Magna Cura Limited

St Michaels

Inspection report

Hewitt Street
Chell
Stoke on Trent
Staffordshire
ST6 6JX

Tel: 01782233201

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 27 June and 4 July 2018 and was unannounced. St Michaels 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. It can accommodate up to 45 people in one adapted building and there were 36 people using the service at the time of our inspection.

At the last inspection we identified that improvements were needed to the quality of care and to governance systems in place to monitor care. This inspection was to check that improvements had been made. We found many improvements had been made however we found other concerns. At this inspection we identified one new breach and one continued breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of the report.

This is the second time the home has been rated as 'requires improvement'.

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.

Systems were not always effective at identifying and remedying issues, such as incorrect information in care plans and poor recording.

The policies and systems in the service did not support the principles of the Mental Capacity Act 2005 (MCA). There were not always appropriate assessments being carried out and decisions in people's best interest were not always recorded.

Safe recruitment processes were not always being followed to ensure that staff were suitable to work with people who used the service.

People had a choice of food and drink which they enjoyed however the monitoring of what food and drink people were having was not always sufficient which could put people at risk. Plans in relation to some people's health conditions were not always detailed enough.

There was mixed feedback about staffing but overall we found there were sufficient amounts of staff to support people and they did not have to wait.

People received their oral medicines as prescribed however we could not be assured that people always received or were offered their topical medicines as prescribed.

People told us they felt safe and people were protected from potential abuse by staff who understood their responsibilities and appropriate safeguarding referrals were made. Risks to people were assessed and planned for to try and protect people. People were also protected as infection control measures were in place and the building was safely maintained. Lessons were learned when things had gone wrong as action was taken following feedback.

People had access to other health professionals, appropriate referrals were made and guidance was followed. Staff training had improved and staff were supported effectively to care for people. Information about people and changes were shared in handovers and printed care plans. The building was suitably adapted to cater for the needs of people living there.

People were treated with kindness and respect and people's choices were respected. People were encouraged to be independent where possible and people's dignity was maintained by staff. There were positive interactions between people and staff and relatives could visit at a time that was convenient to them.

People were supported to be involved with activities, both activities and events within the home and trips out to local attractions. People and relatives were involved in developing their plan of care and staff knew people well. People had their diverse needs considered and were assisted with their communications needs when necessary. People had the opportunity to discuss their preferences about their end of life care.

People and relatives did not feel the need to complain but knew how to and feedback was dealt with proactively and concerns were responded to.

People, relatives and staff were all complimentary of the registered manager and felt they could approach them and other management if they needed to. People were encouraged to give feedback. Notifications were submitted as required and the previous inspection rating was clearly being displayed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safe recruitment processes were not always followed.

People received their oral medicines but we could not be sure topical medicines were always given as prescribed.

Overall there were sufficient members of staff to support people.

People felt safe and were protected from potential abuse.

Lessons had been learned but further improvements were required.

People's health was protected as infection control measures were in place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the Mental Capacity Act 2005 were not always being followed. Capacity assessments were not always carried out prior to Deprivations of Liberty Safeguarding referrals being made.

People enjoyed the food but people's food and drinks were not always effectively monitored.

Staff had training and felt supported.

People had access to health professionals and guidance was generally followed.

The environment was suitable for the people who used the service.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect and their dignity was maintained.

People had a choice and were encouraged to be independent.

Relatives could visit at a time convenient to them and people could personalise their rooms.

Is the service responsive?

Good

The service was responsive.

People were supported to partake in activities.

People were supported by staff who knew them well and had personalised plans of care.

People knew how to complain and were able to complain.

People's end of life needs were considered when necessary.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements had been made from the previous inspection but other issues had occurred.

Systems were not always effective at identifying or rectifying concerns.

People, relatives and staff were all complimentary of the registered manager.

The service worked in partnership with other organisations.

The registered manager felt supported by the provider.

St Michaels

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 27 June and 4 July 2018 and was unannounced. The inspection was carried out by two inspectors and accompanied by 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.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. 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 also asked commissioners and Healthwatch if they had any information they wanted to share with us about the service. Healthwatch is an organisation that gathers information from people and relatives who use services and provides feedback to commissioners and regulators (like the CQC) about those services.

We spoke with seven people who use the service, five relatives, five members of staff that supported people, one of the directors from the provider, the registered manager, the deputy manager and four professionals that have contact with the people who use the service. We also made observations in communal areas. We reviewed the care plans and other care records for six people who use the service and at the medicine records for some people. We also looked at management records such as quality audits, complaints records and meeting minutes. We looked at recruitment files for four members of staff and at training records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection, we found that staff had been subject to appropriate pre-employment checks and that recruitment procedures had been safe. However, at this inspection we found recruitment procedures required strengthening. Checks were made on staff prior to them starting work, such as an application form, identity checks, checks with the Disclosure and Baring Service (DBS) which is a criminal records check and references. However, improvements were required. A member of staff had a positive DBS which they had not declared on their application, although they were verbally disclosed to the registered manager prior to an application to DBS being made. There was a record of this being discussed with the member of staff however no risk assessment or plan was developed to ensure that appropriate measures were in place to protect people who lived in the home. We saw that some staff only had one reference and it is a requirement to have two references to verify their suitability. The service's recruitment policy also stated that two written references would be requested. When we discussed this with the registered manager they said all staff files would be reviewed and any missing information would be sought. Therefore, sufficient steps had not always been taken to ensure staff were fit and proper persons and of a suitable character to work in the home.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection there was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was not always enough staff. At this inspection we saw that some improvements had been made so the service was no longer in breach, but further improvements were needed.

There was some mixed feedback about staffing, but overall people felt and we saw there were enough staff. Some people told us they had to wait between two and ten minutes for support. One person said, "There is enough staff during the day." A visitor said, "There always seems to be staff, they work so hard but I'm not here often." One member of staff said they felt an additional member of staff was needed overnight. Another member of staff said, "Yes I do think there is enough staff. It also depends who you have working as well." We saw that people did not have to wait for support. We asked the registered manager and the deputy manager about staffing and they explained it was reviewed regularly based on people's needs and how many people were in the home. They gave an example where a person had become agitated so needed one-to-one support which they implemented until the person was calmer. A staffing review had taken place which increased the staffing levels, both in relation to care and the administrative side of the home. However, there was no formal tool in place to inform how many staff were required to work in the home. The registered manager had plans in place to introduce one and had been liaising with other local homes to determine the best approach. This meant that people were supported by sufficient amounts of staff and further improvements were planned to monitor this.

At the last inspection there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks were not assessed and planned for and topical medicines were not

managed safely. At this inspection some improvements had been made so they were no longer in breach but further improvements were required.

The administration of topical medicines, such as creams and gels, were not recorded on paper records, but recorded on the electronic system. We saw body maps were in place which guided staff where to apply each topical medicine. However, we found that the recording was sometimes poor as there was not always evidence that some topical medicines had been applied, or offered, in line with the prescription as there were gaps in recording. Some creams were to help people with their skin integrity. No one in the home had any pressure sores, however this left people at risk as we could not be sure that people were always having their topical medicines as prescribed.

Despite this, people told us they had their medicine. One person said, "The staff help me with my medication." Another person commented, "I have seen the medicine lady record the fact I had taken my medication." Some people could manage their own medicines and were supported to do so. Regular stock checks took place to check people were taking them as necessary. We saw that medicines were stored appropriately and checks were made on the room and fridge temperatures to ensure they were safe as well as temperature checks of some people's bedrooms where they kept their own medicines. Paper Medication Administration Records (MARs) were in place, and the recording on these matched the oral medicines that had been dispensed and people could be assured that they would receive their oral medicines as prescribed. The provider told us, "The pharmacist has been out to give training about dispensing." We saw that protocols were in place for people that had medicines that was needed 'as and when required'. These helped staff to determine and gave guidance about when someone needed their PRN medicine.

The service had learned lessons when things had gone wrong. For example, following the last inspection an action plan had been developed to implement changes. We saw that many improvements had occurred, such as the management of risks to people and PRN protocols being in place. However, further work was required to ensure all necessary improvements were implemented and sustained.

People told us they felt safe. One person said, "I feel there is security and it feels like home." Another person told us, "I can lock my door, or press the alarm button." Other comments included, "It is a safe and caring environment" and that they felt safe as other people were around. A health professional we had feedback from told us, "I feel this home is safe and a pleasant place to live." People were protected from potential abuse by staff who understood their safeguarding responsibilities. Staff could tell us about the different types of abuse, the signs to look for and what action they should take if they suspected someone was being abused. We saw that appropriate action had been taken is it was thought someone could have been abused and this was reported to the local safeguarding authority as required. This meant people were supported to be kept safe.

People could be assured that risk to their health, safety and welfare had been assessed and minimised. Since the last inspection a 'Falls Strategy' had been introduced to help reduce the number of falls occurring. Some people could experience periods of being upset or being aggressive. We saw plans were in place which detailed why the person could become upset and what action staff should take. When we spoke with staff about how to support the person their responses matched the plan so they knew how to support the person. The same person was also on a blood thinning medicine which can put their health at risk. We saw there was a comprehensive plan in place to alert staff to the symptoms which may indicate the person was unwell. In another example, one person had a paraffin-based medicine applied to their legs. This can be dangerous as people can be at increased risk of suffering burns as it is flammable. We saw a risk assessment had been carried out and a plan was in place to reduce the likelihood of this occurring, such as ensuring bedding was regularly changed. During the inspection the weather was very hot and people were

encouraged to wear sunscreen and a hat if they went outside.

People were protected from becoming unwell as infection control measures were in place. We observed staff wearing hair nets and aprons when necessary. We saw that staff were reminded about hand washing hygiene in a memo and staff had their hand washing observed to ensure it was sufficient. The service also used a weekly infection control checklist developed by the NHS to check the home was safe.

There were checks in place in relation to building safety such as fire equipment checks, checks on electric, water and gas supplies as well as equipment used by people. This meant people were kept safe by having an appropriately maintained building.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we identified that improvements were required to how people were supported in line with the Mental Capacity Act 2005 (MCA). At this inspection, we found improvements were still required.

The MCA 2005 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). In order for staff to know whether a person no longer has their capacity and whether a DoLS referral is appropriate, a mental capacity assessment should be carried out to help them determine the type of decisions a person can make. Multiple referrals had been made, however people did not always have capacity assessments in place. Therefore, it was not always possible to determine how the service had established that a DoLS referral was required and whether the person had capacity to make certain decisions. This meant that although some appropriate applications had been made, people who had a DoLS application in place had not been assessed sufficiently. Decisions made in people's best interests were not always recorded. Of some assessments that had been undertaken were not clear about how someone had been assessed and the outcome was not clear. Despite this, people felt staff checked their consent first. One person said, "They listen to me." A relative commented, "They always speak to my relative and check to see that they are ok." This meant improvements were needed to ensure people were protected by the MCA.

People had a choice of food and drink however, people were not always having their nutrition effectively monitored which could put people at risk. We observed people being offered a choice and these choices being respected. We observed one person at lunch time who was struggling to eat their lunch. Staff changed the person's cutlery to try and help them to eat independently however, staff failed to provide sufficient support to help them to eat based on our observations. This left the person at risk of not eating enough. We raised this with management and they ordered new cutlery to try to assist the person and put in meal time observations to monitor meal time experiences. We found that the monitoring of people's nutrition was inconsistent. Some people were assessed as requiring diet and fluid monitoring to help keep them healthy due to their health conditions or to ensure they did not lose weight. Staff we spoke with did not always know if some people were on fluid monitoring, which meant people's fluid intake may not be recorded and monitored to keep them healthy. Some records were incomplete and days were missing whereby no food and drink had been recorded. Some people were at risk of developing Urinary Tract Infections (UTIs) if they did not have enough fluids. Records suggested that some people were not always having sufficient fluids, which left them at risk of becoming unwell. Despite food records not always being accurate, people had generally maintained their weight or had put weight on and people's weights were monitored regularly. People's risk associated with their food and drink was assessed using the Prideaux Nutritional Assessment model however plans were in place to change this to the more commonly-used Malnutrition Universal Screening Tool (MUST) following advice from another health professional.

At the last inspection we found improvements were needed to staff training. At this inspection we found improvements had been made. People told us they felt staff were well trained and staff confirmed they received training. When we asked people about staff training, comments included, "They are on the ball" and "All staff are exceptional." A member of staff said, "It's got better since last time [inspection]. There's more staff and going on more courses – there are visits to the home to give training." A health professional told us, "Managers always seem keen to seek advice, education and training in order to allow them to provide safe and effective quality care." Staff told us they felt supported. One staff member said, "I like it here. I can ask for help and I feel supported. I've learned more here [than in previous jobs]. There's more responsibility but I get help." This meant staff received the training and support they needed to care for people effectively.

We saw a mixed quality of plans for people with specific health conditions. For example, one person had specific needs in relation to their continence and we saw a detailed plan in place. Another person needed support around their leg and plans were in place and staff could tell us the support the person needed. However, we saw two people who had diabetes and their care plans were not clear. One person's plan stated they should have their blood sugars checked on a 'regular' basis. However, it was not clear how frequent this should be and what the blood sugar readings should ideally be. Following a discussion with the registered manager it became apparent that the home was not responsible for checking the person's blood sugars however the plan had not been updated. Another person was being supported by district nurses and staff for their diabetes. They had an accurate plan in place which described the action staff should take if the person's blood sugars were low. However, the plan did not specify what a low reading was. When we spoke with staff they knew the symptoms of someone becoming unwell if they had diabetes however the ranges were not always recorded. This meant some plans were accurate but improvements were required to ensure all plans contained sufficient and accurate guidance about people's health conditions.

We saw that other health professionals were involved in helping to keep people healthy. One person said, "I have lots of health conditions, and I am monitored by the staff." Professionals we spoke with were complimentary of the approach of staff and did not have concerns. One visiting professional said, "I have no concerns about [the person I am here to see] at all." One health professional we had feedback from told us, "Questions are always answered and any requests or advise given to staff appears to be taken seriously and followed through; for example, advising two-hourly turns for patients at risk of pressure damage." We were also told that appropriate referrals were made. One health professional said, "Any signs of pressure damage has always been appropriately and promptly referred." Another health professional said, "They refer as appropriate and I work well with the manager and the deputy." People told us and we saw evidence that people had access to a variety of other services, two people told us they were being visited by their GP on the first day of our inspection. Other professionals included physiotherapists, community nurses.

Staff had handovers at the start of each shift. One member of staff said, "We have handovers. Occasionally stuff has been missed so now new copies of care plans are printed and signed by staff [once they have read them]." One health professional said, "Staff appear to work well as a team." We saw example of plans which had been printed and signed by staff. This meant staff were kept updated when people's care plans had changed and worked well together to ensure effective outcomes for people.

The home was suitable to cater for the needs of the people living there. The home was split over two floors, with lounge areas on each floor, the dining room was on the ground floor and a smoking room was available for people. Corridors were wide and there was suitable equipment available for people to use. A lift was available for people to access both floors and there was access to secure outdoor areas which people could access independently.

Good

Is the service caring?

Our findings

People felt the staff were kind, caring and that they were treated with respect. Everyone we spoke with told us they felt treated with respect. One person said, "All the staff are great." Other comments included, "The staff are dead nice" and, "Very pleasant." Another person told us, "I feel at home, it's very relaxing here." A visitor said, "{person's name] is loving it here." A health professional told us, "I feel that the whole team within St Michaels from the kitchen staff to the carers through to the managers have all appeared very polite, helpful, professional and caring. Nothing is ever too much to ask of the staff and they all appear more than happy to assist patients to allow me to do my job quickly and effectively." We observed positive and friendly interactions between people and staff. Staff were patient and used humour when appropriate. When we asked staff to talk about individuals, they responded in a way that showed they knew people and their preferences well and cared about people. We observed an incident where a person became very upset. A member of staff was supporting them and the registered manager went to assist. The registered manager spoke to the person very kindly and clearly knew the person and was open in their discussions with the person. The registered manager said, "I'll get the staff to check if we have any fruit bread," which we saw the person enjoyed. This meant staff knew people and people were treated with kindness and respect.

People had their dignity maintained and were encouraged to be independent where possible. One person said, "They [the staff] made sure I was covered up in the shower." A health professional said, "Privacy and dignity of all patients is always upheld." One member of staff said, "I give people a face cloth to wash themselves. I only wash where they can't. I try to keep people independent. If they're struggling I will help." We observed people being offered to go to the toilet and this was done discreetly. One member of staff told us, "[It is important] not to shout to ask if they need the toilet." All staff we spoke with were able to give examples of how they would support people to maintain their dignity and promote independence. Examples included checking with people before they were supported, keeping people covered and doors closed during personal care.

People were encouraged and supported to make choices about their own care, and relatives were involved too. People told us they had choices, such as what to wear, what to eat and where to spend their time. We also saw people had a choice whether they managed their own medicines or whether they wanted staff to support them. A relative said, "We are consulted and included in any issues." One staff member said they would have their relatives living in the home. They said, "The care is good and there's no restrictions on what people can do." Another staff member told us, "It's relaxed for people, their choices are important." We also saw that people were supported to become familiar with the fire alarm so that when tests and practices took place, they would be aware of what was happening and ready in the event of a real emergency. The registered manager also regularly went to get particular food for some people which they enjoyed. This meant people were involved in their care and support.

Visitors could come when they chose to and were welcomed. One visitor said, "I can visit any time or any day." Another visitor said, "They offer me a cup of tea or to help myself to a drink in the dining room if I prefer". Some visitors chose to spend longer time at the home and would assist people and staff with non-care tasks. We saw people could personalise their bedroom and had their belongings on display. When it

was a person's birthday the person was given a personalised birthday cake decorated with their interested. For example, we saw a cake with a person's favourite football team logo on and also another cake which had a dog motif on. This meant the home was making extra effort to ensure people had a personalised birthday.

People's records were stored securely. Most information was recorded on an electronic system. This was password protected and cold only be accessed on particular devices. Paper documentation was in a locked storage in a key-coded room which meant people's personal information was protected.

Good

Is the service responsive?

Our findings

At the last inspection we found people did not have enough to do and people were not always receiving personalised support. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach.

People were supported to partake in activities. One person said, "I go to the pub." Another person said, "The staff do our nails." People told us about the different activities they enjoyed in the home, such as bingo, ball catching, reading newspapers, watch TV, singing and watching films. On the first day of our inspection some people were being supported to visit the local park and local pub. We observed people playing bingo together. The premises opened onto a secure terraced area with different types of seating and tables and we observed people freely accessing this area throughout the inspection. Flowers had been planted in tubs and staff said this had been done by people living in the home who chose to be part of the gardening club. They had also planted tomatoes which were growing in a greenhouse and we saw a person spend time in the greenhouse. A hairdresser also visited. The registered manager told us about other activities, such as borrowing a reminiscence box from the local library service which contained items from though the decades to provoke memories. Some people had library membership and borrow audio books to listen to. We overheard people talking about their book choices. We were also told of a trip which was planned for later in the year. A new activities coordinator had started the week of our inspection. They were sorting through the available activities in readiness for starting to interact with people. Plans contained details about what people liked doing, such as having their nails done or dancing.

People told us they were generally involved in their plan of care and people had personalised care plans. One person said when we asked them about have a care plan, "Yes with my loved one after a hospital visit where they suggested I needed to be put in a residential home". One visitor told us, "That information [care plan] was recorded on a tablet computer. They also give my relative a written copy of their care plan every 12 months." Staff and management knew people well. One comment was, "The staff are able to support me and are aware of what my conditions are." Another person said, "Some of the staff go above and beyond" All people and visitors we spoke with responded, "everybody said "They know me/my relative well." The home used agency staff as well as permanent staff. In order to ensure people had consistent care from agency staff, a 'This is me' document was printed and made available in all people's rooms which gave the most important information about people so staff could get to know them.

People's differing communications needs were considered and documented. We saw information was available in different formats, such as large print and pictorial to ensure the information was accessible to people. For example, when people were offered a choice of food prior to lunch time, it was indicated on the list that the choices were recorded on how people could decide and communicate, for example, whether they could read the menu board, whether they were able to decide from verbal information and if they needed picture cards to assist them. People's other diverse needs were also taken into consideration. One staff member said, "We treat everyone as an individual, you can't treat people all the same." The registered manager explained people were given the opportunity to discuss their sexuality if they chose to. If someone

identified themselves as Lesbian, Gay, Bisexual or Transgender the manager said, "We would sit with them and ask them how they would like to be supported. Ask them what do they need as we're all different." Staff told us and we saw evidence that they had completed equality and diversity training and there was also an appropriate policy in place. This meant people were supported with their diverse range of needs.

People knew how to complain and were able to. One person commented, "Speak to a senior or a manager" Another person said, "I was told that if I did need to complain I should speak to [registered manager], [deputy manager] or [a senior carer]." Another comment was, "It's all good, no complaints." A relative said, "My relative has no complaints." People or visitors we spoke with did not feel like they needed to complain. The registered manager told us, "You have to learn from complaints. It is good as it can help me see what's needed." They gave us an example that when a new person moved into the home, there was limited information available to the person and their loved ones. This was rectified as information packs are now made available in new people's rooms. We saw that complaints were recorded, action taken and responded to.

Staff said no one currently living at the home had an end of life care plan in place but showed us a template on the electronic system that was used to assess and plan such care when required. A health professional told us, "[The] home have dealt a lot with palliative patients and have been seen to provide a high standard of care during the last stages of their life." Staff said some questions were asked of people when they first came to the home about end of life choices, such as funeral arrangements and people important to them. The registered manager also explained that a nurse from a local organisation which specialised in palliative care was supporting the home.

Requires Improvement

Is the service well-led?

Our findings

This is the second inspection in which the home has been rated as requires improvement overall. Although some improvements had been made following our last inspection; further concerns were identified during this inspection. This shows that the service had failed to consistently make and sustain improvements to achieve a good rating overall.

We saw an action plan had been put in place following the last inspection which had been followed and we saw many improvements had taken place. One of the directors said, "It has improved a lot since the last visit. We took it very seriously." However, we found that other issues had occurred whilst improvements were being made based on feedback.

Systems were not always effective at identifying or resolving issues. For example, care plans and risk assessments were being reviewed and these reviews were documented. However, these reviews were recorded on the electronic system and were not always reflected in the care plan on the system that staff had access to for guidance related to meeting people's care needs. This meant some staff would not have access to the updated information. Following our feedback, the registered manager said this would be rectified and the information included within the plans staff accessed on a day to day basis. Some reviews had not identified when information was no longer correct. For instance, one person's plan stated staff should test a person's blood sugars however this had not been occurring and district nurses were doing this. However, reviews had not identified that this was no longer current information.

Other issues had also not been identified, such as the lack of appropriate assessments and recording of best interest decisions for people who lacked capacity to make certain decisions. Restrictions on the electronic system meant some assessments could not be clearly recorded but another way of recording this, such as paper assessments, had not been implemented to rectify this. Following our feedback, the registered manager said that those who needed an assessment would be reviewed. There was poor recording in relation to people's food and drink which could put their health and well-being at risk. Following our feedback, the registered manager explained that senior carers would check the recording of food and drink at the end of each shift so any issues could be discussed and remedied at the time. A checklist was going to be developed for senior carers to enable them to keep track of the checks that they needed to do on each shift to try and keep people well. When we spoke with some senior staff they confirmed these checks were being introduced.

At the last inspection, the management of topical medicines was not effective and there was poor recording. At this inspection we found that there was clearer guidance for staff however the recording of the administration of topical medicines was still sometimes poor. It was not clear what audits were being carried out in relation to topical medicines. Therefore, steps taken to resolve this issue had not been effective and had not been sustained.

The home had not followed its own policy in relation to recruitment. The policy stated two written references would be obtained however this had not always happened.

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

There were audits which had been carried out which were effective. A weekly check which was shared with the provider, was made looking at trends across the home, such as the number of falls, incidents, complaints, training compliance and the outcomes of any meetings that had been held. An audit was carried out to check the environment including bedroom checks, if there were any smells, bedding and call bell response times. Checks also took place on people's weights to ensure action was taken if someone had lost weight. The registered manager had also recently introduced new staff observations to ensure they were supporting people appropriately and knowledge checks were carried out. Our feedback was responded to proactively and there were open discussions about what was working well and what action they were going to take to rectify concerns.

People were complimentary of the registered manager and the management team and felt happy in the home. One person told us, "Even if my family had won the Lottery, I have told them I don't want to move from here." Another person said, "I do know who the manager is, and they are very approachable." Another comment included, "The staff are very happy. The manager speaks to me; they listen, and is very understanding." Another person said, "The manager talks with us sometimes." We saw positive and friendly interactions between the registered manager and people and relatives and they clearly knew people well. People and relatives had been asked for their opinion about their care. A questionnaire had recently been sent out. We saw some of the responses, which had not yet been analysed, and people had been very positive about the home.

Staff felt supported by the management. One member of staff told us that the managers had an open-door policy and were very supportive. They said, "I'm never afraid to ask if I'm not sure about something or have questions or concerns." Another staff member said, "I know if I have a problem I can go to [registered manager]" and they went on to say, "The manager is firm but fair and they're always very supportive." Another staff member told us, "If I've got a problem the deputy and manager always have their door open." A health professional also commented, "I like the manager. There's no grey, they are black and white. They sort things out."

The registered manager also felt supported by the provider and felt they worked well together. One of the directors said, "We want things to get better." The registered manager said, "I'm lucky as I can do what I want with rotas. I'm not micro-managed." There were regular managers meetings between the registered manager and the directors to discuss the running of the home. We also saw there were team meetings with staff to discuss the service, such as safeguarding, meal times and complaints. One member of staff said, "The meetings are useful, we discuss new information about service users and any problems."

The home also worked in partnership with other organisations. One health professional said, "We work really well with the manager and the deputy." It was involved in a scheme to reduce admissions to hospital. The registered manager also attended managers network meetings to meet with other local homes to share information and there were guest speakers about a variety of subjects to encourage learning. The home was also partaking in a study about falls by a university. The registered manager also showed us work they had undertaken by looking at other CQC inspection reports from good and outstanding homes to try to help them improve. This shows the home was willing to try new ways of working and worked in partnership.

The previous CQC rating was being clearly displayed and the registered manager submitted notifications as required by law.

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 This was the second time the service had failed to achieve a good rating. Systems did not always identify areas that needed improving.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Two references were not always checked prior to a member of staff starting employment. Appropriate measures were not always considered if staff had a positive Disclosure and Barring Service check.