager explained they tried to use the same agency workers regularly, but this was not always possible.

Staff and people's relatives told us they were concerned about the high use of agency staff. Relatives told us this had affected the care of their family members. While relatives told us that some of the agency workers were excellent, they also said, "The agency staff do not always know what to do. Many do not know the residents. That means the 'regular staff' [those that the home employed] have to work twice as hard." We looked at staff rotas for the two weeks leading up to our inspection. Managers confirmed that for those weeks agency workers had covered around half of the home's care shifts. The manager stated they had recruited eleven new permanent staff, who were awaiting completion of their pre-employment checks.

Staff recruitment processes were not completed in accordance with the provider's policy and best-practice guidance. We checked the recruitment files of five staff members. We found that the provider had overall carried out checks to ensure staff were suitable to work with people using the service. This included checks of criminal records and barring lists, as well as ensuring staff had appropriate identification. However, references were not always sought in line with the registered provider's own requirements.

Medicines were administered individually from the trollies to people living at the home. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. We saw there was a thermometer on the wall where the trolleys were stored. Checking medications are stored within the correct temperature range is important because their ability to work correctly may be compromised.

We saw however, that the home needed to improve some aspects of giving and storing people's medicines. We saw the home was trialling a new electronic medicines management system. Staff showed us how this would help to ensure people received the correct medicine on time. However, there were some recording issues around medicines. According to the electronic records provided medicine stock levels were not always accurate. Staff investigated and explained these discrepancies after we had highlighted the gaps.

We looked at the processes and protocols for 'as required' medicines. We found protocols lacked detail. There needed to be clearer reasons for staff giving sedative 'as required' medicines. There also needed to be clearer guidance on staff trying other approaches, before resorting to 'as required' medicines. The manager said they were looking to improve processes around these medicines.

We found that the home carried out regular health and safety checks. We saw that inspections in relation to gas and electrical safety had taken place. There were some outstanding actions from a recent fire risk assessment. These related to increasing the fire safety of the spaces between the home's roof and ceilings. An inspection by the fire service had deemed the home's fire safety as adequate, but made some recommendations for improvement. The manager and registered provider assured us they were addressing these. We noted there were also some concerns about how the home stored some things, for example old and possibly unsafe furniture, in the garden. The manager told us about actions they were taking to resolve this.

We found that the home was generally clean and domestic staff attended regularly. The registered provider had also identified that they needed to update some parts of the home to ensure better infection control. This included some soft furnishings that were difficult to keep clean and hygienic.

Requires Improvement

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that applications had been made to the local authority to deprive people of their liberty in their best interests and these were being monitored by the manager and further applications had been made when needed.

However, there was some inconsistent information in people's care plans relating to the MCA and best interest decisions, which needed further clarification. For example, there was no evidence which showed people's care plans had been discussed with them or that they had been involved in the completion of their care plan. There was also information in the care plan such as 'ask (person) what they want' which shows that the person has some understanding and could weigh up risk. This was not captured in the person's mental capacity assessment which meant that we could not be sure if the person understood their care plan or not.

Also, we saw that one person who was assessed as lacking capacity to consent to care and treatment was using bedrails. There was no best interest process in place to show how the decision to use bedrails had been made for this person. There was a risk assessment in place on the use of bedrails to keep the person safe, however, there was no evidence that this had been assessed under best interests. This process required further improvement.

Consent was also not documented anywhere in people's care plans. We observed staff asking people for consent when providing care, and people told us staff upheld their dignity. We discussed these concerns with the registered manager on day one of our inspection. We saw when we returned for day two, that the registered manager had devised a new best interest assessment which took account of decisions made in people's best interests. The manager explained they were implementing this in all of the required care plans.

We recommend that the registered provider continues to review and implements best practice guidance in relation to best interests and consent.

We saw that all training had been completed in accordance with the provider's training policy, and there was a system in place which tracked when refreshers or updates were due. Staff were booked on these when required. We checked a sample of certificates in staffs' files and saw training in relation to moving and handling, first aid, infection control and fire safety; training for moving and handling and medication was both e- learning and classroom based. We saw that other training such as dementia and end of life were also available for the staff team and this had been completed. Staff also enrolled on the 'Advanced Carer Role.' This was specifically designed to take place over five days and included more in-depth training for care workers. At the end of the training, carers were able to complete additional tasks, such as give out medication and complete care plan reviews.

Our conversations with staff indicated they had the correct training to support people with their assessed needs, and we observed staff helping people to mobilise and give medications throughout the day.

We checked records and saw that new staff were trained and inducted in accordance with the principles of the care certificate. The care certificate requires new staff to undertake a programme of learning before being observed and assessed as competent by a senior colleague. All of the staff that we spoke with confirmed that they had been given regular supervision and appraisal. We saw that this was recorded in staff records and there was a supervision schedule displayed in the office on the staff notice board. We saw there were some gaps in supervision records which indicated some staff were due a supervision, however, some of the this was due to staff sickness.

We received mixed comments regarding the quality of the food. Since the last inspection the home had out-sourced the provision of food to a specialist company that supplied pre-prepared meals for re-heating in the home. Everyone we spoke with said that they preferred the food when there was a cook making the meals, rather than the pre-prepared option. We shared this feedback with the manager.

People were supported to access medical care when they needed it. Each person's care plan contained a log of professional's visits. These were completed by staff following each appointment people attended, including the reason for the appointment and the outcome. We spoke with a healthcare professional who told us that the staff had made a referral to them appropriately and had taken the right course of action to keep the person safe. The health care professional said the service had done what was expected. Some of the healthcare professionals did raise that the documentation was not always kept up to date and organised, which we saw examples of during our inspection and have reported on under the other domains.

The home was decorated to a good standard. There were plans in place to improve the physical environment further. There was directional signage and different coloured areas to help support people living with dementia to orientate their way around.

Good

Is the service caring?

Our findings

We received the following comments in relation to the caring nature of the staff. "I come in every day, I always feel welcome, and I can say that the regular staff are very good and the care is excellent." One of the people who used the service told us, "They are very caring and are so good to me, they encourage me a lot. I have no complaints at all and I enjoy the meals we get." Other people and visitors we spoke with said the staff were caring.

All of the staff we spoke with told us they enjoyed working at Amberleigh House and liked spending time with the people who lived there. It was clear from our observations that staff knew and respected the people receiving care. We observed staff talking to people discreetly and offering help and reassurance where it was required. We saw that people responded positively to staff and were comfortable in their company. All of the people that we saw looked happy and well cared for. People made a point of telling us that their laundry smelled nice and their clothes were well taken care off.

The care plans reviewed were written in way which took the person's choices, preferences and differences into consideration. For example, care records reflected how people liked to be dressed each morning, when they liked to get up, and how they wanted their personal care needs to be met. One care plan stated, "[person] must be offered a choice of what they wear." We also saw consideration was given to people's culture and spiritual needs. For example, people were given the option for holy communion if they wished.

Staff we spoke with described how they protected people's privacy during personal care. This included closing doors and windows and covering people up with towels and blankets. One staff member discussed the importance of not discussing people's personal information in communal areas, as it would be breaking their confidentiality.

Care plans were signed by people who were able to do so. For people who were not able to sign their own care plans we saw these were not signed at all. This meant that we could not identify who had been included in the development and review of the plans. We discussed the need for signatures with the manager at the time of our inspection.

There was information provided for people with regards to the local advocacy agency. At the time of our inspection there was no one making use of this service.

We spent time in the communal areas observing people being supported by staff. Our observations evidenced that staff supported people in a kind and discreet way. For example, staff would lean close to people and discreetly ask they if they wanted some support with their personal care. One staff member diverted one person who was becoming anxious and walking around.

We saw staff members interact with people who they were supporting on a one to one basis, the conversations between staff and people who lived at the home were kind and familiar. People were dressed nicely, and looked clean and well cared for.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in February 2017, we found the provider was in breach of regulations in relation to records. The responsive domain was rated as requires improvement. Following the inspection the registered provider sent us an action plan describing what they were going to do in order to address this. We checked this during this inspection.

While we saw that some aspects of record keeping had improved slightly, there were still some issues which we highlighted during this inspection.

There was information recorded which tracked people's weights, and referrals to dieticians had been appropriately made when people had lost a certain amount of weight in specific timespan. We saw however, that not all documentation for people was completed accurately. For example, we saw that one person did not have a specific wound care plan in place. Some parts of their care plan stated that this person had a grade four pressure sore, and other parts stated it was 'healing'. The absence of the wound care plan meant that we could not 'track' the progress of this person's pressure sore to determine whether the service was supporting the person appropriately. We raised this with the manager at the time of our inspection who informed us that the person's pressure sore was healing well and required re-grading. When we returned for day two, there was an up to date wound care plan place which gave an accurate description of the pressure sore. Therefore we were reassured that the person was getting care which was right for them, despite the previous record not reflecting this.

There was other information recorded such as turn charts and diet and fluid charts which were not always completed as required. One turn chart showed a gap of six hours when the person required a two-hour turning regime. Our discussions with the staff and the manager indicated that the person was turned, however the staff had not completed the record accurately.

This shows that the service was still not consistently keeping accurate records with regards to peoples care needs in some areas. We have reported on our concerns relating to record keeping in the Well-Led section of this report.

Documentation viewed during our inspection evidenced that the service was working in a way which was person centred. Person centred means based around the needs of the people who live at the home and not the organisation.

There was a high level of personal information recorded in people's care plans which took into account their backgrounds, routines, likes and dislikes. There was a one page profile in place for people in some of the care plans we viewed. Information which was meaningful was well-documented and gave a good insight into people's preferences for support. For example, one care plan we looked at described how the person always wanted to wear a bathing costume whilst they showered, and this was an important part of their routine. Also, it was it was recorded what shampoo the person liked to use.

There was also information for one person with regards to their communication preferences, and how they liked to be communicated with. This information included, "Please take me to a quiet room, so I can hear the information."

There was some information made available in accessible formats in line with the accessible information standard, however, full consideration had not been given to different formats and communication methods people may require. We discussed this with the manager, and the area manager, as we wanted to ensure that people had access to information which they could understand. We were informed this was a work in progress, and further consideration had been given to this requirement from the organisation.

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the initial assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider was assessing all areas of care which needed to be supported and established how such areas of care needed to be appropriately managed.

Activities were organised by the staff at the home. Examples included; painting, armchair exercises and other requested activities such as games, puzzles and cards. This helped to ensure everyone was getting an opportunity to engage in something that they enjoyed. One person did tell us they felt it was sometimes 'boring' at the home. The manager was addressing this; staff were also working extra hours to coordinate activities as an interim measure.

People we spoke with told us they knew how to complain, and we saw the complaints procedure was displayed in the main hallway of the home, as well as in the Service User Guide. There had been seven complaints since February 2017. We tracked one of these complaints through to ensure the manager had followed the process, we saw that they had.

There was end of life training program for the staff to ensure that people were subject to a dignified and pain free death.

Requires Improvement

Is the service well-led?

Our findings

During the previous inspection we identified a breach of regulation because records were not always complete or accurate. As part of this inspection we checked to see if the necessary improvement had been made and sustained. We found that records did not meet an acceptable standard in a number of areas. The continued failure to maintain complete and accurate records in relation to people and the provision of care placed them at avoidable risk of receiving unsafe care that did not meet their individual needs.

There were systems in place to monitor the quality of service provision. Audits for the environment and health and safety of the building regularly took place and actions were completed. We saw an audit completed by the manager which highlighted the need for care plans to have more information in them with regards to people's clinical needs, such as wound care. We saw that an action plan had been devised to complete this, however it had not yet been implemented. We also saw an audit which had been completed which highlighted the need to look at staffing numbers, we did not see that this had been actioned. This did show however that some audits were effective at highlighting gaps in service provision. However, we saw that some of the governance framework was not effective and did not identify when further action was needed. For example, the care plan audits did not identify the concerns we found with regards to the MCA and some of the missing information and gaps in the record keeping.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were other audits in place, which took into account health and safety, and falls. We saw that these were completed accurately and in full and appropriate actions were being assigned to the relevant staff members in the home to follow up, for example repairs and maintenance concerns were being assigned to the maintenance person. In addition, the area manager completed their own audit when they routinely visited the home, and the outcome of this was shared the with the manager. During our inspection the medication audit was in the process of being completed by the visiting area manager.

The manager had been in post since July and was in the process of registering with CQC. People spoke positively about the manager. Comments included, "There has been so much improvement since the new manager has come on board." Other people and staff we spoke with agreed that the new manager had made some improvements within the home.

Our discussion with the manager and the area manager indicated that they accepted some improvement was needed in some aspects of service provision. We felt reassured when we returned for day two of our inspection as the manager had clearly listened to our feedback and had begun to take action to address some of the issues we found during day one.

We asked the manger about lessons learned and if they had improved any practice since they had been in post. The manager had changed the approach to managing staffing levels as a result of the number of falls at the home, and as a result this had now improved and the number of falls had decreased.

The manager had a good working relationship with the Local Authority and hospitals. Professionals we spoke with said the manager was responsive and tried to accommodate any requests made.

Team meeting and resident meetings took place regularly, and we saw a sample of minutes from these and there were various items discussed such a staff training, supervisions, and staffing levels.

The manager had attempted to arrange one to one meetings with people's family members to introduce themselves and discuss any concerns. We saw that some of these meetings went ahead and some needed to be re-scheduled.

The registered provider had policies and guidance for staff regarding safeguarding, whistle blowing, dignity, independence, respect, equality and safety. We viewed these polices as part of our inspection. Staff were aware of these policies and their roles and responsibilities within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We saw that the Care Quality Commission had been notified appropriately of incidents and events which occur at the service, as legally required by law. The rating for the service was clearly displayed in the communal area and on the registered providers website.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Improvements to risk management processes and documentation were required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The recording of information was not consistently robust. Some audits had not highlighted issues with service provision.