

R S Property Investments Limited

# Gresley House Residential Home

## Inspection report

Gresley House  
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Swadlincote  
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Tel: 01283212094

Date of inspection visit:  
03 July 2018

Date of publication:  
21 September 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

The inspection took place on 3 July 2018 and was unannounced. Gresley House is a care home that provides accommodation with personal care and is registered to accommodate 27 people. The service provides support to older people who may also be living with dementia. The shared accommodation is on the ground floor and there are bedrooms on the ground and first floor. There are three lounges and one dining room for people to use and a rear secure garden. There are public facilities and public transport services within easy reach of the home.

Gresley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 27 people using the service.

There was 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.

This inspection was unannounced. Gresley House was last inspected on 23 March 2017 and the service was rated as Requires improvement. This was because we identified concerns that people were not always kept safe from harm and some people were restrained without the need for this being assessed. Medicines were not always managed safely to ensure that the risks associated with them were reduced. Not all of the staff had the knowledge and skills to support people effectively.

At this inspection, although we saw some improvements had been made, further improvements were still needed. This is the third consecutive time the service has been rated 'Requires Improvement'. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found systems in place to ensure improvements were made and sustained were not effective.

Systems to monitor and improve the service had not always been effective in identifying improvements were still needed in the home. People were not always protected from harm as action had not been taken where risk had been identified. People did not always have a care record which reflected how to minimise risks and record how people wanted to be supported.

Further improvements were needed to ensure people's medicines were accurately recorded to reflect when they received these, the storage arrangements was not secure for all medicines and the temperature of the room was too high to ensure the integrity of all the medicines.

Staff received training and support to develop the skills and knowledge to support people, however the

provider had not ensured that people's support was provided in line with current legislation and best practice guidelines; this had resulted in people being placed at risk of harm.

People had access to healthcare services and felt they received the support they needed from trained staff. There were sufficient staff available to meet the identified needs of people who used the service in a way that they wanted this. Health concerns were monitored and people received specialist health care intervention when this was needed. 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 could decide how they wanted to be supported.

Staff had developed caring relationships with people and their privacy and dignity was respected. The staff were developing the service they provided to people who were living with dementia and no longer wore uniforms with the aim of providing a more homely feel.

People enjoyed the activities and opportunities to socialise. People were able to stay in touch with people who were important to them as visitors could come to the home at any time. People knew who to speak with if they had any concerns and they felt these would be taken seriously. Arrangements were in place so that actions were taken following any concerns being raised.

Visitors were welcomed at any time. People knew who the registered manager was and the staff felt they were approachable and provided support to them. People were able to share their views about the service and received feedback on developments in the home. Mealtimes were not rushed and people enjoyed the food that was prepared and following consultation had decided to eat their main meal in the evening.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Staff did not always understand the risks associated with people's care, and plans were not in place to minimise risks. Accurate records of medicines were not always kept to demonstrate people received all their medicines; the safety and storage of some medicines may have been compromised. Staff were suitably recruited and were available at the times people needed them, in order to meet their care and support needs.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Care and support was not always planned to ensure best practice care. Assessments had been completed to demonstrate whether the person could make certain decisions for themselves and how these had been made in their best interests. Staff had received training to meet individual needs. People made decisions about what they wanted to eat and drink and were supported to stay healthy and had access to health care professionals.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

The provider had not ensured staff had the necessary skills to provide people with the care and support they needed. People were supported by staff who people considered were kind and caring. Staff respected people's privacy and dignity, and promoted their independence. Visitors were welcomed at the home.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

People's support was not recorded to ensure all staff knew how they wanted to be supported and to remain safe. People were supported to pursue their hobbies and interests and able to join

**Requires Improvement** ●

in a variety of activities. People were given opportunities to share their views about the care and support they received and the registered manager dealt promptly with any concerns or complaints they received.

### Is the service well-led?

The service was not always well led.

Audits had not always been used to constantly drive improvements. The home had not sustained improvements from previous inspections where improvements had been required. People were asked how the service could be improved. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

**Inadequate** ●

# Gresley House Residential 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 visit took place on the 3 July 2018 and was unannounced. The inspection visit was carried out by 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 provider completed a Provider Information Return prior to our inspection. 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 took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with ten people who used the service and five relatives. We spoke with five members of care staff, the cook, and the registered manager. We also spoke with two health and social care professionals. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files.

# Is the service safe?

## Our findings

At our last inspection we found that people were not always protected from abuse and avoidable harm. Some people needed support to manage complex behaviour and staff were using restrictive practices; the staff had not recognised that people may be at risk of harm. This meant there was a breach in Regulation 13 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014 Safeguarding people from abuse and improper treatment.

At this inspection we saw that improvements had been made to support people with complex behaviour. To ensure staff could respond to complex behaviour, staff had received further training. One staff member told us, "We learnt about how to help people if they were worried or were becoming anxious. We also learnt about how to breakaway and get out of situations without hurting people or getting hurt ourselves." There were no people who presented complex behaviour living in the home although the staff felt confident that they now had the skills to support people and would work well together to ensure people were safe.

At our last inspection we found that medicines were not always managed to reduce the risks associated with them. Some people received their medicine without their knowledge in food. There was no clear guidance in place for staff to know how these medicines should be given; people were not always given the opportunity to consent to take their medicines as they were prescribed. Information about when people needed their medicines was not available and the stock for some medicines was not correct. This evidence represented a breach in Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. On this inspection we found that improvements had been made but further improvements were still needed.

The staff now understood that where people were unable to make decisions about their medicines, decisions needed to be made in their best interests with the support of health care professionals. There were no people receiving their medicines without their knowledge. Where people had medicines to be taken 'as required' there was now guidance in place to support staff to make the decision when to administer the medicine. One member of staff told us, "The new way of working is much clearer and tells us all when is the best time to give any medicines."

Improvements had been made with the systems to identify the number of medicines stored in the home. However further improvements were still needed. One person had medicinal patches administered; we saw the staff recorded where this was placed on the body to ensure different positions were used each time the patch was applied. When completing an audit, we saw the number stored in the home exceeded the amount that should be there. This meant that on one occasion the person had not had a new medicinal patch, although this had been signed for.

Stocks of excess medicines were stored in an unlocked cabinet within the medicines room. This meant they were not stored securely in line with current best policy practice. The provider had not considered how medicines should be stored to ensure these were kept safely. The temperature in the room was higher than the recommended temperature for storage of medicines. The provider had identified this and purchased an

air conditioning unit but this was not effective at reducing the temperature. This meant the integrity of the medicines could be compromised.

People were given time to take their medicine and staff offered people a drink and explained what they were for. We saw staff signed for these medicines only when these had been administered. We saw when people received their medicines they were provided with time to take these and offered a drink. One relative told us, "The staff are very kind when they are doing all the tablets and [Person who used the service] has all the creams they need applied. I would see problems with their skin if they didn't and I have never had any worries." Where people needed health checks completed to identify the dose of a particular medicine, these were carried out and we saw people received the correct dose.

We recommend that the provider considers current best practice guidance for managing medicines for people receiving support and take action to update their policy and practice accordingly.

The registered manager had not ensured that lessons were learned and improvements made when things had gone wrong. Staff did not always have a good understanding of how to protect people and had not recognised where they may be at risk of harm. We found that one person had an injury whilst in bed as the bed rails were not fitted with bumper guards; this meant there was a gap between the mattress and the bed rails. The person had their leg trapped and although the staff had completed an accident form, this had not been brought to the attention of the registered manager and no action had been taken to prevent the risk of injury occurring again. The registered manager informed us that these were being used due to the risk of falls and we saw a sensor mat was also in place, to alert staff to the person's movement during the night. The care records did not include any information about the use of bed rails or the risks of falls to determine whether these were the most suitable measures to keep them safe. There was one recorded incident of a fall during the night but staff were unclear whether this equipment should be used to keep them safe. We ensured that the equipment was assessed to ensure this was safe for the person to use and requested the registered manager review the care. The registered manager reported this incident to the local safeguarding authorities to ensure this could be reviewed and they were protected from future harm.

This evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

Staffing was arranged to ensure people's safety. We saw people spent time in the lounge areas and staff were available in all the communal areas of the home. Where people had mobility aids, we saw these were placed in reach of people and they were able to move around the home unrestricted. When using equipment to help people to move, staff reassured them they were safe, by explaining what they were doing in advance. However, care records did not always include risk assessments and information about what action staff needed to take to reduce any potential risks.

People had call bells in their bedroom. We saw one person chose to spend time in their room and they sat near to where their call bell was located, so they could seek assistance where this was needed. They told us, "If I had a problem I would just call them and I know the staff would come and see what the problem was." One relative told us, "There's enough staff around, they are always buzzing around like bees. There's always someone around to help if they are needed and they are very attentive."

Steps had not always been taken to prevent and control infection. Some people used moving and handling slings when using a hoist to move from one area to other. We saw that people had named individual slings but staff were not aware of this and these were being used for different people in the home. An assessment had been completed to determine which sling and the size to use and we saw this correct type of sling was



used, although these were being shared. One member of staff told us, "I don't think people have their own slings. We know what size they use and everybody uses the right one and they get washed on a Sunday." This presents a risk of cross infection and does not meet recommended guidance to ensure infection control measures are met.

We recommend that the provider considers current best practice guidance for infection control procedures and take action to update their policy and practice accordingly.

People were happy with the standard of cleanliness in the home. One person told us, "It always looks nice, the staff are very good at keeping everything nice." The home was clean and checks were made in all areas of the home to identify whether acceptable standards were maintained, equipment was safe to use, mattresses were suitable for use and areas were clean. We saw that staff had access to antibacterial soap and regularly washed their hands and used available gels.

People were relaxed and comfortable in the presence of staff and they told us they were happy and felt safe living at the home. There were enough staff to meet people's needs. We saw that staff were available to respond to people's request for care and support. Staff spent time talking with people and engaged in activities with them. Any additional cover for sickness and annual leave was generally provided by the staff who worked in the service. This ensured continuity of care for the people who lived there. When new staff started working in the service, the registered manager checked staff were of good character, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

## Is the service effective?

### Our findings

The registered manager had not ensured that people's support was provided in line with current legislation and best practice guidelines. Staff were not always aware of what care people needed. There was a lack of information within support plans to ensure effective care was delivered in relation to supporting people to remain safe and managing risk. This had resulted in an injury and there was a lack of guidelines to ensure staff supported people effectively with their care needs.

At our last comprehensive inspection we found that staff did not always have the skills and expertise to support people effectively; the staff did not always communicate with others to ensure that all the team were aware of any changes to people's support. At this inspection we saw that improvements had been made. We spoke with one health care professional who told us, "The staff always attend the improvement meetings we hold which helps build relationships and share information and the home is working very well with us. For example, whenever we ask for any forms or care to be completed, then it's done." One member of staff told us, "We are working closely with the nurses who visit so we know what care people need. We talk about what's happening at handover so we know if there any changes. This is working much better now."

When new staff started working in the service they worked alongside experienced members of staff whilst getting to know people and learning about how people wanted to be supported. One member of staff told us, "I was quite happy with how the induction went, we covered what I would need to do and I've been working with other staff so I could get to know people. The registered manager explained that new staff who had not gained any recognised care qualification would complete the care certificate as part of their induction. Staff who had completed this with a previous employer would have their competency checked to ensure they continued to understand how to support people effectively. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff received training that helped them develop the knowledge and skills needed to support people. One staff member told us, "We have just done the sensory deprivation training. We looked at the effect of poor eyesight and having problems like glaucoma. We wore special glasses so we could see what it was like for people. It really made you look at things differently and think about how this may affect people with simple things, like trying to find the bathroom." Staff were able to describe how they put their learning into practice. One staff member said, "We've had dementia care training and understanding the different forms of dementia and how this can affect people. The training has made me understand more about how dementia affects people. It takes longer for people to understand what's being said, so I wait longer for an answer now and don't just think they aren't going to answer. It's important that we try to understand how they may see things; look at it from their perspective."

At our last comprehensive inspection we found that the provider was not working to the principles of the Mental Capacity Act (2005). 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. At this inspection we saw improvements had been made.

People made their own decisions about their care and support and staff respected their right to decide. We saw staff asked people how they wanted to be cared for and supported before they provided care. We saw where people lacked the capacity to make certain decisions, capacity assessments had now been completed and a best interest decision had been made involving those people who were important to them. For example, we saw that an assessment had been completed to determine whether one person had the capacity to understand if they wanted to stay in the home. The assessment included information about the questions that had been asked to determine capacity and how the best interest decision had been reached. Staff understood the requirements of the MCA and one member of staff told us, "We had the training to understand about what it means if you can't make your own decisions. Most people here can decide what they want and we always ask people and assume they have capacity. At the end of the day, it's also basic manners. I wouldn't dream of just going ahead and doing something without asking first."

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 saw that there were DoLS in place and conditions had been met when required. Where any restrictions had been identified, the registered manager understood their role to ensure applications to lawfully deprive people of their liberty had been made.

People liked the food that was prepared and had a choice of what to eat. We spoke with staff responsible for food preparation who confirmed they had information about how food needed to be prepared as people needed it to be. Where swallowing was a risk, the staff had liaised with the speech and language therapist to undertake an assessment of people's ability. The staff knew about people's likes, dislikes or any allergies regarding food and that they knew when foods needed to be fortified, pureed or prepared as a soft diet. One relative told us, "[Person who used the service] doesn't eat meat but they prepare fish and do a veggie burger and things like that for them." People had been consulted about when they wanted to eat their main meal and as a result, the main meal was now served in the evening. One person told us, "I like it better this way; it's the time I've always had dinner." One member of staff told us, "We have found that people are eating better now. Sometimes we were serving a large meal at lunch time when people had only just had breakfast; it was too much and there was a lot of waste. Now most of the food is eaten and not many people have supper anymore because they aren't hungry." There were two choices at meal times, but people could request something different and this was provided. A pictorial menu was displayed in the dining room for people to refer to, and we saw this matched the food that was prepared.

Throughout the day people were offered drinks to ensure they were suitably hydrated as the weather was sunny and very warm. There was a variety of drinks and cups outside the main lounge areas that people could help themselves to or staff ensured people were offered drinks. One relative told us, "There's food and drinks offered all the time here. In the afternoon there's a drink and cake but it's so hot that at the moment everyone is offered ice cream." Some people were weighed as there were concerns about weight loss. Where concerns were identified, referrals were made to health professionals to support people to have a specialist diet.

People were supported to maintain their health. Where people became ill, they told us the staff arranged for the doctor to visit them. Community health care professionals were invited to the home to ensure people had opportunities to receive chiropody and have their eyes tested. One relative told us, "If anything is happening or something isn't right, the staff are straight on the phone and calling the doctor." We saw there

were records that demonstrated that people's health was regularly monitored and there were records of people's appointments and interactions with health professionals.

The registered manager had introduced the 'red bag scheme'. This is where a red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their hospital episode and is returned home with them. This ensures that everyone involved in the care for the person will have necessary information about them. The staff explained that this meant that all hospital staff had the information they needed to provide a safer and consistent care for people as this included information about their health, medical history and where people needed support to help to make decisions.

All shared environmental facilities were on the ground floor and there were three lounges and one dining room. People liked the home and were happy with the environmental standards and told us it felt 'homely'. There was a lift for people to access the first floor and people were able to access all parts of the home. There were large pictorial signs on toilet doors to help people to know what these rooms were. People had been asked how they wanted to decorate their room and their bedroom door was painted in a colour of their choosing to help them to identify their bedroom.

## Is the service caring?

### Our findings

People were happy and liked to live in their home, however we found the provider had not ensured improvements were made within the service to ensure people always received safe care. The provider had not understood the importance of ensuring staff had the necessary skills to identify where care was not safe or effective to give people the caring support they needed. For example, people had been placed at risk of harm as the the bed rails had not been fitted safely and staff had not received the training they needed to identify this. We have taken this into account when considering our rating in this domain.

People felt the staff were kind and caring and were always happy to help. One relative told us, "The staff are very responsive. You won't see [Person who used the service] wearing dirty clothes. If any food or drink is spilt then they are helped to get changed, Being proud and wanting to look nice doesn't change just because you're older." People were dressed in a style of their choosing and had matching accessories and people could have their bags and personal possessions near to them. We saw when people were supported to move, staff remembered to take their personal belongings with them and asked people where they could place these so they could reach them.

The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People were able to choose how to dress to express themselves including growing their hair and having a beard. Staff ensured people were not discriminated against by having a clear understanding of people's diverse needs. Staff were able to explain how they supported people living with dementia and how they took the time to care for and communicate with them.

People were encouraged to express their views and staff listened to their responses. People were given time to consider their options before making a decision. For example, people chose how to spend their time, what to be involved with and where they wanted to sit. One relative told us, "It's nice to see people spend time in different rooms and don't just sit in one chair unless they are with people they get on with."

People were supported to maintain their independence and the support they received was flexible to their needs. One relative told us, "The staff know everyone really well. It's the little things that make a difference to us all. The staff know that [Person who used the service] likes to eat with their fingers so they prepare food that they can pick up themselves so they can still be independent. That's really thoughtful of them." Another relative told us, "[Person who used the service] used to be a carer and they help with the dishes, collecting them and things like that."

Staff respected people's privacy and dignity and we saw staff speaking with people discreetly about matters of a personal nature. The staff were concerned about people's comfort and examples included staff repositioning people's cushions to make sure they were comfortable in their chairs and they checked that people were feeling warm enough. When supporting people to eat at meal times or when they had a snack, they sat next to them and spoke with people explaining what the meal was and checking they were happy. Personal care was completed in private and before staff entered people's bedrooms, they knocked on the door before entering. People were recognised and valued as adults and people could spend time in their

room so that they had privacy when they wanted it. People could have a key to their bedroom. One person told us, "I like having a key to my room. If I lost it then the staff would arrange to let me in with their key but they only do that if I ask them to."

People were supported to maintain relationships with family and friends and staff recognised people's rights to have personal relationships, develop friendships and have opportunities to be intimate and share time together. We saw family and friends visited throughout the day and there was a relaxed atmosphere and people were comfortable with staff. One relative told us, "One of the best things here is how the staff speak with people. You can tell they really care and [Person who use the service] really responds well to them." We saw staff knew people well and we saw them talk about significant past events and heard them talk to people about their family and how they were.

## Is the service responsive?

### Our findings

People had a support plan but this did not always include information about how they wanted to receive any care. People told us that before they moved into the home they had been able to visit and been asked about how they wanted to receive their care. One relative told us, "When we visited here, we were asked about what [Person who used the service] liked and how they wanted everything done." However, this information including identified risk, was not always recorded to reflect how people should receive safe and effective care. People's care had not been reviewed with them to ensure it met their needs and reflected how they wanted to be supported. The registered manager had agreed with staff members to review all support plans but these had not been completed. This meant records were not up to date and there was a lack of information to keep people safe.

This evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

People were happy with the opportunities they had for engaging in activities that interested them. There was a notice board in the entrance hall which displayed any planned events. On the day of the inspection, people had an opportunity to book a hair appointment, have their nails manicured and watch Wimbledon. There was a focus on sporting events and people had been watching the World cup together. We saw staff asked people for their prediction of the score for the football match later that day. The home was decorated with football flags and there were details about each team who were participating in the event. One person told us, "Not everyone likes football but I think we are all interested in the World cup." Another person told us, "I'd watch sport all day, so this is good for me."

People were involved with growing food that they enjoyed to eat. This included potatoes and tomatoes. These were being grown in a green house and within raised beds so people that used wheelchairs could be involved with gardening. There were chickens in the garden and people told us they enjoyed watching them. One person told us, "I used to have chickens when I was younger; I think most of us did. I like to watch them move around especially when they run." There was a range of seating areas and a range of garden ornaments, plants and trees to create a pleasant environment for people. One person told us, "I'd sit out here all day. I prefer to be outside and in this lovely weather I'm quite happy sitting here." Some people liked to spend time in their bedroom. One person told us, "I've recently moved bedrooms as I like this one as it was larger. I have my own television and furniture in here and my photo's around me."

The staff had considered how to support people living with dementia and decorated the home with items from different periods of time including vinyl records, a sewing machine and type writer. There was also a range of objects including bags, hats and dusters that people could pick up. One member of staff told us, "We have some people that walk around and will pick objects up so we have different things all around the home so there is always something to hand." The staff recognised the value people placed on their personal possessions and offered them their handbags and placed these in reach so people could access them. Some people held soft toys and they spoke and interacted with them; this is known as 'cuddle therapy'. Cuddle therapy may bring back memories of early parenthood and caring for a doll or soft toy can play a major part

in some people's life. We saw people 'twiddling' with cushions, objects and fasteners and looking though the variety of different objects to hold.

People could speak with staff about things that they needed to talk about and they knew how to raise concerns if they needed to. There was a complaint system in place and the registered manager explained they considered the circumstances of any formal complaint before providing a response. We saw written and verbal complaints had been recorded including where people were not happy about the conduct of staff and where clothes had gone missing. There was a record of any investigation and the outcome that people were informed about.

People stayed in touch with their family and people who were important to them. Relatives that we spoke with told us that they were made to feel welcome when they visited and were kept informed about their family member and any changes in their well-being.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.



## Is the service well-led?

### Our findings

We have carried out three comprehensive inspections at this service. On all three occasions, the service has been rated as 'requires improvement', with a repeated cycle of breaches and any improvements not always being sustained. We found that some of the systems in place to review quality needed to be embedded and improvements still needed to be made. We found the systems to monitor and assess the service to drive improvements were not effective and lessons had not always been learnt. The registered manager explained that following the last inspection they had considered how improvements could be made including providing further training to ensure that staff understood how people were able to make decisions and how to help to keep people safe when they had complex behaviour. However, improvements had not been made to ensure quality systems were effective. For example, we found the systems to monitor medicines were not effective including ensuring people received their prescribed medicines and having an accurate record of all medicines in the home. A daily record of the temperature of the medicines room had been recorded but suitable action had not been taken to reduce the temperature.

Support records did not always contain up to date information. For example, where people had recently moved into the home, only a brief plan of care had been developed and this did not include all identified risks. Staff had different views on how people's needs should be met and whether equipment including bed rails should be used. This failure to implement an effective system for auditing care records had resulted in care plans which did not always accurately reflect some people's current needs and had placed people at risk of harm.

Staff were not aware that people should use individual slings to ensure infection control measures were in place. Infection control audits were completed but this had not identified the practice of sharing slings in the home.

We found continued breaches of the Health and Social Care Act (Regulated Activities) regulations 2014 in Regulations 12 and 17. The provider has not met some of the regulations since June 2016. We have taken this into account when considering our rating in this domain.

This demonstrated there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections. The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services. We will also be

meeting with the provider to review what changes will be made to ensure that outcomes for people who use the service improve.

People knew who the registered manager was and they told us that they were approachable. One relative told us, "The manager here is on the ball. She is very approachable and very easy to talk to and understanding." Staff told us that they were supported and were clear about the expectations of their roles.

People were encouraged to put forward their suggestions through satisfaction surveys and short focused surveys. The notice board in the entrance hall sought people's views on a single topic. This month, people and visitors were asked for their views about activities. Using stickers they were asked to rate the opportunities they had as good, satisfactory or bad. The staff told us the theme changed each month and they had received positive comments about the short focused survey as this gave them a quick overview of whether improvements were needed. Surveys had recently been sent to people and their relatives and the notice board displayed the feedback and where improvements were needed, how these would be made. We saw this included; wanting more visits from singers and entertainers and improving the standards within the home. As a result of these comments the manager had displayed how they planned to make improvements. This was displayed as 'You said' and 'We did.'

The registered manager also sought people's views in meetings. During the last meeting the registered manager had discussed changing having the main meal to the evening and staff changes including not wearing uniforms so the service was more homely and less clinical. They also discussed how to raise any complaint and to reinforce that people were welcome to come and speak with the registered a manager or staff to stalk about anything that was worrying them.

Newsletters were produced to inform relatives and professionals about the developments within the service; the activities people had been involved with forthcoming events. The last newsletter included details of events people had been involved with, photographs and detail of any fund raising activities. There was also a topic of information to inform people about care practices and legislation. The latest newsletter included information for people and relatives to read about what it meant to have a lasting power of attorney, the role of the Court of Protection and deputyship for when people needed support to make decisions when they no longer had capacity.

The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. They kept us informed of issues or concerns. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating and report in the front entrance hall in the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way.</p> <p>The registered person had not assessed the risks to ensure the health and safety of people receiving care.</p> <p>The registered person had not done all that was reasonably practicable to mitigate such risks.</p> <p>The registered person had not ensured that equipment used by people for providing care or treatment was safe for use and used in a safe way.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17(1)(2) Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p> <p>17(3) The registered person must send us a written report setting out how, and the extent to which, in the opinion of the registered person, how 17(2)(a)(b) are being complied with, and any plans for improving the standard of the service.</p>

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  Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the service.

### **The enforcement action we took:**

We imposed a condition on the Provider's registration.