

Mr Mukesh Patel

# Eaton Lodge Nursing Home

## Inspection report

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Date of inspection visit:  
31 July 2018  
01 August 2018

Date of publication:  
28 August 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 31 July 2018 and 1 August 2018 and was unannounced.

Eaton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during the inspection. Eaton Lodge accommodates up to 24 people in one adapted building. At this inspection, 23 people were living at the service.

There was no registered manager in post. The previous registered manager had left the service in May 2018. There was a manager in post, who had started the registration process. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run.

We inspected Eaton Lodge in February 2018 when three continued breaches and one new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to safe care and treatment, person centred care, safe recruitment of staff. We imposed a condition in relation to good governance, the provider was required to send CQC a monthly report with details of the audits completed on the service and the action taken. These had been submitted as required to meet the condition.

At our last inspection, the service was rated 'Requires Improvement' overall with well led being Inadequate. At this inspection, improvements had been made but there continued to be breaches of regulation. Therefore, this is the third consecutive time the service has been rated Requires Improvement.

At our last inspection, there continued to be shortfalls in the service that were identified in the previous two inspections. At this inspection, improvements had been made but there were three continued breaches of Regulation.

Potential risks to people's health and welfare had not been consistently assessed and there was not always detailed guidance for staff. Improvements had been made in providing guidance for staff around diabetes and epilepsy but there continued to be shortfalls around how to move people safely. The manager had started to write new care plans for each person, however, these did not always contain detailed information about people's choices and preferences. Care plans did not always reflect the care being given. Staff knew people well and could describe how they supported people and moved them safely. During the inspection we observed people being moved safely.

There were sufficient staff on duty to meet people's needs; however, staff continued not to be recruited safely and the provider's policy had not been followed. Staff told us they felt supported by the manager and had discussed any concerns they had. The manager had not recorded these conversations and did not have

a structure in place to formalise staff supervision. This is an area for improvement.

The manager had completed audits on all areas of the service and these had been recorded on the reports sent to CQC. However, the manager did not have a system in place to ensure that they continued regular audits. The manager showed us the documentation they planned to use which included an action plan, who was responsible for the action and when it was completed. The provider now recorded their visits to the service, the areas they had looked at and who they had spoken to. However, they had not recorded if they found any shortfalls and what action they had taken.

Previously, medicines had not been managed safely. At this inspection, the manager had taken action when shortfalls were identified. Medicines were now managed safely, there had been no errors in administration and people received their medicines when they needed them. Staff competency had been checked.

Accidents and incidents had previously not been analysed to identify patterns and trends. The manager had analysed behaviour charts for people and identified trends. Measures had been put in place to reduce the incidents of behaviour that challenged and these had been successful. The manager had not formally recorded the process they had completed and this was an area for improvement.

The manager met with people before they moved into the service to make sure that staff could meet their needs. The pre-admission assessment covered all areas of people's lives including their physical, mental, social and cultural needs, this assessment was used to develop the person's care plan. People's needs were assessed using recognised tools in line with current guidance, however, previously these had not been person centred. At this inspection, the manager had ensured that all assessments reflected the person's needs.

People told us they knew how to complain. There had been one complaint since the last inspection, this had been investigated in line with the provider's policy and resolved.

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.

Staff worked with healthcare professionals to keep people as healthy as possible and receive effective care. Staff monitored people's health and referred people to healthcare professionals when changes were identified such the dietician. Staff recorded and followed the advice given. People had access to the dentist and chiropodist when required. People were supported to stay as healthier as possible, people were encouraged to take part in exercise.

People were offered a choice of meals and snacks, when people required a special diet and assistance to eat their meals this was provided.

People were supported to express their end of life wishes. Staff received training to support people at the end of their life and keep them comfortable. People told us that staff were kind and caring. People were encouraged to be as independent as possible and involved in their care.

There continued to be an open and transparent culture within the service. The provider had held resident and staff meetings to discuss the previous inspection rating. The responses from the meetings were positive. At staff meetings, their practice was discussed and how staff could work towards improvements within the service.

The manager recognised they needed to update their skills and knowledge to meet the Regulations, they had attended training and local forums. The manager worked with the local commissioning group and the safeguarding authority to ensure people received joined up care.

Staff knew the signs of abuse and were confident to raise concerns with the manager and that they would be dealt with appropriately. People were protected from the risk of infection. The service was clean and odour free.

The building had been adapted to meet people's needs, there continued to be improvements to decoration. Staff had completed checks on the environment and equipment people used to make sure people were safe.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The manager was aware that they needed to inform CQC of important events in a timely manner 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 services can be informed of our judgements. We found the provider had conspicuously displayed the rating in the reception area of the service. The provider did not have a website to display the rating.

At this inspection three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. You can see what action we have asked the provider to take at the end 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?

The service was not consistently safe.

Potential risks to people had not been consistently assessed and staff did not always have detailed guidance to mitigate the risks.

The provider's recruitment policy had not been consistently followed. There were sufficient staff to meet people's needs.

Medicines were managed safely.

Accidents and incidents were analysed to identify trends, action had been taken to learn lessons and prevent them from happening again.

Staff knew how to recognise the signs of abuse and how to report it.

People were protected from the risk of infection. The service was clean and odour free.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff told us they felt supported by the manager. There was no structure in place to ensure that staff received supervision.

People's needs were assessed and were person centred.

Staff worked within the principles of the Mental Capacity Act 2005.

People were supported to eat and drink enough to maintain a balanced diet.

People were supported to lead as healthier life as possible and access to specialist healthcare professionals.

The building was adapted to meet people's needs.

**Requires Improvement** ●

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

The provider still needed to make improvements to the checks that ensured people received a good quality service.

People were treated with dignity and respect. People told us the staff were kind and caring.

People were supported and encouraged to make decisions about their care.

### **Is the service responsive?**

The service was not always responsive.

New care plans had been written but they still did not contain details of people's choices and preferences. Care plans did not always reflect the care that was being given.

Complaints were investigated and recorded as per the provider's policy.

Staff supported people at the end of their lives.

People were able to take part in activities.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The oversight of the service by the provider had improved, but, improvements in the recording of the action they had taken was needed.

There was a new manager in post since the last inspection.

Checks on the service had been completed, some action had been taken, but further improvement was required.

People and staff had been asked for feedback about the service.

The manager worked with other agencies and had attended local forums to improve their knowledge and skills to meet the regulations.

CQC had been informed without delay of events that happened within the service.

**Requires Improvement** ●

# Eaton Lodge Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 the Care Act 2014.

This inspection took place on 31 July 2018 and 1 August 2018 and was unannounced. The inspection team consisted of one inspector 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.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at 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 looked at five people's care plans, associated risk assessments and medicines records. We looked at management records including recruitment files, training and support records, resident and staff meeting records, audits and quality assurance. We observed staff spending time with people. We spoke with the manager, the provider, a registered nurse, six care staff and 11 people who live at the service and two relatives. We did not use the Short Observational Framework for Inspection as people were able to speak to us about their experience living at the service.

# Is the service safe?

## Our findings

People and relatives told us they thought the service was safe. One person told us, "I am happy living here and I feel safe." One relative told us, "I feel my (loved one) is safe here."

At our last inspection, the provider had failed to assess risks to people's health and safety and to do all that was reasonably practicable to mitigate the risks. The provider had failed to manage medicines safely. At this inspection improvements had been made, medicines were now managed safely, however, further improvements were required when assessing potential risks to people's health and welfare.

Potential risks to people's health and welfare had been identified, however, not all risks had been assessed and detailed guidance was not available for staff. Some people were at risk of developing chest infections, there were no detailed guidelines for staff about the signs and symptoms to look for when people became unwell and what action to take.

Some people received their nutrition through a tube into their stomach and were at risk of becoming unwell if guidance from health professionals was not followed. There was no guidance for staff about how to safely move people and what position they should be in when receiving their feed. We discussed this with the acting manager, the guidance was kept with the medicines recording charts, however, care staff did not have access to these charts. Staff we spoke to were able to describe the action they took when moving and positioning these people. During the inspection, the acting manager put the guidance in people's rooms so staff had access to them.

Previously, there had not been detailed guidance for staff about how to safely move people. For example, which slings and how to position them when moving people using the hoist. At this inspection, there was still no guidance for staff. We discussed this with the acting manager, on the second day of the inspection, guidance had been placed in people's rooms. Staff could describe what slings they used for people and how they positioned them.

The provider had failed to do all that is reasonably practicable to mitigate risks to people's health and welfare. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, staff did not have guidance about how to recognise when people living with diabetes were unwell. There was now information for staff on the notice board in the dining room, in people's care plans and in their rooms. Staff could describe how they recognised when people became unwell and what they would do.

Some people displayed behaviour that could be challenging. Behaviour charts had been completed by staff, previously, these had not been analysed and used to identify patterns and trends. The acting manager had spoken to staff and used the charts to identify patterns. They had identified that one person may be hungry at some points when they were aggressive. Staff now provided regular bread based snacks and this had

reduced the frequency of the behaviour and the use of calming medicines. This information was available in the person's daily notes but the acting manager had not recorded this as a formal process to show the analysis and action taken, this is an area for improvement.

There were now environmental risk assessments in place and checks had been completed on equipment that people used to keep people safe. Water temperatures had been recorded to make sure the temperatures were within safe limits to reduce the risk of scalding. There was a fire risk assessment in place and each person had a personal emergency evacuation plan (PEEP). At this inspection, the PEEP's had been updated to include detail about people's communication needs.

Staff recruitment continued to be poorly managed. Previously, checks on requirements such as references and Disclosure and Barring Services (DBS) had been completed but had not always been received before the person had started work at the service. At this inspection, staff did not start work at the service until the required checks were received, however, there were still shortfalls. Each person had two references on file, but these had not always been from their previous employer or had been from a member of their family. The provider had not verified the references. The provider had not requested a full employment history and had not investigated gaps in people's employment. When an issue is identified during the recruitment process the provider should have a risk assessment in place and record why they have decided to still employ the person, for future reference. The manager had not recorded a risk assessment or what action they had taken when issues had been identified, to mitigate risks.

The provider had not ensured that recruitment procedures were operated effectively to ensure people employed were of good character. This is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff on duty to meet people's needs. Staff were able to spend time with people and call bells were answered quickly during the inspection. Sickness and annual leave was covered by staff employed by the service.

At the last two inspections, medicines had not been managed safely. Previously, medicines errors had not been investigated and effective action taken to prevent them happening again. There had been errors made since the last inspection, the acting manager had identified these and taken appropriate action to reduce the risk of further errors. The action taken had been effective and there had been no further errors.

Nurses competency to administer medicines had been checked. The acting manager had worked with the nurses to rectify the shortfalls from the last inspection. Medicines Administration Records (MAR) had not previously been accurately completed. MAR charts were now completed accurately. Some people were prescribed medicines on an 'as and when' basis such as pain relief, there was detailed guidance in place for staff about when to give these medicines and how often. Medicines were stored safely, the room and fridge temperature where medicines were stored were recorded to ensure they were within the recommended temperature to maintain their effectiveness.

Staff knew how to recognise and respond to signs of abuse. Any potential safeguarding concerns had been referred to the local safeguarding authority. Staff were confident that the manager would act on their concerns and these would be dealt with appropriately. Staff knew how to report concerns to agencies outside of the service if required. Staff understood the provider's whistleblowing policy.

The service was clean and free from unpleasant odour. Cleaning schedules were followed by domestic staff to maintain cleanliness. Staff followed the provider's infection control policy, staff were observed using

personal protection equipment such gloves and aprons when appropriate.

## Is the service effective?

### Our findings

People told us that they enjoyed the food and they were given a choice of meals and snacks. One person told us, "The food is very good, with a couple of choices." Another told us, "I choose exactly what I want to eat and the chef provides it."

At our last inspection, the provider had not assessed people's health needs to provide care that was person centred. At this inspection, improvements had been made and the breach of regulation had been met.

Some people required support with maintaining their fluid intake to keep them healthy. Previously, people had been assessed as to how much fluid they should drink, but this had not considered their age, health and behaviour. The assessment had not been person centred and unrealistic targets were set. People now had fluid intake targets that were realistic and had been assessed according to their needs. Records showed that people had received the amount of fluids they had been assessed as needing and able to drink.

People's wounds were managed by the nursing staff. Previously, there had been wound care plans in place but these had not been accurately completed and nurses had not always followed the care plan. Since the last inspection, nurses had assessed the wounds continuously and the changes to the management of the wounds had been recorded. There was a clear record of how the wound was progressing, measurements of the wounds had been recorded but not frequently. This continued to be an area for improvement.

People and their relatives met with the manager before they moved into the service, to assess their needs and that staff could meet their needs. The pre-admission assessment included all areas of people's physical, mental and social needs. The assessment was used to complete a care plan to ensure staff had guidance about people's needs when they first came to the service.

People's health care needs were assessed, using recognised tools following guidance from the National Institute of Clinical Excellence. The assessments were used to make sure that people had the correct equipment for their needs and to keep them as healthy as possible.

Staff received training appropriate to their roles. There was a member of staff who was employed to support staff through their induction and continued training. Staff received training online and face to face. The service had a moving and handling trainer on site, to support and train staff to move people safely. Other subjects covered in staff training included epilepsy and diabetes awareness. The provider told us that they were supporting the manager to complete train the trainer sessions for topics such as infection control and health and safety, so they can support staff. Nurses attended training to maintain their clinical skills.

New staff completed an induction, they shadowed more experienced staff to learn about people's choices and preferences. Staff completed the Care Certificate, this is an identified set of standards that social care workers adhere to in their working life. During the inspection, we observed staff supporting people to move and eat safely.

Staff told us that they felt supported by the manager. The manager told us that they had spoken to staff but this had not been organised or recorded. They understood that going forward there needed to be a more structured approach to staff supervision and appraisal to support staff in their development. This was an area for improvement.

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 service had applied for DoLS authorisations when required and some people had DoLS authorisations in place and further applications had been made when these had expired.

People's capacity to make decisions about their day to day care had been assessed. Staff described how they supported people to make decisions such as what they wanted to eat and how to spend their time. Staff were observed giving people a choice of two drinks and respecting their decisions of where people wanted to sit during the day.

Staff knew people well and monitored their health. Staff contacted the GP when people became unwell or their health needs changed. People's weight was monitored, and when required people were referred to the dietician for advice and assessment. People had been referred to the Speech and Language Therapist (SALT) when they were observed to have trouble swallowing. Staff recorded the guidance and this was followed, we observed people having meals that had been pureed and thickened fluids. People were offered nutritional snacks and drinks.

People had a choice of meals and snacks. When people did not want what was offered on the menu, other meals were offered. Staff knew people's likes and dislikes and if they required a special diet such as low sugar. When people were admitted to the service, the kitchen received a form giving details of any particular dietary requirements they had.

People were supported by staff to eat their meals when required. People were given equipment such as plate guards to maintain their independence. People were offered a varied diet including fruit and vegetables to help them stay as healthy as possible. People were supported to remain as active as possible, people were encouraged to walk and complete gentle chair exercises where possible.

People told us they had access to the dentist, optician and chiropodist when required. Staff supported people to attend hospital appointments with healthcare professionals.

The building had been adapted to meet people's needs, people were able to access the gardens. We observed people spending time in the garden. Improvements to the building had been made and further improvements were in progress during the inspection. There were communal areas in the service where people could spend time if they wished.

## Is the service caring?

### Our findings

People and relatives told us that staff were kind and caring. One person told us, "All the girls care, they cannot do enough for me." A relative told us, "I cannot fault the home, the staff are good."

We expect provider's to be caring in the way they provide resources including support for staff to provide person centred care, reduce the risks to people's health and welfare and continuously monitor the quality of the service provided. At our last inspection, the provider had not had oversight of the service and had not acted to meet the previous breaches of Regulations. At this inspection, improvements had been made but further improvements were needed to assure consistent and safe care and demonstrate the ethics and behaviours of a caring service.

There were strong and caring relationships between people and staff. Staff appeared to genuinely fond of people and were keen to improve their lives in any way possible. There was a relaxed atmosphere within the service and people were happy to laugh and joke with staff. Relatives told us the staff looked after them as well. One told us, "Not just good to dad but mum as well, always offered drinks and she often stays for lunch." One person told us, "You can laugh and joke with the carers as if they were part of your family."

People and relatives told us how staff had supported them to become more independent. One person told us, "They allow me to try and be independent; let me help myself to get to my chair. It was the carers who got me walking again in the first place." Other people had made improvements since coming to live at the service, people were now eating more and independently.

People were supported to be as independent as possible. Staff explained risks to people and respected the decisions they took surrounding risks and put measures in place to keep people as safe as possible. People were given choices about how their health conditions were managed, people told us that they had agreed with staff about how to manage the length of time they sat in the chair as they experienced joint pain.

People told us staff treated them with dignity and respect. One person told us, "Always knock on the door before they come into my room." We observed staff knocking and waiting to be asked into people's rooms. Staff were aware of people's spiritual and cultural needs. Staff told us that some people found comfort from their Rosary beads and they made sure that they had them when they were feeling anxious or upset.

People were supported to maintain relationships that were important to them. Relatives told us they could visit when they liked and they always felt welcome. People's rooms had been personalised with their own belongings, people had photos and pictures up on their walls and ornaments around them. When people's rooms were decorated people could choose the colour they wanted.

Some people were unable to express their views about their care. Some people had a nominated person to represent them, however, some people had not. When this was the case, staff knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, and weigh up and take decisions about options available to the person.

They represent people's interests either by supporting people or by speaking on their behalf. People's confidential records and information were kept securely and staff understood about maintaining people's confidentiality.

## Is the service responsive?

### Our findings

People told us they knew how to complain if they needed to. One person told us, "I have no complaints." Another told us, "If I had a complaint I'd have no problem in telling the manager."

Previously, the provider had failed to maintain accurate and contemporaneous records for each person's care. Care plans had not contained detailed information about people's choices and preferences and did not reflect the care being given.

At this inspection, the manager had started to write new care plans for people. While these plans were easier to follow and staff could alter them when people's needs changed, they still did not contain detailed guidance for staff. The manager did not know people well enough to include the detail required. We discussed this with the manager and provider about involving people and care staff in the writing of the care plans so they become person centred.

Some care plans contained information about specific health care needs such as a fluid restriction, however, this was not the most up to date information. People also had information of their specific needs in their rooms and this contained the most up to date information for staff to follow. Care plans did not always reflect the care and support being given by staff.

The provider had failed to maintain accurate and contemporaneous records for each person. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew people well and could describe the care and support people required. At the beginning of each shift, staff attended a verbal handover. Staff gave information about the care and support each person had received that shift and any concerns they may have. This was recorded on a handover sheet. People told us that staff supported them in the way they preferred.

Staff recognised when people were becoming frailer and nearing the end of their lives. Staff had received training to be able to support people at the end of their lives. Nurses worked with GP's and palliative care specialists to support people to be as comfortable as possible. People had been asked about their end of life wishes and staff supported people to make sure their wishes were recorded. Medicines required to support people at the end of their life were stored safely and were available when needed. People's medicines were reviewed to make sure they remained appropriate. Staff were aware of people's cultural and spiritual needs regarding their end of life needs.

People were offered activities to take part in. The manager had recently employed an activities co-ordinator to improve the activities available. Staff were taken to the village and to the seafront when they wanted. Staff spent time with people on a one to one basis, when people remained in their room. Outside entertainment came into the service and the hairdresser came to the service weekly.

The provider had a complaints policy, this was available in the reception and there was a copy in each person's room. However, the policy was not available in any other form such as pictorial or easy read. We discussed this with the manager who agreed that this was an area for improvement.

There had been one complaint since the last inspection. The manager had investigated and responded following the provider's policy, this had been documented and the issue had been resolved.

## Is the service well-led?

### Our findings

People told us that they attended resident meetings. One person told us, "I attend the residents meeting, things discussed are put into action more or less."

At our last inspection, there continued to be shortfalls in the service that were identified at the previous two inspections. Potential risks to people had been identified but staff did not have detailed guidance to mitigate risks. People's records were not accurate or up to date, assessments of people's health care needs were not person centred and the provider had not followed safe recruitment practices.

The oversight of the service by the provider had not improved. There were no recorded audits or action plans to continually improve the service. The provider had failed to provide an action plan as we requested following the previous inspection. Following the last inspection, a condition was placed on the provider's registration. The provider had to send us a monthly report of the audits completed and the action taken to rectify any shortfalls found, to show the improvements being made at the service.

Following our last inspection, the registered manager left the service. There was a manager in post, who started in May 2018 and has started their registration with the Care Quality Commission (CQC). The manager had previously managed the service but had left in November 2012 and had not managed a service since. The manager was aware that the regulations and standards had changed since they last managed a service. We discussed this with them and they agreed that they needed to update their knowledge and skills to be able meet their regulatory responsibilities.

At this inspection, some improvements had been made and the provider had complied with the condition on their registration. One of the breaches of regulation and part of another had been met but there were three continued breaches of regulation and improvements made had not been in place long enough to be embedded.

The recording of the provider's oversight of the service had improved. The provider recorded their visits and what they had looked at and who they had spoken to. However, the details of what was found and if they had taken any action was not recorded. We discussed this with the provider and they agreed that any action they took should be recorded so they could show how they were acting to improve the service.

Since starting at the service, the manager had looked at all aspects of the service and identified shortfalls. They had completed monthly reports for CQC with the action they had taken to rectify shortfalls, however, they did not have a formalised approach to auditing and checking of the service. We discussed this with them and they showed us the documentation that were going to use, which included an action plan, who would be responsible for the action and when it had been completed. The manager understood that further improvements were still needed.

The manager was writing new care plans for each person, but, these were still not consistently detailed enough and did not always reflect the care being given. Some potential risks to people's health and welfare

had not been assessed and there was not detailed guidance.

The provider had failed to maintain accurate and contemporaneous records for each person. The provider had failed to continuously monitor and improve the safety of the service provided to people. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had accessed the training and local forums to improve their knowledge. Since starting at the service, they had attended training and had been working with the clinical nurse specialist to make improvements. The manager had been working with the local commissioning group and safeguarding authority to ensure people received joined up care.

The manager now had the support of an administrative assistant, this had meant that the manager had been able to spend more time working with staff and maintaining oversight of the service. The office had been cleared of old documentation and tidied so there was now a system in place for storing documentation. During the inspection all documents were available when asked for. The manager had updated the policies and procedures available for the staff.

There was an open and transparent culture within the service, people and staff told us the manager was approachable and they could raise any concerns. There continued to be an open and relaxed atmosphere between staff and relatives. People and relatives were happy to approach the manager during the inspection. Following the last inspection, the provider had attended resident and staff meetings to discuss the report and rating the service had received. The feedback from staff, residents and relatives had been positive. The provider had taken responsibility for the rating and reinforced that changes would be made to the way the service was managed.

Staff meetings discussed concerns and staff practice including the shortfalls found by the manager. Staff were reminded to complete documentation and behaviour charts as the manager would be reviewing them weekly. Quality assurance surveys had not been sent out since the last inspection, however, many compliments had been received about the care and support people had been received.

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 meant we could check that appropriate action had been taken. The manager was aware of the need to inform CQC of important events in a timely manner and had informed us as required.

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 provider had conspicuously displayed the rating in the reception area of the service. The provider did not have a 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to do all that is reasonably practicable to mitigate risks to people's health and welfare.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to maintain accurate and contemporaneous records for each person. The provider had failed to continuously monitor and improve the safety of the service provided to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not ensured that recruitment procedures were operated effectively to ensure people employed were of good character.