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Windsor Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

In June 2016 we carried out an inspection of this home and found 10 breaches of regulation. At the last inspection of this service in October 2016 we found there were continuing breaches in relation to six regulations. These related to management medicines, risk management, people's capacity to consent to care, staff training, nutrition, personalised care and the governance of the service. The provider had an action plan about how the matters would be addressed and was working towards those improvements.

We carried out an unannounced inspection on 14 December 2016 and another visit on 15 December 2016. Windsor Care Home provides nursing and personal care to people, including people who may be living with dementia. The home is registered for 73 places.

During this inspection we found the provider was continuing to breach four regulations. Medicines were still not managed in a safe way. This was because some people's medicines had not been ordered in a timely way so had become 'out of stock'. Also records had not been completed correctly placing people at risk of medicine errors. Some people's capacity to make decisions was not always assessed in line with legal requirements, although this was an area that was improving.

Some staff had not completed the appropriate training to enable them to carry out their roles effectively, although this was an area of on-going improvement. Some necessary training had been provided and more was planned, but there was still no evidence to show whether nurses had completed training in nursing tasks such as catheter care or end of life care.

As a consequence of the continuing breaches we also concluded the provider's quality assurance systems were not effective in making sure people received a safe and good quality service. For example, although the provider's checks had identified shortfalls in the safe management of medicines these had not resulted in improvements.

A manager had been in post since September 2016 and was in the process of applying for registration. 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.

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

During this inspection we found the provider had made improvements to two regulations. People now received the right support with their nutrition and hydration needs. Also care was now planned to meet people's individual needs and risks to people's safety were now assessed and managed.

People said they were comfortable and felt safe at the home. Staff understood how to report any concerns

and were confident these would be dealt with by the manager. There were enough staff on duty to support people. Staff had been recruited in a safe way to make sure they were suitable for their role.

Relatives felt staff were becoming competent in their roles and they had more confidence in the service. Staff felt supported by the management team. They now had individual supervision sessions with a supervisor to assist them with their professional development.

People and relatives told us staff were kind and caring. Staff were respectful and helpful when supporting people. There were friendly good relationships between staff and the people who lived there, and staff took time to sit and chat with people.

People and visitors felt the range of activities had improved and there were now two activities staff to provide daily social events. More one-to-one activities were being developed for people who were bedfast or preferred to spend time in their own rooms.

People were kept informed about the service at monthly meetings and were asked for their views about how the home could improve. They had information about how to make a complaint or comment and these were acted upon. People, relatives and staff felt they could talk with the manager at any time and said they were approachable and "on the ball".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe.

Medicines were not always managed safely for people and records had not been completed correctly.

There had been improvements in how risks to people's well-being were assessed so staff had guidance about how to manage or minimise those risks.

Safeguarding concerns were listened to and dealt with.

There were enough staff on duty and they had been recruited in a safe way to make sure they were suitable for their role.

Is the service effective?

Requires Improvement

The service was not effective.

There were more opportunities for staff training and support although this was on-going area for improvement.

Assessments about some people's capacity to consent to their care had improved but for other people this was still an area for further development.

There had been improvements to the way people were supported to meet their nutritional and hydration needs in a safe way.

Is the service caring?

Good

The service was caring.

People and relatives felt staff were kind and friendly.

People were given time to go at their own pace and were not rushed when being assisted.

Staff were attentive and helpful when supporting people with their care needs.

Is the service responsive?

Requires Improvement

The service was responsive.

People's care records had improved so these now included the right guidance for staff about each person's specific needs. We will check these improvements are sustained over time.

There was a range of activities for people to participate in to support their social care needs.

The service had a complaints procedure in place and people felt their comments were listened to and acted upon.

Is the service well-led?

Inadequate

The service was not well led.

The provider's quality assurance system was not effective because identified shortfalls had not led to improvements being made.

The manager was not yet registered with CQC. People and staff said the management team was open and approachable.

People, relatives and staff felt they were now asked for their views and could make suggestions about the service.

Windsor Care Home

Detailed findings

Background to this inspection

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

This inspection was carried out on 14 December 2016 and was unannounced. The inspection team included an adult social care inspector, a pharmacy inspector, an inspection manager, a specialist advisor 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. The expert had experience of care homes for older people who were living with dementia.

A second, announced visit was carried out on 15 December 2016 by one adult social care inspector.

Before our inspection, we reviewed the information we held about the service including notifications about any incidents in the home. We asked commissioners from the local authority and health authority for their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with five people living at the home and eight relatives. We spoke with the manager, deputy manager, a nurse, two senior care workers, six care workers, members of housekeeping staff, two activities co-ordinators and members of catering staff. We also spoke with the provider and a care consultant.

We observed care and support in the communal areas and looked around the premises. We also observed a lunchtime meal to help us understand how safely people's nutritional health was managed. We viewed a range of records about people's care and how the home was managed. These included the care records of nine people, medicines records of 16 people, training records and quality monitoring reports.

Requires Improvement

Is the service safe?

Our findings

At the previous inspections in June and October 2016 we found the arrangements for the management of people's medicines were not always safe. During this inspection we found the management of medicines was still not safe.

Records relating to medicines were not completed correctly placing people at risk of medication errors. Medicine stocks were not properly recorded when medicines were received into the home or when medicines were carried forward from the previous month. This is necessary so accurate records of medicines are available and staff can monitor when further medicines would need to be ordered. We also found gaps in the records we looked at where staff had not signed for the administration of medicines. For medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. When a non-administration code was used, it was not always clear why the medicine had not been given. We also saw that care staff applied some creams, however application records were incomplete. It was therefore not always possible to confirm if care staff gave people their medicines as prescribed.

When we checked a sample of medicine stock alongside the records for seven people, we found that eleven of their medicines did not match up. This meant we could not be sure if people were having their medicines administered correctly. Three medicines for two people were not available. This means that appropriate arrangements for ordering and obtaining people's prescribed medicines was failing, which increases the risk of harm.

For a medicine that staff administered as a patch, a system was in place for recording the site of application; however, staff had not fully completed this for two people whose records we looked at. This is necessary because the application site needs to be rotated to prevent side effects.

Some people had medicines administered covertly. This is when medicines are given in food or drink to people unable to give their consent to treatment. We saw the GP had authorised covert administration (adding medicines to food) for people who did not have capacity and were refusing essential medicines. However, the information on how the medicine should be administered was not clear. There was no information to confirm that guidance had been sought from the pharmacist to make sure that these medicines were safe to administer in this way. This information would help to ensure people were given their medicines safely when they were unable to give consent.

We found that where medicines were prescribed to be given 'as required' there was not always guidance to inform staff about when these medicines should and should not be given. Whilst the nurses and senior care staff were able to tell us how the medicines were given, this information was not recorded in detail for individual people. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way.

These matters were a continuing breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014

At the previous inspections in June and October 2016 we found there were not always assessments and information about people's significant areas of risk. For example some people had difficulties with swallowing but at that time there were no risk assessments about their risk of choking. During this inspection we found improvements. Each person had been reassessed for any areas of individual risk. There were now risk assessments for each person about their individual needs including mobility, nutrition, skin pressure care and continence. The risk assessments were detailed and included control measures to reduce the risks. This meant staff now had clear information about risks and the action they needed to take to minimise them.

The manager had a reporting system in place to analyse accidents in the home. This was to make sure any risks or trends, such as falls, were identified and managed. Reports of any incidents were also analysed and we saw this included the details of any actions taken. For example, three injuries to staff due to the behavioural needs of one person had led to a referral to the challenging behaviour team to support the staff to help the person to manage their behaviour.

Staff told us, and records confirmed that the home's maintenance member of staff carried out health and safety checks around the premises, including fire safety and hot water temperature checks. There were also personal evacuation plans for each person who lived there.

People said they felt safe living in the home. One person told us, "I've made it my home." We found a calm and relaxed atmosphere in the home throughout the day. One visitor said she felt her relative was safe when staff were using the moving and assisting equipment including their stand-aid hoist. They said this felt much safer than the person doing it on their own. Stand-aids are hoists that help people get up from chairs, beds and toilets.

The staff we spoke with said they were able to speak about any issues with the manager and were confident these were dealt with. Staff were aware of safeguarding and whistleblowing procedures. Three quarters of the staff team had completed training in safeguarding adults and there were plans for remaining staff to update this training. Supervision sessions with individual staff members included a set discussion item about safeguarding protocols. This meant all staff were regularly reminded of their responsibilities in this area.

There had been one safeguarding incident since the last inspection which related to a person who had left the building when a rear exit had been left open. This matter was reported to the local authority safeguarding team and the provider was taking actions to ensure greater security in the home.

All the people we spoke with said staff responded quickly when they were needed. One visitor said "When I press the button, they are there as quick as they can." Staff told us there were enough staff on duty to meet people's physical and social needs. We saw there were care staff in each of the lounges so they could attend to people quickly.

The manager had recently introduced a staffing tool, called Isaac and Neville, to check sufficient staff were provided to meet the needs of people who lived there. The staffing tool used the dependency levels of each person (for example, if they had mobility needs) to calculate the number of care and nursing staff hours required throughout the day and night. At this time the provider had maintained the staffing levels agreed with commissioners in order to achieve the necessary improvements to the service. The current staffing levels were above those calculated by the staffing tool. The staffing rota for a four week period showed there were usually two nurses, two senior staff members and 12 care workers on duty through the day to support the 50 people who lived at the home.

Changes to nursing staff were imminent as some staff were leaving and new staff had been appointed subject to satisfactory checks and clearances. It was good practice that some people who used the service had recently been included in the interviews for new staff members. At the time of this inspection there were vacant posts for one nurse, a clinical lead and a member of catering staff. The vacant nursing hours were being covered by regular agency staff who had worked at the home for some time so were familiar with the service and the people who lived there.

We saw recruitment practices continued to be thorough and included applications, interviews and references from previous employers. The provider also checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work at the home.

Requires Improvement

Is the service effective?

Our findings

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

People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At the last inspection in October 2016 we found the provider had continued to breach a regulation relating to people's consent. This was because decisions around care had been made on behalf of people around without assessments of their capacity to make their own decisions or 'best interest' decisions within a multidisciplinary team framework.

During this inspection we found here had been some improvements in this area. For some people there were now mental capacity assessments and best interest decisions about restrictive equipment, such as bedrails. For other people there were no mental capacity assessments or best interest decisions about their use of lap straps for wheelchairs.

One person had declined a flu injection but there was no assessment about whether they had capacity to make this decision about their treatment. The service had not carried out mental capacity assessments before applying for new deprivation of liberty safeguards for people.

We saw one person who had been deemed to lack capacity had been asked to sign consent forms for using bedrails. This was contradictory.

This was a continuing breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection in October 2016 we found there was a continuing breach of regulation relating to staff training. During this inspection we found there was still no demonstration that nurses had been trained or assessed as competent in some nursing tasks. These included pressure care, catheter care and venepuncture. Although nurses may have completed such training in the past there were no records in the home to confirm this. The manager stated arrangements were being made for nurses to have training in these areas to ensure their competency.

This was a continuing breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There had been on-going improvements in health and safety training and the provider now used a training agency who carried out monthly group training with staff in mandatory subjects such as fire safety, moving and assisting and dementia awareness. The training agency was supporting the service to introduce computer-based training for staff so they could manage their own refresher training and knowledge base. Half of the care staff team had achieved, or were working towards, a national care qualification in health and social care.

The manager had developed a training matrix which identified when each staff member had completed their mandatory training and when refresher training was next due. In this way the manager planned for each staff member to be trained and skilled in their roles. Relatives said they felt staff were more competent in their roles. For instance, one person said, "There are quite a few that we are confident with."

There had been improvements to the supervision and appraisal of individual staff members. Supervisions are regular meetings between a staff member and their supervisor to discuss how their work is progressing and where both parties can raise any issues to do with their role or about the people they provide care for. The manager had introduced a supervision record which included standard discussion items including training needs, standards of working practice, views and concerns. A supervision matrix showed staff had had supervision discussions with a supervisor. The staff we spoke with said they felt positive about the improved training opportunities and supervision sessions which were now in place.

Some staff had completed an annual appraisal with their supervisor and the manager had planned the remainder to take place before the end of the financial year. The staff we spoke with said they now felt supported to carry out their role. This meant the manager aimed to make sure the professional development of staff was assessed and promoted.

At the last inspection in October 2016 we found the provider had continued to breach a regulation relating to people's nutritional health. That was because people's hydration and nutritional needs were not being managed in a way that was safe or promoted their health and wellbeing. During this inspection we found there had been improvements and people were now supported in a safe way with their nutritional needs. Staff now had clear, appropriate guidance about how to support people in the right way because care plans had been rewritten to reflect their individual needs. People who had dietary or choking needs had been reviewed by dieticians and speech and language therapists. Their specialist guidance had been used to rewrite people's care plans.

We saw the correct consistency of food was provided to each person, for instance whether they required pureed or fork mashable textures. Staff were following speech and language therapy recommendations and were able to describe each person's dietary requirements.

We observed a lunchtime meal and saw staff supported people who were at risk of choking in the right way. For example, staff made sure people were sitting in an upright position and were alert and ready for their meal. Staff used the correct utensils when assisting people with their meals.

Weekly weights were recorded for people who were specifically at risk of losing weight. There were new recording charts for people's dietary and fluid intake. Staff had calculated the exact fluid requirements for each person who was at risk of dehydration. The running totals were completed so it could be gauged whether people had had enough to drink throughout the day.

Staff supported people at their own pace and used gentle guidance to encourage people to eat well. High sided plates were used to enable and encourage people to eat independently. We saw examples of helpful

interaction by staff to assist people have a good dining experience. For instance, one person became agitated whilst waiting for their meal so staff gave them their meal first which immediately settled them. Another person's relative visited daily to have a meal with their family member because it encouraged the person to eat more.

People and relatives said they were satisfied with the meals. One relative commented that care staff had got to know their family member's food preferences. They told us, "They know what my [family member] likes and they prompt them all the time." Another visitor, whose relative was poorly and not eating well, told us, "They get [person] whatever they want."

We did note that on two days a week there was no choice recorded for lunch because a roast dinner was served. The provider stated people could have an alternative whenever they requested. However some people would not be able to initiate such a request. The manager stated the menus were being redesigned with input from a dietician and would include at least two main dishes at every meal.

People were assisted with access to health care services. Care records contained details of referrals to other health care professionals. These included GPs, speech and language therapists and district nurses.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. Their comments included, "They're nice", "always friendly". They felt the improvements at the home and change of staff had led to a more caring environment. For instance one relative commented, "The staff seem to be more caring". Another person said, "They're getting better care now."

Relatives felt there were good relationships between people and the staff. One relative commented, "There's definitely banter between them." Another visitor said of one staff member, "She's lovely with [my family member]. She has a good rapport with them and pops in to see them."

One visitor felt that the care for their family member was effective and engaging. In particular two male care staff who provided gender-appropriate support for the person which included the person's room watching football so they could have a chat about it. This made the person feel included and valued. The relative commented, "The two young lads are brilliant with my [family member]. They have an attentiveness towards them."

We observed staff speaking with people in a kind, caring and respectful way. Staff took time to listen to people and understand what they were communicating. Staff were attentive to people's feelings and reassured people if they were upset. One relative told us staff were responsive to their family member who mainly stayed in their room. They said, "They pop in and out of the room and if (person) is upset staff sit and chat with them."

During this visit we saw lots of interaction between staff and people. For instance, some people were putting up a Christmas tree with an activity coordinator, which generated lots of conversation and input from people who were physically unable to help.

Relatives were able to share in the care of their family members, for example join them for meals and be involved in writing life stories about them to help staff understand the person's background. The home had information for people about advocacy services and one person had an advocate to help them make their own decisions.

We overheard many examples of staff helping people in courteous and respectful ways. For example, in the evening a staff member was assisting someone in their bedroom to get their clothes out ready for an early appointment the next day. The staff member took lots of time to explain to the person where they going and why. They then encouraged the person to make their own choice of clothes for their trip out, bearing in mind the cold weather, and did this in a friendly, helpful way.

People who needed physical assistance at meal times were provided with this in a dignified way. There were care staff present in the lounges and when people requested assistance to go to the toilet they were supported immediately. We saw this was done in a discreet way that maintained their dignity and without others knowing. When people asked for drinks these were brought immediately. Staff were kindly and polite

when supporting people, although some staff members did talk about people while they were present. For example, during the meal one staff member told another, "Go and do (name) as soon as (name) is finished." We talked with the manager about using this example to raise staff awareness of the sensitivity of their discussions.

Staff spoke with people in a reassuring way when they were about to assist them, for example with mobility equipment or personal hygiene. There were many examples during this visit of the respect shown by staff towards the people who lived there, although one relative commented that a person was wheeled through a main corridor back to their room after a shower with only a towel across them. This practice would not preserve the person's dignity. We told the manager about this who said this was not accepted or usual practice. They said senior and nursing staff would continue to observe and correct staff practice to make sure that the culture in the home remained a friendly but appropriate one where people were always supported in a dignified way.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in October 2016 we found continuing breach of regulation relating to person-centred care. During this inspection we found this area had improved. People received personalised support that met their individual needs and preferences.

Relatives felt care staff took notice of people's individual preferences. For example, one relative said, "If my [family member] doesn't want a certain top on they respect my [family member's] wishes." The staff we spoke with were knowledgeable about people's individual needs and sensitive to their wishes.

There had been notable improvements to the care records of each person. The care records we viewed were detailed and written in a personalised way. People had 'This is Me' profiles that helped staff to get to know the person's abilities, needs and likes. For example, one person's 'This is Me' profile stated 'I can and like to wash my own hands and face. Staff fill my hand basin for me and put soap on my flannel'. Relatives had been invited to help to write life stories about the person's history including the things they used to like doing and their preferred lifestyles.

People had care plans that set out their individual needs and how they required assistance. In the nine people's care records we looked at it was clear that people's individual needs had been reviewed and their care plans had been rewritten to make sure staff had detailed guidance about how to support each person in the right way. The staff reviewed individual care plans on a monthly basis, or more frequently if people's needs were changing. For instance we saw one person had been checked recently by a dietician and new guidance about their eating had been advised. Within 48 hours a new care plan about the person's nutritional needs had been written to reflect the new advice.

There had been improvements made to personalised care but we need to be confident that these are sustained and show consistent good practice over time. We have improved the rating to requires improvement and will check this area again at our next inspection.

People and relatives felt the opportunities for activities and social events continued to improve at this home. One person said, "There's always something going on". They explained they recently made their own Christmas cards and sent them out. They also explained how they had been involved and assisted a recent social event. They commented, "When we had the fete I looked after the hot dog stand. I was making them and selling them."

Visitors said the service had "improved a lot activities-wise" and felt this had a positive effect on their family members. One relative told us, "Since they've done more with the activities my [family member] is a lot happier in themselves and has starting cracking jokes." Relatives commented that activities were more meaningful for people now. One relative told us, "There is something that people can get involved in. Something they are used to."

There were two activity staff employed at the home and between them they covered each day of the week.

Both staff were highly motivated and had a lot of engagement with people who lived there. Care staff were also more involved in supporting and encouraging people with activities. The activity programme was flexible and was changed if something did not seem to interest people. On the day of this visit some people were decorating digestive biscuits with care staff, some people were decorating the Christmas tree whilst other people watched, singers came to entertain people and relatives and some people were watching Christmas films after having made flavoured popcorn.

There were improvements to activities for people who spent much or all of their time in their bedrooms. The activity staff described spending one-to-one time with people reminiscing about their younger days and places they had travelled to. Some people enjoyed pamper sessions such as having their nails done and hand massages. One person enjoyed watching action movies in their room with the male care staff. Other people had enjoyed visits by different visiting animals including a miniature pony, and other people with poor vision had stories read to them. The activity staff said one-to-one support activities for people in their rooms was an area they wanted to further develop. They planned to provide sensory equipment such as coloured lights, star projectors and lava lamps to support people's sensory and visual interest when they were in their rooms.

Since the last inspection the corridors, especially on the first floor, had been provided with lots of items of sensory interest for people living with dementia. These included fiddle mitts, scarves, a pram, a shopping trolley, a textured wall and soft toys. The activity staff told us there was more for people to look at and were able to describe how people engaged in these items. For example one person liked to untie the scarves, one person liked to gather up the toys and put them in a trolley, another liked to push the pram. Activity staff told us about the positive impact these additions had on people who lived in the home and commented that "the caring tasks make them happy and fulfilled".

Corridors also had areas for people to stop and relax. One was a music corner with music playing and decorated with old records and a cosy sofa. Another area in the corridor had a soft throw on the chair, a window scene and a soft toy dog so that people could stop and sit in this area.

One lounge had been decorated with older style furniture. The room had shelves with ornaments and other items of interest. There were also budgies in this room. A larger upstairs lounge/dining room had a collection of interest boxes, including laundry to fold, musical instruments and memorabilia. These resources were available and 'at hand' for care staff to use with people at any time rather than being stored away.

Relatives felt listened to and said their views were acted upon. One relative said, "We feel when we speak we get heard." They gave an example of when their family member had not been served a lunch time meal. They said the manager was "on the ball and got involved straight away". Another visitor described how they had raised an informal complaint about food which had been addressed straightaway.

There was information for people and their relatives in the hallway and service user guide about how to make a complaint. The manager was proactive at dealing with any comments or concerns. People now had opportunities to raise issues at monthly residents/relatives' meetings. People and relatives said they had more confidence that these were listened to.

Inadequate

Is the service well-led?

Our findings

At the previous inspections in June and October 2016 we found the provider had breached a regulation relating to the governance of the quality and safety of the service people received. This was because the provider's systems had not been effective in assessing, managing or improving the safety or quality of the care service provided to people who lived there. During this inspection we found the quality assurance systems used were still not effective because they failed to address identified shortfalls.

For example, we looked at how medicines were monitored and checked by management to make sure they were handled properly and that systems were safe. We found that the management team had completed monthly medicines audits which had identified similar issues to those found at the last inspection and during this inspection. There was an action plan in place. However, the issues had not yet been addressed so improvements had not been made.

Although shortfalls in training for care staff were being addressed, there was still no demonstration of the competency of nurses who worked at the home. This matter was identified at the last inspection. The manager stated nurses had been asked to provide evidence of any previous training in nursing tasks however none had been provided. This meant gaps had been identified but not addressed.

At the last inspection we identified a continuing breach of regulation relating to people's capacity to consent. During this inspection we found inconsistent improvement in this area so this had not been fully addressed. For instance, for some people there were no mental capacity assessments about their use of restrictive equipment, such as wheelchair lap straps.

There was not a registered manager in place. The manager had commenced employment at the service in September 2016. At the time of this inspection an application had not been received by the Commission in respect of the manager. Following the inspection the manager confirmed they had begun the process of applying for registration.

These matters are a continuing breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the last inspection the provider had put in place a new action plan that included all the remaining breaches of regulation and areas that required remedial attention. Since then the provider had focused on high risk areas such as risk management of individual people's needs, nutrition and care planning. These areas had now improved and work was continuing on the remaining matters.

Since the last inspection the manager and deputy manager had commenced a schedule of monthly audits of the safety of the service. These included checks of the kitchen, infection control audits, care records, checks of mattresses and health and safety audits by the manager and maintenance staff member. We saw from the audits that areas for attention were recorded on an action plan and signed off when these were addressed. For example, a recent audit of the kitchen had identified a defective refrigerator which resulted in

new seals being fitted.

The people and visitors we spoke with felt the service was improving and spoke very positively about the manager. Their comments included, "He seems very good", "since the new manager has been on board it's a different place, more professional" and "I feel it's getting managed". One relative told us, "I definitely feel there's an improvement." Another said, "Things are better since (manager) took over."

Visitors also gave us examples of the impact of the improvements. Their comments included, "The staff seem to get along and are more happy" and "the atmosphere in the home is better". One visitor said, "It's a vast improvement for activities and general care and residents are tidier." People commented that the manager proactively asks them how things are and listened to their comments.

There were monthly resident/relatives' meetings to keep people up to date with the provider's action plan to improve the service. Relatives confirmed they were aware of the meetings and said these had been useful. One relative said of the meetings, "I think they are good. The manager is trying his best. We have an agenda and he goes through it and asks if there are any questions." We saw from the meeting minutes the manager had held open, candid discussions about the areas that required work, changes to staff, safeguarding matters and the embargo on admissions to the home.

People and relatives said they were satisfied with the way their views were encouraged, listened to and acted upon. One visitor gave an example of how it had been mentioned at the meetings that the home was very bare and as a result there were now lots of pictures around the home. They commented, "It gets done." They also felt the activity fund "is getting spent on what it was raised for". Another relative felt "things get resolved". One relative commented, "It's ok, you get your points over."

Staff also told us the manager was approachable and accessible. They commented very positively on the continuing improvements the manager had made to the service. One staff member said, "He's been really good at getting things (resources)." Another told us, "He's doing things properly."

Staff meetings were held monthly and minutes were made available in the staff room for anyone who could not attend. Staff felt included and informed and told us this had a positive impact on the staff team. For instance, one staff member said, "Everyone has a better understanding of what's happening."

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	Regulation 11 HSCA RA Regulations 2014 Need for consent People's capacity to consent to care was not always assessed in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with unsafe or unsuitable management of medicines. Regulation 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not demonstrate that staff received appropriate training to ensure they were competent to carry out their role. 18(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's quality monitoring system was not always effective in assessing or addressing required improvements to the quality and safety of the service. 17(2)(a)(b) We are taking action about this matter outside of the inspection process.

The enforcement action we took:

We issued a warning notice in respective of regulation 17 against the provider.