

Benwarden Residential Care Homes Limited

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Inspection report

110 Ash Green Lane
Exhall
Coventry
West Midlands
CV7 9AJ

Tel: 02476368354

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Benvarden is a residential care home, providing personal care and accommodation for up to 14 people. It provides care to older frail people, some of whom are living with dementia. There are 12 bedrooms over two floors, with shared bathroom facilities. There is a communal lounge and dining area on the ground floor. The home has a conservatory that opens onto a garden. At the time of our inspection visit ten people lived at the home.

People's experience of using this service and what we found

At our last inspection we found breaches of the regulations and whilst, at this inspection, we found some improvements had been made, these were insufficient to meet the requirements of the regulations.

The provider's quality assurance system did not consistently ensure quality and safety. The provider had not always acted on the recommendation of professionals to undertake safety work in the home.

The provider had not always undertaken general décor and maintenance repairs in a timely way, which posed potential risks of infection. The provider did not have sufficient governance or managerial oversight of checks on the safety and quality of the service they delegated to staff.

Overall, people were supported with their medicines as prescribed. However, staff did not consistently follow the prescriber's or manufacturer's instructions, which posed potential risks to people's wellbeing.

Staff knew people well and how to protect them from risks of harm or injury, such as falls. Risk management plans lacked details and the provider assured us information would be added to these so staff had the information they needed to keep people safe.

Staff completed care records, such as those about people's food and fluid intake so they had the information they needed. The home was clean and tidy, and staff knew how to reduce risks of cross infection.

There were sufficient trained staff on shift. Further training was planned for to increase and refresh staff's knowledge and skills. Staff were supported by the provider and further plans included the appointment of a deputy manager, to support staff in the provider's absence.

The provider had assured themselves of staff's suitability to work with people. However, where staff had been employed for numerous years, the provider had not undertaken further checks to assure themselves staff's suitability continued.

People had their needs assessed before they moved into the home. People had plans of care, though these were not always detailed and the provider told us more information would be added. People were satisfied

with the activities offered.

People had access to healthcare when required. People were offered sufficient food and drink to meet their dietary requirements. Alternatives were made available to the set menu when needed and additional snacks were offered.

Positive caring interactions took place between people and staff, and people felt well cared for. Staff involved people in making day to day decisions about their care and gained people's consent before undertaking personal care tasks. Mental capacity assessments had been completed for people and the provider understood their responsibilities under the Mental Capacity Act 2005.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and procedures in the service supported this practice.

Systems were in place for people and their relatives to give feedback on the service, which they were happy with. People did not have any complaints.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulation 12 Regulated Activities Regulations 2014 – Safe care and treatment
Regulation 17 Good Governance

Rating at the last inspection

The last rating for this service was Inadequate (published 28 February 2019) and there were breaches of the regulations. We took enforcement action and imposed a condition of the provider's registration. The provider submitted actions plans to tell us what they would do and by when to improve. The home was placed in 'special measures' and kept under review. We made a referral to the fire service due to serious concerns about fire safety at the home. The fire service undertook an inspection on 5 February 2019 and told the provider what actions they had to take. The fire service returned on 26 March 2019 to re-inspect.

At this inspection we found some improvements had been made. However, there was insufficient improvement in some areas and the provider continued to be in breach of regulations. The rating for the service is now Requires Improvement.

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not consistently responsive.

Details can be found in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Details can be found in our well led findings below.

Requires Improvement ●

Benvarden Residential Care Homes Limited

Detailed findings

Background to this inspection

The 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.

Inspection Team

One inspector carried out this inspection on the first day of our visit, on 27 August 2019. On the second day of the inspection, one inspector returned 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.

Service and service type

Benvarden 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 the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The manager is also the owner / provider. They are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We told the provider we would return on 28 August 2019 to complete our inspection.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details

about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority, fire service and professionals who work with the service. We had received a concern about one incident and a complaint about another issue.

We used the information the provider sent to us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with ten people and seven relatives. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with five members of care staff, the cook and the provider. Following our inspection visit we had telephone conversations with night care staff.

We reviewed a range of records. This included a review of five people's care plans, multiple medication records, daily checks and people's food and drink records. We checked three staff employment files. We also looked at records relating to the management of the home. These included environmental safety checks and lifting equipment checks undertaken by external professionals as legally required. The provider's checks undertaken on the health and safety of the home, the provider's audits and staff training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate and some regulations were not met. At this inspection, we found some improvements had been made and these needed to be embedded and sustained. Further improvements were required, and we found a continued breach of the regulations. We gave a rating of Requires Improvement. This means some aspects of the service were not always safe and there were limited assurances about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management (environmental)

- The provider had not always acted on action required in a timely way. The passenger lift between the ground and first floor had been inspected on 9 May 2019. Whilst the passenger lift was still operable and in use, an 'unsafe condition action' notice had told the provider there was 'no emergency lighting in the lift car' and action was required within six weeks. The provider had not acted on this, and they told us, "I've had a lot of costs related to the fire safety improvements and planned to get the lift work done very soon." During our inspection visit, a date was scheduled for the lift work, and this was completed on 30 August 2019.
- The provider had not completed all of the required action by the fire service. In February 2019, the fire service had identified multiple deficiencies, most of which had been addressed by the provider. However, the requirement for 'regular fire drills should be undertaken' had not been acted on. Whilst staff had completed fire safety training since our last inspection, no fire drills had taken place to test and practice staff's knowledge about what to do in the event of an emergency. When we asked staff what action they would take, they said they would evacuate people to the outside carpark. However, the provider expected staff to move people, whenever possible, to a safe zone within the home. This meant there was confusion amongst staff as to what action should be taken. We discussed this with the provider and they agreed they should have acted on their deficiency of no fire drills. Immediate action was taken by the provider to schedule fire drills to be undertaken by all staff during September 2019.

Using medicines safely

- The management of medicines was not consistently safe. One person's medicine administration record (MAR) showed they had been prescribed a course of medicine of variable dosages. However, staff had not followed the decreasing dosage instruction correctly, which meant the person had not always received their medicine as prescribed.
- Most people's medicines were available, and staff supported them with these as prescribed. However, we identified one incident of a medicine not being in stock. On 28 August 2019, a staff member had signed as giving one person a tablet, but we found this was not in stock to give and it was not clear how long it had not been available. The staff member told us they must have 'made an error' and signed by mistake. We pointed this out to the senior care staff member who took immediate action to speak with the person's GP. The provider confirmed new stock arrived on 30 August 2019.
- Staff did not always follow the manufacturer's guidance related to the administration of medicines. Some people received medicine through a skin patch and records showed when a patch had been removed, the skin site had not been given the recommended 'rest time'. The provider and staff told us they had not read

the information leaflet. Immediate action was taken to ensure the manufacturer's guidance was followed.

- Improvement had not been made by the provider to ensure staff recorded dates of opening creams. One person's skin cream in use had been dispensed on 10 April 2018, staff could not tell us when this tube had been opened. This meant staff did not have the information needed to follow the manufacturer's instructions as to how long the product should be used once opened. The senior care staff member assured us they would request new creams and date them on opening, so those undated, but in use, could safely be disposed of.
- Staff did not follow best practices when adding information to people's MARs. Where new medicines had been prescribed, these had been hand-written on to people's MARs. However, there was no staff signature and no second signature to show the entry made on the MAR was checked as correct.

The above concerns demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Improvements had been made to the safe storage of medicines, which were kept securely and within the correct temperature range.
- Improvements had been made in staff's handling of people's medicines. We observed staff wore an apron and gloves and infection prevention policies were followed to reduce risks of cross contamination.

Assessing risk, safety monitoring and management

- Individual risks were assessed, however, management plans contained minimal information. For example, one person's falls risk management plan described the action to reduce identified risks as 'staff to direct the person'. We discussed the level of detail with the provider and they assured us a complete review of people's risk management plans would be completed before the end of October 2019 so staff had the level of detail they needed.
- Risks of individual harm or injury to people were minimised because staff knew people well and how to keep them safe. One staff member told us, "I've worked here over ten years, I know everyone really well and how to reduce any risks."
- Our observations of staff practices showed they had the skills to keep people safe. For example, when staff supported one person to walk with their frame, they reminded the person to place their feet flat on the floor and take small steps, giving reassurance and did not rush the person.

Staffing and recruitment

- There were sufficient staff on shift during the daytime. Since our last inspection improvements had been made to increase daytime care staff to three. Positive comments were made to us about this from people, relatives and staff who had all felt this had impacted them in a good way.
- Improvement had been made to ensure there were sufficient staff on shift to meet people's needs during the night shift's early morning. Night staff described early morning times as sometimes being 'chaotic'. One night staff member told us, "Dayshift care staff don't start until 09.00am, so if there is only two of us, it's too much to do. The manager has put an extra carer to start at 08.00am, but this is only six days a week and not seven." The provider told us the 08.00 staff member would be across seven days a week from September 2019 onwards.
- Improvement had been made to ensure staff recruitment files contained the information required. We looked at three staff files and the required checks had been completed prior to staff commencing their employment to make sure they were suitable.
- Some staff had worked at the home for numerous years and the provider had not undertaken any further checks to ensure staff continued to be suitable to work at the home. For example, one staff member's police check was dated 2005. The provider told us they would act on this and checks would be updated for all staff before the end of October 2019.

Preventing and controlling infection

- Some improvements had been made. For example, staff used disposable sacks for soiled pads, clinical waste bags were available, and bins were foot-pedal operated.
- There was no foul odour in the home and it was clean. Staff understood the importance of using gloves and aprons to reduce risks of the spread of infection.
- However, improvements had not been made to the maintenance of the home, which meant effective cleaning could not always take place. For example, cracked and broken tiles around sinks and damaged grouting. The provider acknowledged they had not acted on this and told us, "It hasn't been forgotten, but I have prioritised the most crucial things first. A refurbishment programme will start in September 2019, and priority will be given to those areas most in need."

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knew about the different types of abuse. They knew how to protect people from abuse and when concerns should be raised with the provider. Two staff members told us they had acted on concerns. One said, "I immediately reported an incident of abuse, the manager acted straight away."
- The provider understood their responsibilities in acting on incidents of abuse and reporting specific incidents to us (CQC) and the local authority.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection we found improvements had been made and the rating is now Good. This meant people's outcomes were consistently good and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Improvements had been made since our last inspection and staff had the information they needed about whose liberty they could legally restrict if needed.
- On this inspection, the provider demonstrated a greater knowledge about the MCA and kept details of DoLS applications, so they could keep track of applications and outcomes.
- Staff worked within the principles of the MCA and explained to people what was happening and gained their consent, for example, before supporting them with personal care.
- The provider continued to operate Closed Circuit Television (CCTV) externally and within the communal areas of the home. The provider had gained consent for this live relay and stored recording from people and or their relatives, when people moved to live at the service. 'CCTV' signage was displayed. Relatives were aware of the 'CCTV' and understood this was for 'security'. The provider had not displayed information to inform people about who could access the CCTV footage and the purpose of it. The senior care staff member assured us this information would be placed next to the 'CCTV' signage in the entrance area.

Supporting people to eat and drink enough to maintain a balanced diet

- Improvements had been made since our last inspection and people's nutritional and hydration needs were met. People were frequently offered drinks and we observed support and encouragement was provided from staff. Where people had an identified risk of not drinking enough, staff maintained a fluid chart so they could monitor people's fluid intake was sufficient.
- Improvement had been made to the presentation of food. For example, where people required their food to be a soft consistency, food items were now pureed individually and served on a plate.

- People gave us positive feedback about meals. One person said, "The food is good, I enjoy it." Whilst there was only one choice of meal displayed on the menu board, staff said other options were made available, which people confirmed to us.
- People's weight was monitored and where concerns were identified these were acted on. For example, some people had been referred to the dietician.
- The cook gave us examples of how they added extra calories to food, such as by adding butter or cream. There was 'work in progress' to ensure additional individual high calorie snacks were offered to people with an identified risk of malnourishment or having lost weight. On the second day of our visit, the cook had prepared high calorie mousse as an afternoon snack.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare professionals. Staff gave us examples of when they had sought professional healthcare guidance.
- Relatives felt improvements had been made 'over the past months' in their family members access and support to healthcare services.

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

- People had a pre-assessment before they came to live at the home to ensure their individual needs could be met.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

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

- People and their relatives told us they could personalise their bedrooms as much or as little as they wished to.
- At our last inspection, people told us they were unable to use the conservatory because it was either too hot in summer or too cold in winter. On the first day of our inspection visit, the conservatory was too hot for people to use. However, on the second day of our visit, one person enjoyed quiet time in the conservatory, with the doors open to the garden, as the summer temperature had cooled sufficiently. The provider told us they were in the process of purchasing a suitable cooler-heater unit so the conservatory could be fully utilised by people whatever the temperature.
- At our last inspection, we found the service needed maintenance and redecoration. The provider had prioritised urgent repairs and told us about further plans to refurbish the service. The provider's plans for refurbishment are further discussed in the well led domain.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection we found improvements had been made and the rating is now Good. This meant people were consistently supported or treated with dignity and respect and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Improvements had been made and staff discreetly asked people if they would like to be supported to use the toilet, for example, before lunchtime.
- Staff knocked on people's bedroom door before entering and informed the person who they were. One staff member told us, "I knock on [Name]'s door and say, 'Hello, I'm just bringing in your lunch', I don't just barge in."
- People's independence was promoted. One staff member told us, "One person has a stoma bag and has managed this well for many years, so we encourage them to do this and only support if needed."
- Staff understood the importance of keeping people's personal information confidential. Care records were stored in the office and when this was unattended the door was closed and secure.

Ensuring people are well treated and supported, equality and diversity

- People felt well cared for and made positive comments to us about staff. These included, "The staff are kind to me", And, "The staff have a laugh and joke with me, we chat and I feel happy living here."
- People consistently experienced positive interactions with staff. Improvements had been made in the approaches of staff, our observations throughout our inspection visit found staff had a caring attitude toward the people they supported.
- Staff used touch in an appropriate way. For example, one person was cared for in bed and staff held their hand whilst they chatted with the person.
- Relatives made positive comments to us about the staff. One relative told us, "Since your (CQC's) last visit, there are more staff on and it means people don't have to wait for support, the staff don't rush people and have a caring approach."

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

- People, or their relatives, were given the opportunity to share personal information in a 'This is Me' section of their care plan.
- Staff involved people in making day to day decisions about their care. Staff told us most people liked a routine and sat in the same chair in the lounge. However, we observed people were asked by staff, 'is this where you would like to sit?' and 'where would you like to go?' which gave people choices.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection we found some improvements had been made, however, further improvements were required. The rating continued to be Requires Improvement. This meant people were not consistently supported or treated with dignity and respect and involved as partners in their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed, and this information was used to create individual plans of care. However, people's plans of care were not well organised and were spread across multiple files making information hard for staff to find.
- Some improvements had been made to care records. For example, a behavioural monitoring form had been made available to staff to use when needed.
- However, further improvements were still needed to the level of detail. For example, care plans gave minimal information about people's health conditions, how they needed to be supported and information about people's holistic needs.
- Staff had worked at the home for numerous years and knew people well. Staff on shift during our inspection visit demonstrated they knew how to meet people's needs and were responsive to them. For example, whenever a person requested to be supported to use the toilet, this support was given straightaway.

Supporting people to develop and maintain relationships to avoid social isolations; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvements had been to enable people to engage with staff. Following our last inspection, the provider had increased daytime staff to three care workers. Relatives told us staff were now 'less rushed' and 'about more' to spend time with people. Staff told us this increase had been positive, one said, "Before, when there were just two staff, we'd be off doing tasks and it meant people got left alone a lot but now they don't."
- People were supported to maintain important relationships. One staff member told us, "[Name]'s daughter lives over-seas, I use my phone so they can have a skype conversation together, it means a lot to them."
- Staff offered people a choice of activities during the afternoon. One staff member told us, "We ask people what they would like to do, such as a ball catch game, hand massage or just chatting. A lot of people just like to chat." Another staff member said, "We do have a few planned activities when it's something special like a singer coming in, plus there is a monthly 'zumba' exercise session, which people like."
- During our inspection visit, minimal activities took place. This included a short session of a ball catch game for some and a nail manicure for others. However, people told us the activities offered were sufficient for them. One person told us, "I just like to sit here really and watch the staff and have a chat sometimes." Another person told us, "I like the 'zumba' when they visit, or the television."
- The provider told us they had links with a local church and a monthly service was offered which met

people's current pastoral care needs. One person told us, "I like the singing with the church service."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability.

- Since our last inspection, the provider had displayed some signage. For example, so people knew where the toilet was located. Personalised photograph boxes were displayed outside peoples' bedroom doors to help people orientate.
- However, the provider acknowledged this was an area that required 'more work to be done once'. They said, "Once all the more urgent improvements have been made, we can start to look at this area."

Improving care quality in response to complaints or concerns

- The provider displayed their written complaints policy and relatives said they had the information they needed should they have cause to complain. The provider told us they had not received any complaints since our last inspection, but if they did, these would be investigated.
- The provider did not have an AIS complaints policy and was aware some people may not be able to access the written format currently displayed. A senior care staff member told us this was something they would put into place.
- People and relatives told us they had no complaints. Staff told us if a person or relative had a complaint about something, they would try to sort it out.
- Prior to our inspection visit, a concern had been shared with us in relation to one person's bedroom being used as the 'hair salon' room each week for all people having their hair cut or styled. When we discussed this with the provider, they told us they were aware of the current arrangements, however, assured us this would be changed immediately.

End of life care and support

- The home did not offer nursing care. However, the provider aimed to support people's wishes to remain at the home for end of life care whenever possible, in line with people's wishes and with external healthcare professional support.
- People's wishes were not recorded in their care plans and a senior care staff member told us, "It's something we might need to get better at. We have two people at the moment who are very frail." The provider said, "We would always have conversations with relatives at the relevant time, though some people find it a very difficult area to discuss in advance."
- When people had made advanced decisions about their healthcare including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was recorded in their care records. Staff understood what these meant and in what situations they would be applicable.

Is the service well-led?

Our findings

At the last inspection this key question was rated as Inadequate and some regulations were not met. At this inspection, we found some improvements had been made and these needed to be embedded and sustained. Further improvements were required, and we found a continued breach of the regulations. We gave a rating of Requires Improvement. This means the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality person-centred care.

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

- The provider's governance systems in place to monitor the quality and safety of the service continued to require improvement. The provider had undertaken assessments on staff's competencies in moving and handling and medicine administration. However, the provider continued to delegate checks on medicines management, infection control and risks related to people's safety and welfare to senior care staff. Whilst these checks were completed, they did not identify issues we found. For example, issues with the management of medicines which we have reflected on in our safe domain. There was no evidence the provider had any oversight of these or undertook their own audits to ensure staff's checks identified where improvements were needed.
- The provider had not acted in a timely way to address shortfalls in the safety and quality of the service. For example, at our last inspection people had told us they wanted to use the conservatory but could not do so because it was either too hot or too cold. At this inspection, the provider told us they were 'in the process' of purchasing a cooler / heater so the conservatory could be used.
- At our last inspection we had found staff were not suitably supported by the provider. In the provider's absence there was no managerial oversight or support to staff. At this inspection we found the provider had not made any changes. Following our discussions about managerial oversight in their absence, the provider told us one senior care staff member had agreed to accept the position of deputy manager and would commence this role in September 2019.

The above concerns demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements.

- The rating from the provider's last inspection was not displayed, as required. The provider confirmed they were aware this was a legal requirement but had not acted on this. However, they told us they had shared information about our last inspection visit with people and relatives, and this was confirmed to us by people.

On the second day of our inspection visit, the provider had displayed their ratings display in the entrance

area of the home.

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

- People and their relatives had opportunities to complete feedback surveys, and these was positive.
- Improvement had been made to offer meetings, so feedback could be given. For example, a 'resident and relative' meeting had taken place which people were involved with. The provider had commenced staff meetings so important information could be shared.
- Staff told us they felt supported by the provider. One staff member told us, "Since you were last here, things have improved a lot. We needed to improve, with three care staff now each day shift, we've been able to do that. Also, repairs get done quicker now, the environment is starting to improve as well. Staff feel more supported by the manager because she is here more often now."

Working in partnership with others

- The provider worked in partnership with others. For example, with the fire service and local authority who had also undertaken quality monitoring visits and identified where improvements were required to the provider.

Continuous learning and improving care

- The provider had recognised improvements were required to ensure they delivered a safe and quality service. They told us, "The local authority have given me details of a leadership course that I will start in November 2019."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users.</p> <p>The provider had not ensured the proper and safe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider did not take timely actions to mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p>