Evans Care Limited

Crowborough Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

We undertook an unannounced inspection of this service on 13 February 2018.

Crowborough Lodge Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The bedrooms are single occupancy and people have access to communal shower rooms and bathrooms. Two passenger lifts are available for access to parts of the accommodation. The service has an enclosed garden at the back of the premises.

At the time of our inspection, 25 people were living at the service and one person was in hospital.

This was a full comprehensive inspection to see what improvements the provider had made to ensure they met regulatory requirements.

At our last comprehensive inspection of 15 and 21 December 2016, we had found that risk assessments and management plans were not effective in ensuring that people lived in a safe environment. In addition, the provider had not always followed appropriate recruitment procedures. The provider did not ensure policies and procedures were current and updated to ensure delivery of safe care. The quality assurance systems failed to identify and address areas for improvement.

At this inspection, we found the improvements made were not sufficient to ensure people received consistently high standards of safe and effective care. Policies and procedures were not reviewed which put people at risk of receiving care that did not meet legislation and best practice guidance. Staff records were not well maintained. Quality assurance systems were not robust in identifying and resolving the concerns we found. People who spent time in their rooms did not always have support to undertake one to one activities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People underwent an assessment of the risks to their health and well-being. Staff followed guidance to support people in a safe manner. Staff administered and managed people's medicines safely. The registered manager ensured staff learnt lessons from incidents and developed plans to minimise the risk of the event happening again. There were enough staff deployed to meet people's needs.

People took part in the assessing and identifying of their needs before they started to use the service. Staff delivered care in line with people's needs and preferences. People received care from staff who were

supported in their roles. Staff underwent induction and attended supervision and appraisal to develop their practice.

Staff treated people with respect and dignity. Staff were kind and caring. People received care in a manner which maintained their privacy and confidentiality. People were involved in making decisions about their care. Staff ensured people had access to information they required about services available to them. People enjoyed positive caring relationships with the staff who provided their care.

Staff delivered care as planned to meet people's needs and preferences. Staff carried out regular reviews of people's health and delivered care that took into account their changing needs.

People enjoyed the food provided and had their dietary needs and preferences met. People consented to care and treatment. Staff delivered care that met the requirements of the Mental Capacity Act 2005. Staff ensured people who were unable to make decisions about their care received appropriate support to do so.

People were happy to share their views about the service. The provider acted on people's feedback to develop the service. People knew how to make a complaint and felt the registered manager took their concerns seriously.

People and staff said the registered manager was available and approachable. The registered manager had positive working relationships with other agencies to develop the quality of care.

We have made one recommendation in relation to activities and found one breach of regulation in relation to good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from the risk of abuse. Staff identified and managed risks to people's health and well-being.

There were sufficient numbers of suitably recruited staff deployed to meet people's needs.

People received the support they required to take and manage their medicines safely.

Is the service effective?

Good

The service was effective. People received care from staff who were supported, supervised and trained to undertake their roles.

People's care delivery met the requirements of the Mental Capacity Act 2005.

People had sufficient amounts to eat and drink. Staff supported people to maintain their health and well-being.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion. Staff promoted people's dignity and privacy.

Staff knew people well and provided care in line with their choices and preferences.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People enjoyed the activities provided, however, there was a risk that some people could experience social isolation.

People received care that met their individual needs. People knew how to make a complaint.

Staff knew how to provide care to people at the end of their lives.

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led.

Quality assurance systems were not effective in identifying and resolving shortfalls at the service.

Policies and procedures were not reviewed and updated. Records were not well maintained.

People and staff knew the registered manager and felt supported.

People benefited from the positive relationships between the registered manager and other agencies.

Crowborough Lodge Residential 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 took place on 13 February 2018 and was unannounced. Three inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This was a follow up comprehensive inspection to the last inspection of 15 and 21 December 2016, where we rated the service "Requires improvement".

Prior to our inspection, we reviewed the information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we looked around the home and observed the way staff interacted with people.

We spoke with 15 people using the service and a relative, friend and healthcare professional who were all visiting the service at the time of our inspection. We also spoke with three members of the care staff, the head carer, an activities co-ordinator, a maintenance worker, a chef, a deputy manager and the registered manager.

We looked at eight people's care records and reviewed information about the management of the service

including safeguarding reports, incident records, complaints and policies and procedures.

We reviewed 10 staff files that included recruitment, training, duty rosters, supervisions and appraisals.

After the inspection, we received feedback from two health and social care professionals.

Good

Is the service safe?

Our findings

At our previous inspection of 15 and 21 December 2016, we found that the provider did not effectively follow recruitment procedures to ensure the suitability of staff. At this inspection, we found the service had made sufficient improvements to recruit staff in a safe manner.

Records of eight staff showed the provider carried out pre-employment checks which included confirmation about the person's right to work, criminal record checks, two references from previous employers, an application form and photographic identification.

At our previous inspection of 15 and 21 December 2016, we found that the provider had not assessed and managed environmental risks to protect people from harm. At this inspection, we found that the provider had taken action to ensure that they identified and managed the risks posed by the environment to people's health and well-being. Radiators had guards to protect people from the risk of burns. Equipment such as hoists underwent checks to ensure these were safe for use when staff provided care to people. The provider had developed a system to ensure that health and safety checks were carried out, for example, a legionella test had been carried out to ensure that people were protected from the risks associated with bacteria building up in water systems.

People received care that ensured staff managed risks to their health and well-being. The registered manager worked closely with health and social care professionals to assess and identify activities and conditions that could pose a risk of harm to people. This included people's mobility, eating and drinking, skin integrity and accessing the community. Support plans contained sufficient guidance for staff about how to deliver people's care in a safe manner while promoting their right to live their lives as they wished. Staff informed the registered manager of any concerns about a person's safety. The registered manager reviewed and updated risk assessments when there were changes to a person's health and well-being to reflect their changing needs and the support they required. Records showed staff followed the guidance in place to provide care in a safe manner.

People were protected from the risk of abuse. Staff received training in safeguarding adults and were able to describe how they promoted people's well-being and safety. One member of staff told us, "Safeguarding is about not taking advantage of the residents." Another member of staff said, "It's keeping people safe without taking away their right to lead normal lives." Staff were clear about their responsibility to identify and report abuse to the registered manager or to senior management or external agencies when needed. The registered manager reported concerns to the local authority safeguarding team to ensure that investigations were carried out when necessary to ensure people's safety and well-being.

There were arrangements in place to support people in an emergency. People had a personal emergency evacuation plan (PEEP) which identified any risks associated with evacuating them safely from the building. The maintenance staff carried out fire safety checks including fire exits, door guards, fire alarm testing, fire equipment, emergency lighting and fire extinguishers. The registered manager told us they had a discussion with a different member of staff each month about their knowledge of the fire policy and what to do in the

event of a fire.

We found that one area in the service was not safe for people to use. There was clutter, extra furniture and books stored in the conservatory. The conservatory was cold and only one of the lights was functioning. The smoke detector hung loosely from the ceiling. The registered manager told us people did not use the conservatory during the winter and repairs were part of the ongoing maintenance.

People were supported by staff who learnt from incidents and accidents. One member of staff told us, "We report and record any incidents." The registered manager monitored and reviewed incidents and accidents to identify any patterns. Staff told us the registered manager discussed at daily handover meetings incidents and near misses and shared good practice to minimise the event from happening again.

People's needs were met by a sufficient number of staff. Comments included, "Staff numbers seem Okay", "There are enough staff here" and "If I called for help, they would come quickly." The provider had an ongoing recruitment exercise to ensure that there were enough staff to cover shifts. Staff told us they had sufficient time to provide care and that they did not feel rushed. Duty rotas showed shifts were covered and that staff were able to take annual leave and attend training. Staff had access to out of hours' guidance in case of an emergency. We observed staff were busy but had time to carry out tasks, respond to call bells and to people's requests.

People were supported to take their medicines. One person told us, "I get my medication when I should. They are very good that way" Another person said, "I get my medication when I expect it." Staff knew the support each person required to take their medicines. Medicine administration records (MARs) had front sheet summaries, which included the person's name, any known allergies and their photograph for identification. This helped to minimise the risk of wrong medicine administration. MARs were completed and did not have any gaps. This indicated that staff had administered people's prescribed medicines as required. The registered manager carried out checks and audits on medicines management to ensure that staff's practice was safe in line with best practice guidance. People received appropriate support to take 'when required' (PRN) medicine such as cough syrups and painkillers. Medicines were stored in appropriate conditions. However, the medicine trolley was not secured to the wall, as the bolt attachment was not in place. This was reported to the maintenance personnel and rectified during the course of the inspection. Staff completed medicines management training and had their competency assessed to ensure their practice was safe. The competency assessment included observation of the practice of the member of staff, assessment of their knowledge and discussion about the provider's policy.

People were supported by staff who knew how to minimise the risk of infection. Staff used personal protective clothing such as gloves and aprons and followed good handwashing practices to prevent and control the spread of infection. Staff attended training in infection control to keep their knowledge up to date.

Good

Is the service effective?

Our findings

People using the service and their relatives were happy with the manner in which staff delivered care. Comments included, "They are very good here", "I feel I get the care I need" and "They do a good job." One healthcare professional commented that staff understood how to provide appropriate care to meet people's needs.

People had a pre-admission assessment of their needs and the support they required. This enabled the registered manager to determine staff's ability to meet people's needs. Staff used guidance received from health and social care professionals involved in assessing people's needs to develop care plans in line with best practice guidance. Staff gathered information about a person's background, history and preferences from people and family members involved in their care to understand how they wanted their care delivered. Records showed people received care that met their individual needs.

People were supported by staff who had the skills and experience required to undertake their roles. One member of staff told us, "We have opportunities to develop ourselves and we are required to attend training." Staff received the training relevant to keep their skills and knowledge up to date. Records showed the training included safeguarding, infection control, medicines management, moving and handling, fire safety awareness and health and safety. The registered manager maintained training records and booked staff for refresher courses when due. Staff needs were identified and additional training was provided when necessary, and to support people with specific health conditions such as dementia.

People received care from staff who were supported in their roles. New staff were introduced to their roles through an induction process before they started to deliver care on their own. This included meeting people using the service, familiarising themselves with people's care and support plans, policies and procedures and the environment. New staff completed the Care Certificate which enhanced their understanding of the expectations placed on health and social care workers when providing care. They also completed a probationary period before the registered manager assessed them as competent to provide care. Staff had opportunities to meet with the registered manager for regular supervisions to discuss people's needs, their work and the support they required. They said the supervision sessions were useful and supported them in their role. Staff received an appraisal of their practice. The registered manager and staff set goals for the following year which included training plans and career advancement. Staff told us the registered manager was available to provide guidance and advice when needed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

People were deprived of their freedom lawfully when needed. The registered manager had received a DoLS authorisation to enable staff to support a person who was unable to make decisions about their care such as where to live and how to maintain their personal hygiene. The registered manager reviewed the DoLS authorisation to ensure it was appropriate to meet the person's needs.

People received support in line with the requirements of the MCA. Staff told us they understood from their MCA training the importance of obtaining and respecting people's decisions about how they wanted care provided. Daily observation records showed staff supported people to make decisions about their care and where they were unable to do so, best interests meetings had taken place. This involved input from health and social care professionals and family members who were involved in their care.

People received food that met their preferences and dietary needs. One person told us, "The food is OK. I get what I want", "The food's lovely", "I don't need help to eat" and "We get plenty to drink during the day." Staff involved people in menu planning and ensured menus reflected people's choices and offered alternatives if people wanted something different to what was on the menu. People told us the meals were freshly prepared and that they were given choices in relation to their main meal. Staff told us they monitored people's food and fluid intake to ensure they maintained a healthy weight. People's weights were regularly monitored and documented in their care plan. Healthcare professionals provided guidance when staff raised concerns about a person's eating and drinking, for example, when a person had difficulty swallowing. Records showed people received specific diets such as soft foods, vegetarian and dairy and gluten free foods when required.

People were supported to access healthcare services and to maintain their health. One person told us, "Oh yes, if I am not well, they will get the GP for me." Another person said, "We get the chiropodist, dentist, optician and physiotherapist if you need it." A third person said, "We get someone in to do our toenails. Yes, they get a doctor in if necessary" and "I go out to the dentist but an optician comes in" and "Staff let you know when the appointments are." People had a health action plan which identified their needs and the support they required to maintain their well-being. This included attending appointments with their GP for an annual review of their health and visiting opticians, dentists, district nurses, chiropodists and specialist consultants when needed. Records showed staff supported people to access healthcare services in a timely manner to prevent their conditions from deteriorating. Healthcare professionals commended staff for reporting on changes in people's health and well-being in a timely manner.

People lived in a home that was suitably adapted to meet their needs. The registered manager worked closely with health and social care professionals to ensure that each person had access to the equipment they needed to receive safe care. For example, the home had handrails, bath chairs and hoists to allow easy access and movement around the home. Staff informed healthcare professionals when a person's needs changed to enable an assessment of their needs and the support they required, for example when a person's mobility declined and they needed hoisting and support with transfers in and out of bed.

Good

Is the service caring?

Our findings

People using the service and their relatives commended staff for being kind and caring. Comments included, "The staff are definitely kind and caring to me", "All the staff are very nice" and "The staff do help me, they are very good like that." Staff were aware of how to provide care with kindness and compassion. One member of staff told us, "Our job is to give good care to the residents." Another member of staff said, "Just as I would like to be treated." Health and social care professionals commented that they observed positive interactions between staff and people when they visited the service. We observed that staff had pleasant conversations with people and showed interest in what each person had to say.

People told us they knew staff well and had developed positive relationships with them. Comments included, "[Staff] have time for me. They have known me for years and are good to me", "Staff are very good, kind as you would wish them to be", "Oh yes, staff know what I need" and "Staff know me well and what help I need and I usually get it." One relative commented, "They are very free and easy about what they let them do. They know what the residents enjoy doing." Staff told us they had sufficient time to speak with people using the service and their relatives to identify what they enjoyed doing and how they preferred to live their lives. Staff told us this helped them develop a good rapport with people, as they understood their individual needs. Daily observation records showed staff provided people's care as they wished, which helped build trusting relationships between them.

People were involved in making decisions about their care and support. One person told us, "I know about my care plan." Another person said, "They ask what I would like to do. I can choose to stay in my room or sit in the lounge and watch television." Staff knew people well and had sufficient information about their preferences, likes and dislikes, their preferred food choices, when they wanted to wake up or go to bed and how they wished to spend their time. People had access to information in a format they understood about how they wanted their care delivered. There was no person receiving advocacy services. Staff knew they could refer people to other agencies and organisations to enable them to access advocacy services.

People told us staff respected their routines and were flexible to people's requests such as having a lie in or having their meals in their rooms. The registered manager told us they had tried to have a member of staff assigned to act as a lead in coordinating care for a number of people as a keyworker. The key working system had not worked well and there was a focus on daily interaction with people to involve them in making decisions about their care. Staff told us they spoke with people every day and encouraged them to talk about how they preferred their care delivered. Care records showed health and social care professionals and family members were involved when necessary in supporting people to make decisions about their care and support. Staff told us they reported to the registered manager any decisions that affected people's ability to be involved in planning of their care.

People received care that staff delivered in a dignified and respectful manner. One person told us, "[Staff] are polite and friendly." Another person said, "They all treat us with respect." One relative commented, "No problem with male carers seeing to female residents. They are very discreet." Staff understood their responsibility to provide care that promoted people's dignity and well-being. Staff told us they called people

by their preferred names and explained to people what they wanted to do before they provided care. People were dressed in appropriate clothes and had well maintained hairstyles and nails. We observed staff spoke with people in a respectful manner. The interactions between people and staff were friendly. Staff said they listened to people and chatted with them as they provided care. People's privacy was respected. Comments included, "Staff are very respectful, like knocking on my door" and "All the staff knock before coming in. They always close the door behind them." We observed staff knocking on bedroom doors and waiting for an answer before they went in.

People were happy that they received the support to maintain relationships that were important to them." One person told us, "Families and friends can visit." Another person said, "My family visit. There are no restrictions on visitors except at lunchtimes if they can avoid it." Staff encouraged and supported people to maintain relationships to minimise the risk of isolation and loneliness. Relatives said staff invited them to events at the service such as birthday parties, religious celebrations and other festivities. One person told us, "For special occasions, like bonfire night and Christmas, all the staff make it very good for us here." People told us staff supported them to contact their family members. People said staff welcomed their relatives, ensured they were comfortable when they visited and said there were no restrictions on visiting times. Records showed people were supported to visit their families and enjoyed going out with their family members and friends.

Requires Improvement

Is the service responsive?

Our findings

People enjoyed taking part in activities. Comments included, "There is entertainment if you want it", "I prefer to be in my room, watch TV and do crosswords", "We have quizzes, ball games, cards, arts, music requests and bingo, all weekly" and "There is something going on every day." Staff asked people about the activities they enjoyed and encouraged them to take part. The activity of the day was displayed on the board in the sitting room which included sessions such as music, memory games, bingo sessions and gentle exercises. People knew the activities that were offered and the days when these happened, for example, one person said, "We have an entertainer come in regularly." One relative commented, "Activities do happen twice a week and a lady comes in."

Staff told us they supported people in activities. We noted staff recorded a person often rang their call bell because they wanted someone to talk with. During the afternoon of the inspection, we saw seven people participating in bingo. Some people sat in the lounges and television rooms and we observed there was little interaction between them and staff. We observed that people who stayed in their rooms were not engaged in any meaningful activity. The activities coordinator told us that they did not maintain a record of the activities carried out, the level of enjoyment and involvement of people. There was no programme of one to one activities for people who preferred to remain in their bedrooms. While people using the service and their relatives told us they enjoyed the activities provided, there was a likelihood that some people could be at risk of isolation and loneliness. This is an area of practice that needs improvement.

We recommend that the registered manager and provider seek advice from a reputable source about how to engage people who use the service in suitable individual programmes of activities that meet their needs.

People received care that was appropriate to meet their changing needs. One person told us, "Staff do check if everything is Okay with me." Another person said, "[Staff] are here for me. They will help as much they can." One relative commented, "We are always kept informed of any changes in [family member's] health. [Staff] ask us how [family member] should be supported." One healthcare professional said, "The staff are attentive and provide feedback about people." Staff worked closely with health and social care professionals and relatives when appropriate in the review of people's needs. Records showed that staff reviewed and updated care and support plans to reflect the changes in people's needs. Health and social care professionals commended the manner in which staff sought and followed their guidance to provide care that met people's needs. Staff told us the registered manager informed them about changes to people's conditions and provided sufficient guidance about how to meet each person's needs.

People were encouraged to do the things they could for themselves. Each person had an assessment of their ability to undertake tasks such as personal care, eating independently and accessing the community. One person told us, "[Staff] are positive. They want me to do as much as I can for myself. They don't want me to lose my independence." Staff were able to describe how they promoted people to be independent. One member of staff said, "If a resident is able and happy to wash their face, brush their teeth or dress them, I encourage them." Another member of staff said, "It's about them, what they can do on their own and not how much we do for them." Daily observation records showed staff supported people to complete tasks

such as cutting up food into smaller pieces or washing areas that were hard to reach which ensured people remained as independent as possible.

People using the service and their relatives knew how to make a complaint and were confident their concerns would be resolved. Comments included, "No, I've not needed to complain" and "If I had a complaint, I'd go to a [member of staff] or the manager." One relative commented, "There's nothing to complain about. I would be the first to complain, but have absolutely no reason to." The provider ensured people and their relatives had access to a complaints procedure which indicated how to raise concerns about any aspect of the service and where to go when they were not satisfied with the decision made. The registered manager had investigated and resolved complaints in line with the provider's procedures.

People's views about the service were sought and their feedback used to improve their care. One person told us, "[Registered manager] comes around when she is here and checks if everything is alright." Another person said, "[Registered manager] says I must not shy away from talking when things are not Okay. She listens and takes action." The registered manager told us the dining/sitting area and a separate television lounge had been rearranged following feedback from people living at the service.

Staff knew people's end of life care wishes. Staff gathered this information at the time of admission and reviewed it on a regular basis. There was no-one receiving end of life care at the time of our inspection. However, staff understood the importance of involving healthcare professionals to manage people's pain and making a person as comfortable as possible so that they experienced a dignified death.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection of 15 and 21 December 2016, we found the provider did not have robust management systems in place to monitor the quality of care provided.

At this inspection, we found the registered manager and provider had not taken sufficient action to ensure adequate systems were in place to monitor the quality of care delivered. The provider had not ensured policies and procedures were up to date. Some policies were outdated and made reference to the Care Quality Commission's (CQC's) Guidance about Compliance: Essential standards of quality and safety and its 28 outcomes that are no longer used and out of date. The provider's policies and procedures were matched against old CQC outcomes rather than the current fundamental standards, although the Provider Information Return indicated the policies had been updated to reflect current legislation and guidance. The registered manager was not aware that some policies were based on previous regulations. The policy and procedures for ordering, storage, administering and recording medicines were dated June 2015 and the complaints policy was dated June 2015. There was no information available about when these policies were to be reviewed.

Some policies were bought by the provider and did not appear to be aligned to practice at the service. For example, one policy said supervision should be every six to eight weeks but the provider's practice was to do this quarterly. There were policies not relevant to the management of a care home such as practising privileges which applies to licensed registered medical practitioners. This lack of oversight showed that the provider's quality assurance systems were not sufficiently effective.

The Statement of Purpose for the service referred to members of staff who were no longer employed at the service. The document did not include a date of publication and the registered manager was not able to tell us when this was last reviewed and/or updated.

People using the service and their relatives did not have sufficient formal meetings to discuss their views about the service. Systems for staff and people to provide feedback about their experiences of the service were not effective. The provider had carried out a residents' survey in 2017 to which there was only one response. The previous survey had been in May 2015. There had been a staff survey in 2016 with 11 responses. The results showed staff enjoyed working at the home and were committed to providing high standards of care. Although people and staff said the registered manager had an open door policy, we were not confident that they had sufficient opportunities to discuss their welfare and well-being. The lack of a keyworker system meant that people did not have a formal meeting with staff to discuss their care. In addition, the lack of planned regular one to one meetings with people using the service and the once a year meeting did not ensure that they had sufficient formal opportunities to be involved in highlighting improvements to the quality of care provided. Information in the PIR that stated, "In addition to informal discussion, meetings are held for residents and staff to discuss any issues they wish in a more formal environment."

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

An annual meeting of people using the service was last held in March 2017, and one staff meeting held in 2017 to seek their views and feedback about the service. Although staff told us they worked closely and received support from the registered manager, we were not confident they had sufficient opportunities to stand back from the day-to-day activity and reflect on care provided and any improvements required.

Record keeping was unsystematic. There had been no archiving of old records, for example staff records from eight or nine years ago remained in their files. The registered manager and staff updated care records and support plans. However, some did not show who had made the amendments and when.

Staff told us they knew how to raise concerns about people's welfare and that the reporting structures were clear. Staff were informed about changes to people's well-being and the running of the service through daily handovers. The registered manager told us she did not hold staff meetings as she attended daily handovers and provided updates to the team when required. The registered manager told us they held meetings when there were specific concerns, for example, when things had gone wrong. However, there were no minutes maintained for these specific meetings to demonstrate that the registered manager had followed up or carried out checks to ensure staff had adopted any practices agreed. The registered manager told us the keyworking system had not worked well because people were only informing their keyworker of any concerns they had about their health and well-being.

People's care was subject to quality checks and monitoring. The registered manager carried out audits on care planning and reviews, medicines administration records, record keeping and incidents and accidents. The audits were effective in identifying shortfalls. The provider monitored staff training and support they received to ensure staff were sufficiently skilled and experienced to do their work.

People using the service and their relatives commended the registered manager. Comments included, "The manager is a nice person", "She listens and sorts problems out" and "The manager is lovely. She is approachable, if I had a problem. If anything goes wrong, she would sort it out straightaway. One relative told us, "The manager and staff are very nice and approachable."

People received care from a management team led by the registered manager, a deputy manager and a team of experienced care staff. The provider who was away on holiday at the time of the inspection took a lead role in some aspects of the service. Although the registered manager took up her post in August 2016, she was not fully conversant about the operation of the home because the provider managed some aspects of the service. For example, there were maintenance personnel who carried out works and repairs at the service. The registered manager did not have sufficient detail about their contracts, a fact which the provider clarified when he came back from holiday. The provider took some of the responsibilities without involving the registered manager.

People knew the registered manager and were happy about the manner in which she showed interest in their welfare. Staff told us the registered manager was hands on and supported them to deliver care when needed. There were observations of staff's practice to ensure they followed the provider's policies and procedures when delivering care. We observed the registered manager walking about the home checking how staff interacted with people and the safety of the environment.

Staff were clear about the expectations of how they were to provide care to people. Staff said the registered manager discussed with them in their supervisions their roles and responsibilities to deliver person centred care. People said the provider acted on their feedback, for example, the dining room and lounge area

underwent refurbishment to provide more space and better equipped facilities for relaxation and entertainment.

The registered manager submitted notifications to the Care Quality Commission as required by law to highlight concerns they had about people's safety and the plans made to provide safe care. Staff told us the registered manager encouraged them to be open about the support they provided to people and to take responsibility for any mistakes they made. People's records were maintained well and accessible to staff when required. The registered manager reviewed people's records to ensure they reflected people's needs and the care delivered.

People benefitted from the involvement of other agencies in the delivery of their care and support. The registered manager worked closely with health and social care professionals to understand and provide care for people's conditions such as dementia. Staff told us the registered manager discussed with them improved ways of supporting people in line with guidance received from health and social care professionals.

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 17 HSCA RA Regulations 2014 Good governance The provider did not ensure that systems were operated effectively to assess, monitor and improve the quality and safety of the service and had not effectively sought feedback from relevant persons about the services provided. Regulation 17(1)(2)(a)(e)