

Mission Care Homefield

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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 17 and 18 May 2016 and was unannounced. At our last comprehensive inspection of this service on 22, 23 and 25 September 2015 we found breaches of legal requirements because risks to people had not always been identified or assessed, and action had not always been taken to manage identified risks safely. People had not been protected from the risk of malnutrition and systems in place to monitor risks were ineffective.

We took urgent enforcement action in response to these concerns and imposed a condition on the provider's registration, requiring them to send us information on a weekly basis to demonstrate that the service was monitoring and reducing the level of risk to people. We also rated the service Inadequate for the key question 'Is the service safe?' The provider has since met the conditions of their registration and submitted the information to us demonstrating how risks to people were being safely managed.

We also found further breaches of regulations because staffing levels did not meet the provider's assessed level of need and an allegation of abuse had not been shared with the local authority safeguarding team.

At this inspection we found that the provider had taken action to address the breaches we had previously identified. However we found a further breach of regulations because whilst staff sought consent when offering support to people and understood the requirements of the MCA, people had not always been lawfully deprived of their liberty in line with legal requirements. You can see the action we have told the provider to take in respect of this breach at the back of our report.

Homefield provides accommodation, nursing and personal care for up to 44 older adults in Bickley, Kent. At the time of our inspection the home was providing support to 38 people. The home did not have a registered manager in post although the current manager was in the process of applying for the role. 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.

We found that risks to people had been assessed and monitored and staff had taken action to manage risks safely. The provider had systems in place to monitor and mitigate risks to people but improvement was required to ensure audits of people's care plans consistently identified errors. People were supported to maintain a balanced diet and risks associated with malnutrition were safely managed.

There were now sufficient staff to meet people's needs, although improvement was required to ensure they were effectively deployed at all times within the service. Appropriate recruitment checks were in place to ensure applicants were suitable for the roles they were applying for, although improvement was required to ensure that any gaps in applicants' employment histories had been considered by the service

Staff received training and supervision in support of their roles and told us this support gave them the skills to meet people's needs. People were protected from the risk of abuse because staff knew the action to take if they suspected abuse had occurred.

People had access to a range of healthcare professionals in support of their health and well-being when required. Medicines were safely stored and people received their medicines as prescribed. Accurate records were maintained of the administration of people's medicines but improvement was required to ensure people's medicines care plans were reflective of their current needs.

Where people lacked capacity to make specific decisions about their care staff, relatives and healthcare professionals, where appropriate had been involved in making the decisions in people's best interests.

People told us that staff were kind and considerate. Staff treated people with dignity and respected their privacy. People were involved in making day to day decisions about their care and staff respected their choices. They had individual care plans in place which had been developed by staff based on an assessment of their needs and feedback about their preferences.

The provider sought feedback from people and relatives which they used to drive improvements within the service. People told us they felt improvements had been made under the new manager and staff told us that the management team listened to them and provided them with support when required.

People and relatives knew how to raise concerns and told us they were confident that any issues they had would be addressed promptly and appropriately.

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.

There were sufficient staff to meet people's needs but improvement was required to the way in which staff were deployed within the service.

The provider followed safe recruitment processes but improvement was required to ensure any gaps in staff members' employment histories had been consistently explained.

Medicines were safely stored and administered. Accurate records were maintained of medicines administration but improvement was required to ensure people's medicines care plans were reflective of their current needs.

Risks to people were identified and monitored. The provider took action to reduce risks to people. People were protected from the risk of abuse. There were arrangements in place to deal with emergencies.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff sought consent when offering support to people.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) to ensure most decisions were made in people's best interests where they lacked capacity. However, legal authorisation had not always been sought to deprive people of their liberty using the Deprivation of Liberty Safeguards (DoLS) and conditions placed on people's DoLS authorisations had not always been met.

People's dietary needs were assessed and monitored. They enjoyed the food on offer and were supported to maintain a balanced diet.

People had access to a range of healthcare professionals where required and staff supported people in line with any advice they received.

Requires Improvement ●

Staff received training and supervision in support of their roles which enabled them to support people effectively.

Is the service caring?

Good ●

The service was caring.

People and relatives were involved in day to day decisions about their care and support.

People told us staff were kind and compassionate. We observed caring interactions between staff and the people they supported.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People and relatives, where appropriate were involved in developing and reviewing their individual care plans. Staff demonstrated a good knowledge of the people's needs and were aware of their preferences in their daily routines.

People were supported to engage in a range of activities that met their needs and reflected their interests.

The provider had a complaints procedure in place which gave guidance to people on how to raise concerns. People and relatives were confident that any complaints they raised would be dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had quality assurance systems in place which reduced risks to people but further improvement was required to ensure audits consistently identified all issues within people's care plans.

People and relatives comments positively about the leadership of the service and told us improvements had been made.

The provider sought people's views about the service and used feedback to drive improvements within the service.

Homefield

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 17 and 18 May 2016 and was unannounced. The inspection team consisted of two inspectors on the first day with one inspector returning to complete the inspection on the second day. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we looked at the information we held about the service. This included the PIR, information from any notifications and weekly audits submitted to CQC by the service. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioners for their views about the service and sought feedback from the local Clinical Commissioning Group (CCG).

During the inspection we spoke with seven people, six relatives, and nine staff including the manager and the nominated individual. We used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at seven people's care records, five staff recruitment records, staff training and supervision records and other records related to the management of the service such as minutes of meetings, audits and maintenance records.

Is the service safe?

Our findings

At our last inspection on 22, 23 and 25 September 2015 we found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because risks to people's health and safety had not always been correctly identified, and action had not always been taken to protect people from the risk of malnutrition. We took urgent enforcement action and imposed a condition on the provider's registration, requiring them to send us information on a weekly basis to demonstrate that the service was monitoring and mitigating these risks to people. The provider had complied with the condition since that time in order to meet the requirements of their registration.

At this inspection we found that improvements had been made and that the requirements of the regulation had been met. Risks to people had been assessed and monitored in areas including malnutrition, skin integrity, moving and handling, falls and the use of equipment such as bed rails. We saw that action had been taken to reduce identified risks. For example, where people had lost weight we saw referrals had been made to a dietician and their advice had been added to people's care plan to help guide staff to reduce further risk. In another example, we saw pressure relieving equipment was being used and people had been repositioned on a regular basis where their skin integrity have been identified as an area of risk.

Staff were aware of the areas in which people were individually at risk and could describe how they managed these risks safely. For example, staff were aware of which people were at risk of choking and could describe the support they required to eat and drink safely, such as how they should be positioned, how their meals should be prepared, and the consistency of their drinks.

There were arrangements in place to deal with emergencies. Staff told us they had conducted regular fire drills and had practised using evacuation equipment. They were aware of the action to take in response to a fire or a medical emergency. People had Personal Emergency Evacuation Plans (PEEPs) in place which provided information about the level of support they required in the event that an evacuation was required.

At our last inspection on 22, 23 and 25 September 2015 we found a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because staffing levels were not always sufficient to meet people's needs.

At this inspection we found that staffing levels were sufficient to safely meet people's needs, although improvement was required around the way staff were deployed within the service. People and relatives had mixed views about staffing levels. One person told us, "You can always find someone to help you if needed." A relative said, "Staff are always here to provide support." However another relative raised concerns about staffing levels at weekends although they were not aware of any impact this had on the provision of care. A third relative told us, "The care is very good on limited staff." Staff we spoke with told us they thought the service would benefit from an increased number of staff but they confirmed that people received the care and support they required when they needed it.

Senior staff explained that staffing levels were regularly reviewed and would be adjusted if people's needs

increased. They told us that the activities co-ordinators' roles had been updated to include the provision of care support at key times, in order to better meet people's needs and that one to one support had been arranged for people with a high level of need in order to keep them safe. Records showed that the number of care staff on duty at weekends was consistent with the number on duty during the week, and the staffing rota was reflective of the assessed staffing need. Where agency staff had been used, we saw that effort had been made to use the same agency workers who were familiar with the people they were supporting.

However, during a lunchtime meal we noted that some people had to wait for up to an hour after taking their seats to be served and supported with their meals whilst staff supported other people in the dining area or in their rooms. The provider told us that this delay was unusual as the level of support people required varied from day to day. They confirmed they would look at how staffing availability to support people's mealtime experience could be better managed to reduce waiting times, although we were unable to check on this at the time of our inspection.

Recruitment checks were made on staff before they started work at the service to ensure their suitability for the roles they were applying for. We saw checks had been carried out on new staff including confirmation of their identity, police and character checks, confirmation of their right to work in the UK and registration checks for nursing staff to confirm they were registered with the appropriate professional body. Staff files also contained completed application forms which included details of the applicant's work history. However, improvement was required because we found a written explanation had not been obtained for the gaps in one applicant's work history as required under the regulations to ensure they had an acceptable explanation for the period without work. We spoke to the provider about this and they told us they believed this was an isolated error which they would address, although we were unable to check on this at the time of our inspection.

At our last inspection on 22, 23 and 25 September 2015 we found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because allegations of abuse had not always been raised for consideration with the local authority safeguarding team in order to ensure people were protected. At this inspection we found people were protected from the risk of abuse.

People and their relatives told us they felt safe at the service. One person told us, "Of course I am safe here. Much safer than I was at home." A relative described their loved one as being "well looked after and safe here." Another relative said, "We're happy with the care and have no concerns."

The provider had a safeguarding adults policy in place which provided guidance for staff on how to protect people. Records showed that staff had received safeguarding training and where refresher training was due we saw that this had been scheduled.

Staff we spoke with were aware of the different types of abuse that could occur and knew the action to take if they had concerns about people's safety. They told us they would report any safeguarding concerns they had to the manager of the service and were aware of the need for the service to report any such concerns to the local authority safeguarding team. They also told us they would follow the provider's whistle blowing procedure if they felt sufficient action had not been taken by the service in response to any concerns they raised, although they had confidence that the management team would follow up any allegations appropriately. The manager confirmed they were the safeguarding lead for the service and understood the requirements of their role in safeguarding adults.

Medicines were safely managed. Medicines were stored securely in locked medicines trolleys within a secure medicines room when not in use. Daily checks had been conducted to ensure medicines were stored at a

safe temperature so that they remained effective and safe for use. The provider had appropriate processes in place for receiving and disposing of medicines within the service. Staff responsible for administering medicines had received training and been assessed to ensure they were competent to do so.

People's medication administration records (MARs) included a copy of their photograph and details of any allergies they had to reduce the risks associated with the administration of medicines. The MARs showed that people had received their medicines correctly as prescribed, with each administered dose signed for by staff. Staff were also aware of the action to take in the event of a medicines administration error to ensure risks to people were minimised. Relatives we spoke with told us they were not aware of any issues with people's medicines and that they were administered at the correct times.

We found one person's medicines care plan incorrectly identified them as receiving medicines covertly. We spoke to staff about this and they confirmed the person concerned now took their medicines willingly because they had been prescribed in liquid form. We confirmed that the person had been receiving their medicines as prescribed. Nursing staff updated the person's care plan during our inspection to ensure it provided correct guidance on how to support the person with their medicines.

Is the service effective?

Our findings

At our last inspection in 22, 23 and 25 September 2015 we found a breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because people's nutritional needs were not always being met. Staff were not always aware of who required fortified diets and people did not always receive dietary fortification in line with their assessed needs. We took enforcement action and imposed a condition on the provider's registration, requiring them to send us information on a weekly basis to demonstrate that the service was monitoring and mitigating the risk of malnutrition in people living at the home. The provider had complied with the condition since that time in order to meet the requirements of their registration.

At this inspection we found that improvements had been made and people's nutritional needs were being met, and the requirements of the regulation had been met. People and their relatives commented positively about the food. One person told us, "I enjoyed my dinner." A relative explained that their loved one required a pureed diet due to them being at risk of choking which they said was "always nicely presented." They also confirmed, "There are always plenty of drinks served during the day."

Staff were aware of people's dietary needs, for example who required meal fortification to supplement their diets or who required pureed diets because they were at risk of choking. They confirmed that they supported people in line with their needs to ensure they had sufficient to eat and drink. Kitchen staff had written information in place about people's dietary needs, including details of the type of diet each person required as well as details of any allergies they had. Kitchen staff we spoke with knew to prepare meals to meet people's specific dietary needs. For example, they knew who required a high protein diet in order to promote faster wound healing, and confirmed that they prepared meals accordingly, ensuring the person received additional eggs and meat as part of their diet. This helped ensure dietary risks were managed effectively and that people received nutritional intake in line with their assessed needs.

The manager explained that the menu was planned based on feedback received from people and we saw that there was a choice of meals on offer each day. They told us they would accommodate people's choices wherever possible. The menu was available in a pictorial format to help support people to make choices about what they ate. People did not always comment directly on the menu but one person told us they would like more fish. We spoke to the provider about this and they told us it was something they would look at implementing, although we were unable to check on the outcome of this during our inspection.

We observed staff supporting people sensitively and calmly during mealtimes. Staff provided one to one support where required and we noted that they offered people choices and worked without rushing even at times when it was busy. We saw alternative options were offered to people where they expressed no interest in the food that had been served to them and that staff communicated well with each other about people's food intake during the day to ensure people were eating sufficient amounts. We also noted that where appropriate people had plate guards fitted to their plates which helped promote their independence whilst eating.

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 application procedures for this in care homes and hospitals are 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 were being met.

At our last inspection in 22, 23 and 25 September 2015 we found that some improvement was required because it was not always clear what specific decision mental capacity assessments related to where people had been assessed as lacking capacity. The provider told us they would remove non decision specific mental capacity assessments from people's files during the inspection. At this inspection we found that non decision specific assessments had been removed.

Staff had received training on the MCA and were aware of how the requirements of the legislation applied to their roles. Records showed that people's mental capacity had been assessed around specific decision making areas, for example, the use of bed rails or lap belts when using a wheelchair. Where people had been assessed as not having capacity to make these decisions, we saw they had been made in their best interests, involving relatives and/or healthcare professionals where appropriate, in line with the MCA.

However, we found that people were not always lawfully deprived of their liberty because authorisations had not always been sought under DoLS where people had been assessed as having their liberty deprived by the service for their own safety. People's care records included DoLS screening checklists which had been completed by staff. These identified whether people met the conditions under which a DoLS authorisation would be required. We found examples of DoLS authorisations having been appropriately requested and granted in the care files we reviewed. However, we also found one example where a person had been assessed by the service as requiring a DoLS authorisation, but the manager told us that a DoLS application had not been made. They explained that this was to reduce the burden on the supervisory body responsible for authorising DoLS applications, although we noted that it had been several months since the assessment had been made that a DoLS authorisation was required. This meant that the person was currently being unlawfully deprived of the liberty.

We also found that a condition placed on one person's DoLS authorisation, requiring the provider to submit quarterly monitoring forms to the authorising local authority, had not been complied with because staff were not aware that the condition was in place. The failure to comply with this condition meant the person was not being deprived of their liberty in line with the conditions under which the authorisation was made.

These issues were a breach of regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us they sought consent from people when offering them support and respected their wishes if they declined assistance. One staff member told us, "You can't force people to do things against their will." We observed staff offering people choices and respecting their decisions during our inspection. For example, one staff respected one person's decision not to take a food supplement on one of the mornings of our inspection but successfully got the person to agree to take the supplement a short while later.

People were unable to provide their views on staff competency at the service but relatives told us that staff had the necessary training and skills to provide effective care and support. One relative said, "They do seem to understand what to do for people who have dementia." Another relative told us, "I'm happy with the support they provide [their loved one]."

Staff received training considered mandatory by the provider in areas including dementia care, first aid, fire safety, infection control, moving and handling, and safeguarding. We saw the provider had a training programme in place and where staff were due refresher training in mandatory areas, courses were scheduled in the upcoming weeks. Staff we spoke with confirmed that they'd had sufficient training to enable them to carry out their duties in supporting people safely and effectively. They told us that the provider encouraged learning and one staff member commented that they would welcome further training "as there are always ways to improve care for people by learning more."

New staff members undertook an induction which included completing the training considered mandatory by the provider as well as familiarisation with the service and the provider's policies and procedures. Staff also confirmed that new starters spent a period of time shadowing more experienced colleagues which enabled them to learn how to support people in a way that met their individual needs and preferences.

Staff also confirmed that they received regular supervision in support of their roles. One staff member told us, "Supervision is helpful as it allows me to share my views and receive direction from my manager." The manager confirmed that staff would receive supervision on a quarterly basis and records showed that all staff had received supervision in the previous three months since the manager had started work at the service. She also confirmed that staff would receive an annual appraisal of their performance and we saw plans in place for appraisals later in the year, once the manager had got to know the staff, although we were unable to check on this at the time of our inspection.

People had access to a range of healthcare professionals when required in order to maintain good health. Records showed that people had access to healthcare services including a GP, speech and language therapist, dietician, podiatrist and tissue viability nurse when required. Staff we spoke with commented positively about the good communication they had with healthcare professionals. One staff member told us, "We see a prompt response when referring people for services and work well as a team to provide good care to people."

Is the service caring?

Our findings

People spoke warmly of staff and described them as kind and caring. One person said, "This is quite a good place; the staff are kind, the food is good." Another person told us, "The staff do their best." A relative commented, "The staff are really helpful and always welcoming." Another relative said, "My (family member) is looked after really well."

We observed staff interactions with people to be caring and compassionate throughout our inspection. For example, we saw one member of staff moving promptly to support someone who was displaying non-verbal signs of discomfort and that their support was received positively. We also noted that conversations between staff and people were friendly and good humoured.

It was evident from the way in which staff engaged with people that they knew them well. Staff we spoke with demonstrated a good knowledge of people's life histories and their preferences in the way they liked to be supported. One staff member explained that they regularly worked on the same floor at the service which enabled them to become more familiar with the people they supported in order to better meet their needs.

Staff respected people's privacy and promoted their dignity. Staff we spoke with described how they worked to ensure people's privacy was respected, for example by knocking on people's doors before entering their rooms, and ensuring doors and curtains were closed whilst supporting people with their personal care. Relatives confirmed that people's privacy was respected. One relative told us, "I've never seen anything that's given me concern about [their loved one's] privacy." People were also supported by staff to maintain their independence.

People were involved in making decisions about their day to day care and support. We observed staff offering people choices and seeking feedback on their preferences when they offered support. People were given time to make decisions and were not rushed. Relatives confirmed that they had also been involved in decision making where appropriate. One relative explained that they had sat down with staff on admission to go through their loved one's likes and dislikes so that staff were aware of how to support them in a way they preferred. They told us, "The staff here have been very considerate with us and [their loved one]."

People's end of life wishes had been considered and planned for by the service. Do not attempt cardiopulmonary resuscitation forms had been completed with the GP in consultation with people or their relatives where appropriate. We saw that meetings had also been held with people and their relatives to discuss their wishes should their condition deteriorate, so that their end of life preferences could be met by the service. One relative told us, "We discussed end of life planning with staff when [their loved one] moved in and I felt it was dealt with in a sensitive manner."

Staff had an understanding of people's needs with regards to their disability, race, religion, sexual orientation and gender. The manager and staff confirmed that all aspects of people's diverse needs were considered by the service. We saw that regular spiritual support was available to people where requested, including religious services and a bible study group.

Is the service responsive?

Our findings

People were not able to comment on whether they'd been involved in discussions about their care planning but relatives told us that care plans had been discussed with them on a regular basis. One relative said, "They [the staff] sat down with us and we talked through all of [their loved one's] needs." Another relative told us, "They are good at keeping me informed about any changes to my family member." Staff confirmed they held regular meetings with people and their relative where appropriate to discuss care planning which help ensure people's individual needs were met.

People's needs were assessed on admission to the home and care plans had been developed based on that assessment. We saw care plans had been developed to meet people's needs in areas including nutrition, personal hygiene, mobility, skin integrity and communication. Plans had been reviewed by staff on a monthly basis and we saw that people and their families, where appropriate had also been involved in regular reviews to ensure the plans remained reflective of people's current needs and preferences.

People's care plans also contained information about their life histories, likes and dislikes, and the things that were important to them. Staff we spoke with were aware of the details of people's care plans and could describe their preferences in their daily routines. They told us they encouraged people to be as independent as possible in their daily lives, for example whilst eating or when supporting them with personal care. Relatives told us they were happy that support was being provided to people in line with their care plans. One relative said, "I have no complaints; [their loved one] is always clean and well-presented when I visit. We're happy with the care."

People were supported to participate in a range of activities which met their needs for social interaction. Activities on offer at the service included arts and crafts, baking, puzzles, pampering sessions and gardening. Trips out had also been arranged by the service to museums, garden centres and other London attractions, although not everyone was able to benefit from these due to their conditions. An activities co-ordinator at the service also confirmed that entertainment was regularly arranged at the service, for example music or comedy.

People were supported to maintain the relationships that were important to them. Staff told us that visitors were welcome at any time and relatives we spoke with confirmed they were able to visit whenever they wished. One relative told us, "We're welcome to come and go as we please. The staff are very open; they've even showed us where we can make our own drinks if we wish while we're here." Another relative said, "I live close by and can visit when I want."

The provider had a complaints policy and procedure in place which was on display within the service so that it was readily available. This provided information to people and relatives on how any concerns they raised would be investigated, including details of the expected timescales for response and how people could escalate their concerns if they were unhappy with the outcome of the investigation.

Relatives told us they knew how to raise a complaint and were confident that any concerns they raised would be addressed appropriately. One relative explained that they had previously made an informal

complaint which was addressed promptly and to their satisfaction. Records showed that the service had received one formal complaint in the time since our last inspection which related to a faulty piece of equipment. The complaints log showed the issue had been investigated and addressed, and staff we spoke with confirmed the faulty equipment had had been promptly repaired.

Is the service well-led?

Our findings

At our last inspection in 22, 23 and 25 September 2015 we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because the quality assurance systems the provider had in place were not effective and did not always identify issues in the care people received or drive improvements at the service. We took enforcement action and imposed a condition on the provider's registration, requiring them to send us information on a weekly basis to demonstrate that the service was monitoring and mitigating risks to people. The provider had complied with the condition since that time in order to meet the requirements of their registration.

At this inspection we found improvements had been made and that the requirements of the regulations had been met. However, whilst we noted that the audit process used by the provider had led to significant improvements to the way in which risks to people had been assessed and care planned, we found further improvement was required because a recent audit of one person's care plan had failed to identify that their medicines care plan was no longer reflective of their current needs. We also found that the current systems used by the provider to monitor people's support failed to identify when conditions had been placed on people's Deprivation of Liberty Safeguards authorisations. Additionally the provider had not identified or acted upon the issues we found relating to staff deployment during mealtimes which was an area they agreed to review as a result of our inspection to ensure people received timely support once seated in the dining areas. Therefore further improvement was still required to ensure the quality assurance systems in place were effective in consistently identifying any issues or improvements in people's care planning.

The provider had conducted weekly audits of people's care plans as required by the conditions of their registration. We saw action had been taken to address any issues identified during the audit process. For example, we saw a dietician referral had been made for one person in response to the findings of an audit and that staff were following the advice they had subsequently received to reduce the risks associated with malnutrition. In another example we saw an audit had identified that a mental capacity assessment had not been conducted for one person relating to the use of a lap belt when using a wheelchair. The assessment had subsequently been conducted and best interests meeting held to ensure the person's rights were being held in line with the Mental Capacity Act 2005.

The provider also undertook audits and checks in a range of other areas including medicines, health and safety and infection control. Regular checks had also been made on equipment used when supporting people, for example hoists and pressure relieving mattresses which helped to ensure they remained safe and effective for use. We also saw environmental checks had been made and action taken in response to any identified issues. For example, action had been taken to replace signs in response to concerns identified in a recent fire risk assessment. The provider was also in the process of having work on the building's electrical system completed to address deficiencies at the time of our inspection.

There was a new manager in post at the time of our inspection who was in the process of applying to become the registered manager. They told us that they already had experience of being a registered manager and demonstrated a good understanding of the requirements of the role and their responsibilities

with regards to the Health and Social Care Act 2008.

People were not always able to comment of whether the service was well-led. However, whilst some relatives expressed concern about the departure of the previous registered manager, they also told us that the new manager had displayed good leadership at the service since starting. One relative described the manager as "more efficient". They told us, "If she doesn't know the answer to something, she will find out and let you know." Another relative told us that the manager had promptly responded to a request for new chairs to be installed at the service, which is something they said they had been asking for "for years". We saw the new chairs were already in place and the manager confirmed they were waiting for more to be delivered.

Staff spoke positively about the leadership at the service. One staff member commented that the management team should listen to staff more but then acknowledged that the manager had listened to their concerns about one person at the service and taken action to address the issue. Another staff member told us, "There have been a lot of changes at the service since our last inspection and things have improved." A third staff member said, "It's early days but there have been lots of changes and the team work is much better." Other staff also commented positively about team working and communication within the service. They told us that the management team were approachable and supportive of them in their roles.

Staff confirmed they held handover meetings between each shift in order to share information about people's daily needs, or changes in their condition. We saw regular staff meetings were held to discuss the running of the service and consider areas requiring improvement. For example, staff told us that there had been discussions at meetings on how communication in the service could be improved and how people's nutritional needs could be better managed which was an area in which we found improvements had been made.

People and their relatives were able to give their views about the service through residents and relatives meetings and by completing an annual survey. We saw areas discussed at recent meetings had included options to improve the décor within the service, the implementation of breakfast bars on each unit so that toast and hot drinks could be made and promptly served, and options to replace the flooring on some units. We saw steps had been taken to make improvements in each of these areas. Meeting minutes also showed people and relatives felt there had been positive improvements within the service and this was reflected in the findings of the last survey which contained positive feedback in all areas.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	People were not always lawfully deprived of their liberty. Regulation 13(1)(5).
Treatment of disease, disorder or injury	