

Diamond Healthcare Ltd

Primrose Villa Care Home

Inspection report

258-260 Preston Road
Standish
Wigan
Greater Manchester
WN6 0NY

Tel: 01257421737

Website: www.primrosevilla.co.uk

Date of inspection visit:

27 February 2018

28 February 2018

Date of publication:

01 May 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection of Primrose Villa on 27 and 28 February 2018. The first day of the inspection was unannounced.

Primrose Villa 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 home has 15 beds and is situated in the Standish area of Wigan. At the time of our inspection there were 13 people living at the home.

The home was last inspected on 23 and 24 November 2016, when we rated the service as 'requires improvement' overall and in the key lines of enquiry (KLOE's); safe, effective, responsive and well-led. The home was rated good in the KLOE caring. We also identified four breaches in three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staffing, person centred care and good governance. We also made two recommendations in relation to the recording of fluids and ensuring the environment was dementia friendly.

At this inspection we identified one continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. You can see what action we asked the provider to take at the end of the full version of this report.

At the time of the inspection the home had a registered manager. 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.

All the people we spoke with told us they felt safe, and enjoyed living at Primrose Villa. Relatives were also complimentary about the standard of care provided. Staff had received training in safeguarding and knew how to report concerns. The home had appropriate safeguarding policies and reporting procedures in place, although there had not been the requirement to make a safeguarding referral since the last inspection.

We found the home to be clean with appropriate infection control processes in place. Staff wore personal protective equipment (PPE) to prevent the spread of infection and the home employed a housekeeper, who ensured all communal areas, bathrooms and bedrooms were clean and tidy.

Both people using the service and staff we spoke with told us enough staff were deployed to meet needs. The home used a system to determine safe staffing levels, which we saw tallied with the rotas.

We saw medicines were stored, handled and administered safely and effectively. All necessary documentation was in place and was completed consistently. Staff responsible for administering medicines

were trained and had their competency assessed annually.

Staff spoke positively about the training available. We saw staff had completed an induction programme upon commencing employment and on-going training was provided to ensure skills and knowledge were up to date. Staff also confirmed they received regular supervision and annual appraisals, which along with the completion of monthly team meetings, meant they were supported in their roles.

Meal times were observed to be a positive experience, with people being supported to eat where they chose. Staff engaged in conversation with people and encouraged them throughout the meal. We saw drinks were available in all communal areas throughout the home and people were supported and encouraged to drink on a regular basis.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be caring and treated people with kindness, dignity and respect. Our observations showed staff clearly knew the people they supported and had formed positive working relationships. People told us they felt comfortable in speaking to the staff about any issues or concerns.

Both the registered manager and staff we spoke to demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We saw the service was working within the principles of the MCA and had followed the correct procedures when making DoLS applications.

We looked at four care files which contained detailed, personalised information about the people who used the service and how they wished to be cared for. Each file contained detailed care plans and risk assessments, which helped ensure their needs were being met and their safety maintained.

We saw a varied activity programme was provided, with people's likes and interests being catered for as much as possible. People's engagement had been captured in their care file.

We saw relative and resident meetings had been held quarterly, with minutes kept on file. People's views about their care had been captured via a resident of the day process.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed on differing timescales, depending on the area being assessed and covered a wide range of areas including medication, care files, infection control, health and safety and meal time experience. Provider level audits had also been completed, to provide additional oversight and governance. However we noted neither auditing or risk assessment processes had identified the lack of radiator covers.

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.

Staffing levels were appropriate to meet people's needs.

People we spoke with told us they felt safe living at Primrose Villa.

Staff were trained in safeguarding procedures and knew how to report concerns.

Medicines were stored, handled and administered safely by trained staff that had their competency assessed regularly.

Is the service effective?

Good ●

The service was effective.

Staff reported that sufficient and regular training was provided to enable them to carry out their roles successfully.

All staff spoken to had knowledge of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans.

The dining experience was positive and we saw nutritional needs were being assessed and provided as per people's prescriptions.

People's medical needs were supported and involvement of professionals clearly documented.

Is the service caring?

Good ●

The service was caring.

People living at the home were positive about the care and support provided, telling us that staff were kind, respectful and treated them with dignity.

Staff had a good understanding of the people they cared for and were actively involved in promoting people's independence.

People's preferences were captured within care files and care was provided in line with their wishes.

Is the service responsive?

Good ●

The service was responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

Activities were facilitated by a coordinator five days per week, which catered for people's needs and interests.

People told us they knew how to complain and would feel comfortable doing so, but voiced they had not yet needed to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Audits and monitoring tools were in place and used regularly to assess the quality of the service, however had not identified the issue we found with radiator covers.

Both the people living at the home and staff working there said the home was well-led and managed and that they felt supported by the registered manager.

Team meetings were held regularly to ensure that all the staff had input into the running of the home and were made aware of all necessary information.

Meetings were held with people living at the home and their relatives, to capture people's views and update people with pertinent information.

Primrose Villa 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.

The inspection took place on 27 and 28 February 2018. The first day of the inspection was unannounced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience (ExE). An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services. An Inspection Manager from the CQC also attended on the first day. This was to observe the inspection as part of CQC's governance procedures.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance team at Wigan Council.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the course of the inspection we spoke to the registered manager, regional manager and four staff members. We also spoke to seven people who lived at the home and one visiting relative.

We looked around the home and viewed a variety of documentation and records. This included; six staff files, four care files, six Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

Is the service safe?

Our findings

We checked the progress the provider had made following our inspection in November 2016 when we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to ensure enough staff were deployed, staff were deployed appropriately and the system used in determining staffing requirements was inaccurate.

At this inspection we found the provider had made improvements to how staffing levels had been determined and deployed. Both people living at the home and staff members we spoke with, told us there was enough staff on shift to meet people's needs and to keep people safe. One staff stated, "We normally have two on at night, this is enough to meet people's needs." A second said, "Yes we do, no problems with numbers. We respond quite quickly." We also noticed a significant improvement in the number of unobserved incidents, including falls, which had occurred due to areas of the home such as the lounge and dining room being left unattended. This demonstrated enough staff were on shift to monitor people appropriately.

The home used a system for working out the number of staff needed per shift to meet people's needs; these are sometimes called a 'dependency tool'. We found the tool needed amending to accurately reflect people's needs at night, as these had been overestimated, due to not taking into account people were largely asleep and so needed less support. We also discussed with the registered manager, the importance of ensuring ancillary staff, such as the activity coordinator or manager, were not counted in staffing numbers during the day, as the tool related to care staff only. We saw the tool was amended during the first day of inspection.

All the people we spoke with said they felt safe living at Primrose Villa. One person said "Oh yes, I've nothing to worry about here." Another stated, "It's champion". Two people told us they felt their health and emotional well-being had improved since coming to Primrose Villa. These two people were able to go out on their own and use public transport to go into Wigan.

During the first day of inspection, we noted none of the radiators had covers in place. This increased the risk of injury should someone fall against one and be unable to get themselves up. This omission had not been identified by the provider. Once this issue had been identified, both the regional and registered managers took steps to minimise the risk until each radiator had been covered. We saw covers had been ordered prior to the end of the inspection.

We looked at the home's safeguarding systems and procedures. The home had a safeguarding file which contained a copy of the company policy along with a matrix to monitor and log all referrals; however no safeguarding incidents had been recorded since the last inspection. Reviews of accident and incident information, along with discussions with staff members showed this was accurate. The staff we spoke to confirmed they had received training in this area, which was refreshed annually. Staff demonstrated they knew how to report any concerns.

When reviewing the accident and incident file, we saw a monthly audit had been completed which looked for trends and how to minimise future risks. Post-accident monitoring had also been completed, to ensure people remained safe and any effects resulting from their accident could be picked up and addressed promptly.

We looked at four staff files to check if safe recruitment procedures were in place and saw evidence references, Disclosure and Barring Service (DBS) checks and full work histories had been sought for all staff. These checks ensured staff were suitable to work with vulnerable people.

As part of the inspection we checked the systems in place to ensure safe infection control practices were maintained. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. Each area of the home was clean and free from offensive odours.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. Gas and electricity safety certificates were in place and up to date. Hoists, the lift and fire equipment had been serviced within required timeframes, with records evidencing this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order.

We looked at the home's management of medicines, which included reviewing documentation, checking stock levels and ensuring staff had the necessary guidance to ensure they administered medicines safely and when people needed them. We found medicine administration records (MAR's) had been completed accurately and consistently. Times for administering medicines on the MAR had been colour coded to match the colour of the 'blister' packs. This helped ensure medicines had been administered at the correct time.

Each person had a medication profile, which detailed their name, any allergies and how they liked to take their medicines. We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how much to give, when to administer and when people were unable to communicate their discomfort, the protocol identified the signs and symptoms to look out for, to determine if the PRN may be required. This ensured medicines had been administered safely and when needed.

We checked stock levels for six people, to confirm they had received their medicines as prescribed. We noted one person had missed a significant amount of medication, which we saw was either due to staff being unable to administer due to the person's presentation, or due to them refusing. We saw the home was in the process of seeking GP guidance around this issue, to ensure staff had the necessary information to follow about when it was appropriate to administer this person's medicines.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). At the time of the inspection, only one person was prescribed a controlled drug. We saw this had been administered as per guidance.

Is the service effective?

Our findings

During the previous inspection in November 2016, we made two recommendations to the provider. These were in relation to the recording of people's fluid intake and completion of research into personalisation and dementia friendly décor, to ensure the home met people's needs effectively.

During this inspection, we checked to confirm action had been taken. Guidance around fluid monitoring had been strengthened, and rather than this be completed for all people, was implemented when concerns had been identified with a person's intake. We listened to handover on the first day of inspection, and noted fluid intake was discussed in detail, including how much people had drank, and where issues had been noted, staff had been encouraged to promote fluids. We observed hot drinks being served in the lounge mid-morning and afternoon, as well as at meal times. Cordial was also available throughout the day and there was a water cooler in the dining room.

In regards to the environment, pictorial signage was in place and all bathrooms and toilets contained contrasting coloured hand rails and toilet seats which made them easier to identify. Bedroom doors had been painted in bright colours and furnished to look like a front door, with photographs as well as the room number and name of the occupant displayed. One bedroom door contained a poster of a favourite football team, rather than a picture of the person, as this had been their choice. Although there were no memorabilia-style pictures or posters in the communal areas, we did see an old-style wall-clock in the lounge, together with a cabinet with traditional china and ornaments. This gave the environment a homely feel.

People living at the home told us the food was "acceptable", "reasonable" and "nice", and they got enough to eat and drink. Two people said they ate everything given to them. One person particularly enjoyed the desserts, saying they "lapped it all up". This person had been underweight when they arrived and had subsequently gained weight. Another person said staff would bring them something to eat at night if they wanted it.

We found the meal time experience to be positive. Tables were nicely set with white tablecloths, place settings, napkins and condiments and each table had a jug of cordial. Two people initially chose to eat in the lounge and were provided with individual trolley-tables. One of the carers gently persuaded one person that it might be a good idea to mobilise and have lunch in the dining room. This was done sensitively and patiently and that person did eventually choose to go to the dining room. We noted one person who carried a doll with them was able to sit it at the table with them. Once people had been seated, the chef asked people for their meal choices and served them promptly. Where necessary, the chef presented plates with the two different options to help people choose.

At the time of the inspection no one living at the home required a special diet or thickened fluids. One person was prescribed supplements, which we confirmed had been provided as required. Food and nutrition assessments had been completed for each person, which covered their weight, appetite, ability to eat and any related medical issues. This was used to assess risks and needs and the action to take, such as

weekly weights or referrals to professionals.

From reviewing care files we found there was not a consistent and effective system for managing weight loss. Although Malnutrition Universal Scoring Tool (MUST) guidance was present in each file, this had not been completed. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition or obese. Instead of this, the current process had been for staff to report any noticeable weight loss to the GP. This relied on staff's judgement as to what was significant, rather than rely on a recognised system to alert them when someone was at risk. We discussed this with the registered manager, who demonstrated no one had been affected by the MUST not being used, but agreed to implement this moving forwards.

We saw the service worked closely with other professionals and agencies to meet people's health and welfare needs. Each care file contained a health professional's log, where any involvement from professionals such as GP's, district nurses and podiatrists had been documented, along with details of advice or actions to be completed. Personal care needs had also been documented and provided in line with people's wishes. A relative told us that having a shower every morning was an important part of her mum's routine, and the staff had ensured she was supported to do this appropriately.

We saw body maps had been completed upon people's admission to the home to identify any wounds or potential pressure areas, these were updated regularly and whenever a mark, sore or wound was noted. Pressure relieving equipment, such as special mattresses and cushions had been used to support people at risk of developing a pressure area.

We looked at how the home sought consent from people who lived there. People we spoke with told us they felt comfortable in expressing their views about their care to the staff and that they would be listened to. Two people said they would have no hesitation in speaking out if something didn't suit them. Staff were also mindful about the importance of gaining consent prior to providing care, and told us they always did so. Our observations during inspection showed this was done consistently.

We looked at the homes staff training documentation. Training completion was monitored via a matrix with each staff member's record detailing what training sessions had been attended and the date of completion. We found training was either up to date, or plans had been made for staff to complete any outstanding sessions. Staff spoke positively about the training provided. One said, "It's good, we do lots of training. An external trainer comes into the home to do some of this with us." Another stated, "We do all the mandatory training, there's a lot doing NVQ's, whatever you want to do, you can." We also saw evidence that the Care Certificate was in place at the home. The Care Certificate was officially launched in March 2015 and employers are expected to implement the Care Certificate for any staff without a background or experience in care.

A new supervision policy had recently been introduced, with the frequency reducing from bi-monthly to quarterly. A matrix was in place to monitor completion. We noted the home had experienced some issues in completing meetings in line with the old policy, however had been more consistent since this had been changed. Staff told us they were happy with the current system and felt supported.

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

is in their best interests and legally authorised under the MCA. The authorisation 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. We saw evidence discussions had been held with professionals regarding restricting a person from leaving the building, if it was deemed to be in their best interest, due to their presentation at that time. This had been agreed but any instances had to be recorded in the care file, which we noted had been done. DoLS applications had been submitted for anybody deemed to lack capacity to consent to their care and treatment, with a matrix in place to log referrals and outcomes.

Is the service caring?

Our findings

When asked, all the people we spoke with living at Primrose Villa said the staff were kind and looked after them well, reporting, "they are very good". One person said, "They are very nice, I know if I'm in trouble they will help me". Another stated, "I wouldn't want to leave here."

Each person we spoke with felt staff respected their dignity and privacy, for example, by knocking on bedroom doors before entering. One person said, "They are always polite, they always knock before coming into my room".

Staff were knowledgeable on the importance of promoting independence. One told us, "Don't take over, let people do what they can do and just support them with what they can't." Another said, "Let people do things for themselves. Sometimes they don't want to, even though they can, so at these times we try to encourage them as much as possible." We asked people living at the home for their views. We spoke to two people who were able to go out on their own, walking around the local area or taking the bus into Wigan, who appreciated the opportunity to maintain their independence. Other people we spoke with felt staff were very patient and good at giving them time to do those things they could do for themselves. One person told us, "I think I can't do things but then I find I can, I only think I can't."

Over the course of the inspection we spent time observing the care provided in all areas of the home. People appeared relaxed and settled and were well- groomed. The home maintained a consistent staff team, which was evident in the interaction between people and staff. Staff clearly knew each person well, including their likes and dislikes and how they wanted to be supported. People were comfortable in staff's presence engaging in conversation and 'banter' and happily sharing a joke.

Positive interactions extended to mealtimes. During lunch on the first day, we found the atmosphere was relaxed and friendly, with carers chatting to people and gently supporting and encouraging those who needed it. An extra sandwich was made for one person who had been off their food recently, but just started to get their appetite back. The staff were clearly pleased to see the person enjoy the sandwich.

On one occasion we observed a person, who needed to be transferred into a wheelchair using a hoist became distressed, shouting and struggling with staff. A staff member bent down to their level to reassure them and sensitively explained again what was happening and why and was that okay, after which the person noticeably calmed. We also observed staff patiently encouraging those using walking frames, giving them time to work out how to manipulate them by themselves.

A relative told us the staff were welcoming and communicated well both with them and their family member. The relative particularly referenced staff engaging positively and inclusively with them both about their family member's medication and health care needs.

Staff were mindful of the importance of catering for people's diverse needs, whether these be sexual, spiritual or cultural. Care files contained a section which captured people's needs, wishes, religious and

cultural requests. At the time of inspection nobody living at the home had any specific requirements, however staff told us these would be catered for.

Is the service responsive?

Our findings

We checked the progress the provider had made following our inspection in November 2016 when we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not involved people in reviewing their care as requested and failed to provide activities which met people's social needs.

During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

A new care file system had been introduced by the previous area manager following our last inspection, which was still being utilised, albeit further updates were being added by the registered manager. We saw care plans contained a signature section for people to sign to confirm they had been involved with the process and were happy with the content. The consent form in each file contained a section to capture people's wishes regarding ongoing involvement in the care file and reviews, and we saw either people or their relative's wishes had been respected. We did note three people's care plans had been recently updated following a change, however the registered manager had yet to get people or their representative to sign the updated documentation, to ensure they agreed with the change. We were told this would be done as soon as possible.

Prior to admission a detailed assessment had been completed which captured key information about the person including past and present medical information, aids and adaptations in use or required, tissue viability and personal information. This ensured staff had an understanding of the person's needs prior to moving in.

Upon admission, we saw people received care that was personalised and responsive to their individual needs and preferences. Each care file contained a summary sheet, which concisely covered the person's needs and how these were to be met; this meant staff had a quick guide to refer to. We saw care plans had been written in first person narrative and described the person's support needs and wishes and how they wanted these to be managed. Each care plan contained three sections, one for the task or activity, one for the action required and the third to state who was responsible. This meant tasks the person was able to complete, were captured within the care plan, so staff did not de-skill the people they supported.

Each person had both a life story section and 'this is me' document within their care file. These provided staff with information about the person's background, life history, interests along with routines important to the person, things that worried or upset them and what made them feel better if anxious or upset. This ensured staff had the necessary information to provide person centred care. The people we spoke with who lived at Primrose Villa felt the staff were familiar with their likes and dislikes. All considered the staff to be approachable and they would have no concerns talking to the staff about any issues they had. One person told us they felt able to talk to staff about their anxiety issues.

Aside from the two people we spoke with, who accessed the community independently, the others we

chatted with were unable to provide much feedback about the activities provided in the home. Two people said they sometimes played dominoes and another stated, "A girl comes in the afternoon with all sorts to do". A third person, who had limited mobility, told us that a member of staff had taken them out to the shops one day, which they had really appreciated.

We saw the home employed an activities co-ordinator who worked five days a week, 1pm to 4pm Monday to Thursday and 8am to 2pm on Friday's. We were told by the registered manager, the times had been discussed and agreed with people living at the home, although this discussion had not been captured anywhere.

On the day of our visit, we observed a chair-based, arm exercise session to "old-time" music, which seven people participated in, as far as they were able. Following this a dominoes session was facilitated for six people at a table in the dining area.

During conversation, two people living at the home recollected that a party of young children had come to Primrose Villa at Christmas for carol singing. This was confirmed by the registered manager, who told us the children were from a local school. They also showed us photographs of a return visit by the children on Valentine's day, where they joined the residents in a craft session. We were also shown photographs of a visit people had made to a local dementia café and sensory room. Due to the success of that visit, plans were in progress to visit a working farm, with facilities for people with dementia.

We looked at how complaints were managed. The complaints procedure was clearly displayed on the notice board, along with a telephone number and email address people could contact, should people wish to complain anonymously. The home had complaints and compliments file in place, which included a monitoring form to look for trends; however no formal complaints had been received since the last inspection. Three people we spoke with told us they had "no complaints" about life at Primrose Villa, but would speak to the staff if they were unhappy about anything. In regards to compliments, we saw two thank you cards from relatives in the file, one thanked the staff for 'the love and compassion shown to Mum', whilst the second said, 'Thanks for looking after our Mum/Gran, your passion and dedication to your jobs is excellent'.

At the time of the inspection nobody using the service was in receipt of end of life care, however the staff members we spoke with told us they had received training in this area. One said, "I have had training in this. The district nurses come in to help and we follow their guidance." Another told us, "We work closely with the district nurses and GP; we are on top of this." People's care files contained end of life sections, which captured their wishes where they had been willing to discuss and share these with the staff. We saw people had chosen where they wished to be at end of life, along with more personal details such as where they wanted to be buried and what hymns they wanted to be played at their funeral.

Is the service well-led?

Our findings

At the time of our inspection 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 the registered provider, 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.

All the staff we spoke with told us they enjoyed working at the home and felt supported by the manager. One said, "Yes, I love it here." A second stated, "Yes, I do [enjoy working here], the manager is very friendly and very supportive, she definitely listens."

We checked the progress the provider had made following our inspection in November 2016 when we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as meetings had not been held with people using the service or their relatives or their views sought by way of questionnaires. We also found the quality of the service had not been monitored effectively.

We saw three resident and relative meetings had been facilitated within the last nine months, although the registered manager told us attendance had not been very good. Different ways of promoting and encouraging attendance and participation were being looked at. During one of the meetings, relatives had been asked about their preferences regarding frequency of meetings and had said they were happy to have bi-annual meetings, as there was an open door policy within the home, and therefore could discuss things at any time. The home also utilised annual questionnaires to gather people's views and feedback, albeit only one of the people we spoke with could recollect completing this.

We looked at other meetings held in the home. Staff we spoke with told us they had regular meetings, which they found useful and could be used to raise any issues or concerns. One said, "We have meetings regularly, we can discuss anything we want to." Another stated, "Yes we have meetings, had one a few weeks ago, these are every couple of months." Minutes stored on file, showed these had been held bi-monthly, with meetings being facilitated in September, November and January.

We saw the registered manager attended monthly meetings with the provider, area manager and other registered managers within the organisation. This allowed for the provision of peer support, and provided a forum to discuss the home and monitor provision. The meeting acted as one part of the homes quality monitoring processes.

Since the last inspection the home had worked closely with the local authority and their quality monitoring team. This had included reviewing the auditing and quality monitoring systems and procedures in place. We saw a number of new audits tools had been introduced over the last few months to ensure the care being provided were to required standards. An audit schedule had been completed, to ensure all areas of service provision had been covered over each 12 month period.

The home had introduced a resident of the day process, which involved the monitoring of the one person's

care file per day, review of any incidents or accidents they had been involved in and if the risk assessment and care plan reflected these. People were also asked for their views on the care provided and met with the cook, maintenance person and activities coordinator, to discuss options, choices and needs. This system was in the early stages, however once established would ensure all aspects of people's care was been assessed on a monthly basis.

A new regional manager had been appointed in November 2017, and although they had not been in post long, had introduced additional levels of governance, to ensure the home was functioning as required. They had carried out three 'support and audit' visits, since November, looking at a range of areas including medicines, accidents and incidents, décor and signage, training and care plans.

The home was also now using a continuous home improvement plan (CHIP), which captured any action points from audits along with other areas which needed to be addressed, so there was an ongoing record to evidence action taken and improvements. The CHIP had to be sent to the regional manager every month for a 'desktop review' as well and being reviewed during visits to the home.

However, none of the auditing processes or risk assessment procedures used by the home had identified the absence of radiator covers. The Health and Safety Executive's (HSE) guidance on managing the risks from hot water and surfaces in health and social care, states the risk of burns from hot surfaces may be reduced by amongst other things, providing radiator covers and covering exposed pipework. As the provider had not done so, this was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

We saw the home's policies and procedures were stored across two files and included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Each policy contained the date it was written, the date it went 'live' and when it was due to be reviewed. This helps ensure the most up to date policy and information was available, and staff were adhering to best practice.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's auditing and risk assessment processes had failed to identify the absence of radiator covers throughout the home. This meant risks to people from exposure to hot surfaces had not been minimised.</p>