

Ripon Care Limited

The Moors Care Centre

Inspection report

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Date of inspection visit:
20 June 2018
25 June 2018

Date of publication:
03 September 2018

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

This inspection took place on 20 and 25 June 2018 and was unannounced.

At the last inspection in October 2017 the provider was found to be in breach of three regulations (10, 12 and 17) in relation to dignity and respect, safe care and treatment and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of: Is the service safe? Is the service caring? And is the service well led? to at least good. This inspection was carried out to check that improvements to meet legal requirements had been made. We found that sufficient improvement had been made at this inspection to say that the breaches of regulation had been met.

Following the last inspection the provider had enlisted various internal resources to support the service to improve systems and process. This had included appointing a new manager and two deputy managers. The area manager was now acting as Clinical Lead for the service. At this inspection the provider was still working to embed improvements in some areas. The manager was recruiting to and supporting the current staff team whilst encouraging positive change and ensuring staff understood their responsibilities. The provider was committed to making further improvements and we were confident this would happen.

The Moors Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Moors Care Centre provides nursing and personal care for up to 70 people. The service supports older people and people over the age of 18, who may be living with dementia, mental health problems, physical disabilities or sensory impairment. At the time of our inspection there were 63 people who used the service.

The accommodation for people was located over three floors and in four named areas. Bilsdale was located on the ground floor, Eskdale was on the middle floor and Bishopdale and Nettledale were on the top floor.

The provider did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager submitted their application to register with CQC following our inspection. They made themselves available during the inspection and assisted us with finding documentation and other information we required.

People told us they received their medicines on time and as prescribed. However, we found that the arrangements for storage and administration of medicines could be improved. Excessive heat in the service meant medicines were not always stored at the optimum temperature and some mistakes were being made with the new medicine system. Medicine management practices were being reviewed by the manager. We

have made a recommendation about this in our report.

The quality of care being delivered had improved, but there was further work needed to ensure changes in care and support were documented and reviewed in a timely manner. We have made a recommendation about this in the report.

There was an audit process in place, which the manager and staff were completing. However, this was not always effective as the latest medicine and care plan audits had not picked up the concerns above. The manager supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw that the manager was making progress in improving the quality of the service and this was recognised by staff, people and relatives who spoke with us.

Improvements had been made to the way the provider managed and acted on safeguarding issues and carried out risk assessments and monitoring of risk. People told us they felt safe living at the home. We found staff had a good knowledge of how to keep people safe from harm and staff had been employed following robust recruitment and selection processes. Safeguarding training had been carried out with all staff to improve their knowledge and confidence in speaking out if they witnessed any abuse. The manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw that the manager was making progress in improving the quality of the service.

Improvements had been made to the staffing levels in the service. We found the management team were monitoring people's needs and adjusting the staffing levels accordingly. A moderate level of agency staff continued to be used, but active recruitment for permanent staff was also in place. Staff had completed relevant training. We found that nurses and care staff received regular supervision and yearly appraisals were planned in. This helped them to fulfil their roles effectively.

Staff knowledge of people's needs had improved and there was a better understanding of the importance of good communication.

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

People were able to talk with health care professionals about their care and treatment. People told us they could see a GP when they needed to and they received care and treatment when necessary from external health care professionals such as the District Nursing Team.

Improvements had been made to how staff respected people's privacy and dignity. People said staff were also friendly and caring.

People knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with. People had access to complaints forms if needed and the manager had investigated and responded to the complaints that had been received in the past year.

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 consistently safe.

The arrangements for storage and administration of medicines were not always safe.

The recruitment of staff was completed safely and was on-going. Improvements had been made to the levels of staff on duty and these were monitored by the manager.

Improvements had been made to the monitoring, review and management of risk for people who used the service. Staff had a good understanding of how to keep people safe from abuse.

Is the service effective?

Good ●

The service was effective.

Staff received relevant training and supervision to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs.

People received appropriate healthcare support from specialists and health care professionals where needed.

Is the service caring?

Good ●

The service was caring.

Improvements had been made in how people's privacy and dignity was maintained by staff. People were included in making decisions about their care whenever this was possible.

The people who used the service had a good relationship with staff who showed patience and gave encouragement when supporting individuals with their daily routines.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Improvements had been made to the quality of care and support people received. However, the documentation of people's care needs and changes to risk and support required was not always completed in a timely manner.

Staff supported people to maintain independent skills and to build their confidence in all areas.

People's complaints were listened to and action was taken to address them.

Is the service well-led?

The service was not consistently well-led.

Improvements had been made to ensure the quality of care was assessed and monitored. However, not all the audits carried out were effective in identifying areas that needed further development.

The service had a manager who understood the responsibilities of their role. The service had gone through a period of change and the provider and manager were committed to making improvements and moving the service forward.

People were regularly asked for their views and their suggestions were acted upon.

Requires Improvement 

The Moors Care Centre

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 20 and 25 June 2018 and was unannounced on day one. The inspection team on the first day consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had knowledge of older people and people living with dementia. The inspection team on the second day consisted of two inspectors.

Prior to our inspection we looked at the information we held about the service, which included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams for their views of the service. We used information the provider sent us in the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information we held to help plan the inspection.

At this inspection we spoke with the manager, two deputy managers, five staff and a visiting health care professional. We spoke with five people who used the service and seven visitors over the two days of inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records, including their initial assessments, care plans and risk assessments. We looked at medication administration records (MARs) where staff were responsible for administering medicines. We also looked at a selection of documentation relating to the management and running of the service. This included quality assurance information, audits, recruitment information for three members of staff, staff training records, policies and procedures, complaints and staff rotas.

At the end of day two of the inspection we gave feedback to the manager and a director of the service.

Is the service safe?

Our findings

At the last inspection we found there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to safeguarding and risk management. Following the inspection the provider sent us an action plan detailing how they would meet the breach of regulation.

At this inspection we saw improvements to the assessment and monitoring of risk and the reporting of safeguarding issues. Sufficient improvement had taken place that the breach of regulation 12 had been met. However, there remained some areas which required further development and embedding in daily practices.

Practices with regard to administration and storing of medicines needed some improvement. For example, the temperature of the medicine room on the second floor was at or exceeded 25 degrees centigrade on eight occasions in the month leading up to our inspection. This meant medicines being stored in the area may not have been fit for use due to the heat in the room. Two bottles of eye drops kept in the medicine cabinets should have been stored in the fridge (as instructed on the packet), one bottle was dated on opening and the other was not. However, staff told us this had only been opened that morning.

Since our last inspection the provider had changed the medicine system to an electronic recording one. Staff had received one training session from the supplier, but told us there were some teething problems and some staff needed support to use the technology. We looked at the alerts on the system for that day and saw two showing for the middle floor. One alert indicated a person had not received their morning medicine; when we checked the medicine in stock there should have been 33 tablets but only 30 were found. Staff on duty could not explain where the missing tablets were. The second error indicated another person had not received their antibiotic at midday. The nurse on duty told us the person had been asleep and would receive it later in the afternoon.

People told us they received their medicines on time and when they needed them. Comments included, "Staff asked me if I wanted to self-medicate. They keep my dosette box, I am happy with this" and "I get my medication on time, it is given correctly."

We recommend the service consider current best practice guidance on medicine management and temperature storage and take action to update their practice accordingly.

Improvements had been made to the way staff responded to any safeguarding issues. They had received training and supervision about reporting any concerns and staff who spoke with us were confident of the procedure to follow. Staff told us, "Over the last six months staff attitudes have changed and where we were once reluctant to speak out, we are now more proactive and positive" and "The service is much calmer now than before. The new manager will deal with issues straight away and focuses on people's care but always has time for the staff."

The monitoring and assessment of risk around accidents and incidents had improved. A monthly accident

and incident audit and analysis documented the number of falls throughout the service. If a person had fallen more than once in the month then an analysis of risk for them was completed. Explanations were included at end of each audit about multiple falls and the action taken to reduce the risk. Patterns had been identified that showed the highest number of incidents were happening on Eskdale where people living with dementia were mobile and lacked insight into their poor mobility. Where possible actions had been taken to reduce the risk to people including staff observations in communal areas and sourcing equipment such as sensor mats.

Risk assessments in people's care files had been completed and contained sufficient detail which enabled staff to support people safely. For example, a falls risk assessment had been developed for a person who had suffered an increased number of falls. This provided staff with details such as ensuring the person used their walking aid, a member of staff was to offer support and guidance when the person moved around the service and the use of a floor sensor mat when the person was alone in their room. However, we noted that further work was needed to ensure staff consistently updated the risk assessments following a fall or admission to hospital or when people's nutritional needs changed.

People told us they felt safe living at the service. One person said, "Yes, I do feel safe, they are all very kind. They stay with me when I need them and never leave me on my own." Door entry codes were required to enter the premises and a signing in book was utilised in the lobby. Access to staircases and a lift also required an access code. No issues were raised by people, relatives or staff regarding the building security. There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. A fire risk assessment for the service was in place and fire drills/evacuation scenarios took place.

Records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Window restrictors were fitted to windows and the maintenance team looked at these as part of their monthly health and safety checks. We observed that due to the hot weather outside people, relatives and staff were all suffering with the heat especially on the first and second floor. We found no evidence that staff were checking room temperatures, but some people had been provided with electric fans. The manager told us that room temperature checks would be started.

Sufficient staff were in place and deployed appropriately around the service to respond to people's needs in a timely manner. People told us, "I do feel there is enough staff, but they work long hours and can get tired" and "Staff listen and I can discuss things with them." People and relatives said staff responded promptly when they used their call bells for assistance. One person said, "When I press the buzzer, they bring a cup of tea in the early morning. They are very good. They answer the buzzer if I press it. I don't have long to wait." We observed that staff responded in good time when call bells were used and in each room we visited call bells were accessible to people.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. Monthly checks of nursing registrations were carried out to ensure the nurses remained on the Nursing and Midwifery Council (NMC) register and were deemed fit to practice.

We looked at the communal areas and a sample of bedrooms (with people's permission). Premises were clean and there were no malodours. One person told us, "My room is clean and they change the bed linen regularly."

Is the service effective?

Our findings

People were cared for and supported by well trained, motivated and skilled staff. People told us, "The staff are brilliant, always there for me if I need anything. They would do anything I ask, they are great", "I have been well looked after. There is someone on hand if I need them" and "Yes, some of the new ones are unsure and the others show them the way to do things"

Staff who were new to the caring profession were required to complete the Care Certificate; this ensured that new staff received a consistent induction in line with national standards. A comprehensive training programme was in place for new staff and there was continuing training and development for established staff. Some people had different medical conditions and staff had received specialist training to meet their needs. Nurses received appropriate training, development and support to fulfil the criteria needed to revalidate their professional registration.

Checks on the identity of agency workers were carried out by the manager prior to them starting work. All agency staff completed an induction before starting work in the service and a record of this was kept by the manager.

Staff were supported by having regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Minutes of the supervision meetings were made available to us during the inspection. We saw that the manager took time to discuss work issues and any problems as part of the supervision process. Detailed notes were kept about what was discussed and action points arising from the meetings. Appraisals for 2017 did not take place, but the manager had a spreadsheet in place and was planning these in with staff for 2018.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. We found the service was following the principles of the MCA and decisions had been made in people's best interests. Staff had received training on the MCA and had good awareness of its application. The registered manager had made relevant applications for DoLS; where these had been authorised and where conditions were in place these were being complied with. We discussed with the manager that DoLS conditions should be clearly transferred onto people's care files and they agreed this would be done straight away.

People told us staff asked for their consent before providing support and we saw people had signed consent

to their care plans. One person told us, "I have a book (care plan) in my room and can discuss my care with the staff at any time."

People's health and wellbeing was monitored and they were supported to access healthcare. The service maintained close links with healthcare professionals, such as dentists, podiatrists, dieticians and the district nursing service. People's care records contained evidence of consultation with medical professionals when required. One healthcare professional told us, "I have no concerns about the service. The electronic notes are easy to navigate and read. Staff are very helpful and attend clinical/care meetings." A visitor said, "My relative was very ill when they came here. Staff have looked after them well and extended their life. I have confidence in them (care staff), they always know how my relative is and tell me when I come in. I have observed the care staff, they know my relative well, for example when they are sleepy staff put them to bed so [Relative's name] can rest."

People's nutritional needs were met and choice was provided. People's dietary needs were documented in their care files and this information was shared with the chef and kitchen staff. Staff offered people appropriate support with eating and drinking. People were offered different options of meals until they found one they liked. The food smelt appetising and there were ample portions. Staff told us the manager had been monitoring the quality of the meals offered and over the last few months this had improved. We saw that staff showed different plates of food to people living with dementia to aid them in choosing what they wanted. One relative told us, "It is better now we raised this, they call out their names, and show them what is available." People told us, "There are plenty of vegetables which I like. I can have something different than what is on the board. I can ask for different things, there is no problem with this."

The environment was clean, tidy and well maintained. Appropriate equipment was in place to assist staff when moving and handling or supporting people with their care. This included specialist beds, hoists and sensor mats. All equipment was in good working order and ensured the care being provided was safe and effective.

Thought had been put into the design of the environment in relation to people living with dementia. There was sufficient signage on communal facilities such as toilet and bathroom doors to help people access and use facilities as needed. On the two upper floors bedroom doors were numbered and memory boxes were outside containing personal items and photographs to aid orientation. We saw that calendars and clocks were located in the communal lounges and corridors to assist people in remembering what date and time it was. On the first floor was a sensory room containing interactive items for people to pick up and use; these included prams, soft toys and clothing.

People had access to secure gardens with paved areas and walkways to aid the ease of mobility for people who had problems with walking. We noted that there were different types of seating available and areas of interest such as bird feeders and flowers.

Is the service caring?

Our findings

At the last inspection we found there was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to dignity and respect of people who used the service. Following the inspection the provider sent us an action plan detailing how they would meet the breach of regulation.

At this inspection we saw improvements to staff practice regarding respect and promoting people's dignity. Sufficient improvement had taken place that the breach of regulation 10 had been met.

Staff promoted people's dignity and privacy, knocking on their doors and waiting for approval before entering. Staff demonstrated a positive regard for what was important and mattered to people. For example, one person told us, "They (staff) know I don't like people touching me, I prefer to wash myself and they respect this." Relatives said, "Staff always close the bedroom door and curtains when they need to", "Yes they respect [Name's] privacy. In the morning they won't get out of bed. The carers calmly talk to [Name] and they get up" and "Yes when [Name] wants to stay in bed and sleep they do let them do this and put them to bed when they want to"

People and relatives told us they found staff attitudes to be kind and caring. People's comments included, "The staff are absolutely wonderful, they would do anything for me, they are kind" and "Staff are very caring, for example I was upset and I went to the dining room but I couldn't eat and left. A member of care staff noticed and came to sit with me even though they were busy. We had a chat and they gave me a cuddle. It was so kind, they took time to talk to me."

Relatives told us, "They (staff) are willing and approachable. They always smile and listen to what you say and try and sort it out. It has got a lot better" and "The attitude of the care staff is very good."

When people were asked if they felt staff respected their choices everyone considered this to be the case. They told us, "I can have a shower or a bath when I want. I choose to give myself a good wash. I am more comfortable with that" and "I like to do things for myself and they (care staff) encourage me to do things independently."

Staff had the skills to communicate with people effectively. We observed staff giving clear directions to one person who was struggling with their mobility. They were patient and supportive and remained with the person until they got to where they were going. We observed a person was brought into a garden room in a wheelchair with two care staff to transfer to an arm chair. The care staff asked if the person wished to move to the armchair and patiently waiting for a response. It became clear the person did not wish to move and this was respected. Before they left one staff plugged in the call bell and gave it to the person to use when their relatives left.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working

role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the manager. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld.

Is the service responsive?

Our findings

An assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Risk assessments had been completed and care plans were in place to make sure people stayed safe and well. Our observations of care indicated that people received appropriate support to meet their needs. However, we saw that some care plans and risk assessments were not always reviewed in a timely manner which meant they did not contain all relevant information and were not always up-to-date.

For example, in one person's file we found their nutritional risk assessment had not been reviewed for the last six months and did not contain information on their recent swallowing difficulties. The risk assessment stated the person was on a pureed diet and thickened fluids, was to be weighed weekly and was maintaining their body weight. The score for the assessment was moderate. However, on talking to the deputy manager we were informed the person had a choking episode most weeks, had a cough assist machine in their room and took nebulisers and medicines to relax their muscles in the event of them choking. The person was unable to use the call bell and had to sit in an area that allowed staff to carry out frequent observations. The needs of the person indicated the risk to their health and wellbeing around choking was high. The deputy manager told us they were updating the person's care plan around risk of choking to include protocols for staff to follow and had liaised with the specialist nurse around this. Training for additional staff on the use of the cough assist machine was being sourced.

We spoke with the deputy manager on day two of our inspection about the fact that one person's falls risk assessment had not been updated since they fell on 21 June 2018. Also the person's nutritional risk assessment had not been updated following a Speech and Language Therapy (SALT) assessment five days before our visit. We observed at lunch time that the person was receiving the appropriate diet and fluids. The person's pressure sore risk assessment had not been updated for six months despite them being rated by staff as at very high risk. The deputy manager told us they thought the night nurse had updated the records and would have a discussion with them. They assured us the records would be updated straight away.

Following our inspection the manager provided us with evidence that staff had been updating risk assessments but did not use the electronic system appropriately to record the updated information.

Some care files contained conflicting information, which made it difficult to know what the person's current care needs were. We saw one person's communication care plan stated the person was easily able to make themselves understood when talking to others. However, another assessment in the same care file documented the person had difficulty with communication. We also observed this during the inspection, when the person showed signs of frustration with their inability to communicate clearly to others.

The care files we looked at were person centred and descriptive of people's needs. However, we spoke with the manager about how staff could improve these by including specific care plans for people's medical conditions such as diabetes. For example, one person had diabetes and received input and care from the district nurse team. The person had a diabetic foot problem which had resulted in an ulcerated toe. Staff

were instructed to observe and give pressure care, but there was no specific foot care plan in place. Diabetic guidance such as that published by Diabetes UK recommends this as best practice.

We recommend that the service consider current guidance on record keeping and follow best practice guidance on diabetes, in relation to the specialist needs of people who use the service.

People had been consulted on future care planning. Staff had liaised with people and with their relatives to establish how best to support a person when they approached the end of their life. We saw this was recorded in people's care plans when they had wished to discuss this. People were able to remain at the service in their home, until the end of their life, if they chose to. Staff told us how they would provide suitable provision to support people at the end of their life to have a dignified and pain-free death.

One individual whose care we looked at was seen to be comfortable and settled in their bed. Appropriate care was being given to meet their individual needs. A specialist bed and pressure relieving mattress was in place and their bed was clean, dry and the mattress was set to their individual weight. However, we looked at one person's end of life plan and found although they were very poorly the plan was not due to be reviewed until a further three months time. This was not appropriate as people on end of life can have quickly changing needs and their care needs should be reviewed on a frequent basis. The manager assured us that this would be amended and updated as needed.

One visitor told us, "I know about the complaint procedure and I am confident of using it if necessary. We have raised a number of things; we had a word with the new manager recently and they have addressed our concerns. They are now in a position to put things right and they are doing this."

There was a complaints procedure on the wall and information was provided to help people understand the care and support available to them. We saw complaints which had been received had been responded to thoroughly. The manager was aware of the need to make sure people had access to information in a format they could read and understand. Work was on-going to develop this within the service.

People said there were enough things to get involved in at the service and told us they enjoyed the activities on offer. Comments include, "I joined in with the singing it was brilliant", "I have a sheet here and I have done one or two activities. I went to the church service held here" and "We have a new activities person; they are nice and very positive. I am going to do chair aerobics and tomorrow we are going to do some gardening"

People stated they were able to maintain their own interests, hobbies and friendships. They told us, "I do hobbies in my room including knitting for a charity" and "I use my kindle, I-pad and mobile phone in here." We observed a visitor from Ripon Ladies attended one person to exchange some library books.

We were provided with a printed weekly activities time table which contained words and colour pictures. The activity person informed us that this was flexible based on what people wanted to do. Copies were put in each person's room as well as displayed around the home in communal areas.

Is the service well-led?

Our findings

At the last inspection we found there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to good governance. Following the inspection the provider sent us an action plan detailing how they would meet the breach of regulation.

At this inspection we saw improvements to the monitoring of the service. Risk management and the reporting of safeguarding concerns were improved. The quality of records and care plans was better, however, there remained some areas which required further development and embedding in daily practices. These have been discussed in the safe and responsive sections of this report. Sufficient improvement had taken place that the breach of regulation 17 had been met.

The manager was carrying out a daily walk-around to check for staff practice and quality of care. They were aware of the need to complete regular audits and had a plan in place to ensure these were carried out. However, some of these were not effective. The latest medicine and care plan audits had not identified the issues we found and those we saw did not have an action plan in place to show how areas needing improvement were being addressed. The manager told us these were being developed. Responsibility for completing regular audits was shared between the manager, deputy managers and nurses which included audits of care plans, recruitment, medication and nutrition.

During the inspection we found that practices with regard to administration and storing of medicines needed some improvement. In April 2018 the medicine system was replaced with '1Care system' due to recurrent concerns with the previous electronic system. The new system was managed by the pharmacy supplier and senior staff had received advanced medicine training in the new system. However, we found some staff were not confident about using the system and would benefit from further training. Medicine competency checks were not in place and the manager told us these were due to start in June 2018. Audits of the medicine system were carried out monthly. The last audit was completed on 31 May 2018, but there was no analysis sheet or action plan at the end. The manager told us they would develop this with the staff.

The quality of care provided had improved. Staff were attentive, patient and kind with people who used the service. However, documentation of care needs and the support being given required reviewing and updating in a more timely and appropriate way. This would ensure changes in people's care and support needs were recognised and documented to enable staff to provide safe and effective care.

We spoke with the director at the end of the inspection. As part of our feedback we asked them to consider if anything could be done to combat the excessive heat throughout the service. We received negative feedback from people, relatives and staff about this and observed that during the recent hot weather people were struggling to deal with the temperatures in the service. We noted a lack of drinking stations and water fountains on all floors, but staff were very good at ensuring people had jugs of water or juice to hand. The director and manager told us that additional fans would be purchased for people who needed them in their rooms.

The service had been without a registered manager since December 2017. There was a manager in post but they had not registered with the Commission. An application to register was submitted by the manager following our inspection. At the time of writing this report this was being considered by the Commission.

The provider had purchased an electronic 'Data Analysis' system, which analysed falls and incidents, complaints, safeguarding, medication errors and infections. This enabled the provider to identify trends and themes and respond in the early stages to improve and reduce risk.

The provider had recently employed two deputies to support the manager. Both deputies were supernumerary and full time employees. A recruitment drive was on-going for a night time manager who would also be supernumerary. The increase in management hours meant the focus on oversight and monitoring of the service had improved and positive changes were taking place.

Since the appointment of the new manager the service had developed an open and positive ethos and welcomed the involvement of staff and people who used the service. Regular meetings were held with both staff and people who used the service to enable them to participate and provide feedback on developments in the service. The manager had developed a newsletter which was sent out bi-monthly to people living at the service.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the manager sought ideas and suggestions on how care and practice could be improved. Staff told us the manager was very supportive towards them and enabled them to give a high standard of care, through regular training updates and information sharing.

People told us the manager and deputy managers were approachable and the service was well-led. They said, "It is nice here the care staff are nice and friendly", "It is a pleasant place to be, I have been back three times" and "It is good here, I like it."

The manager was aware of their duty to inform the Care Quality Commission (CQC) of notifiable incidents. We reviewed the accident and incident records held for the service and found that they had notified the CQC as required.