

Quality Care Management Limited

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Inspection report

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 25 and 26 April 2017 and was unannounced.

Quality Care Management Ltd is a registered care home and provides accommodation, support and nursing care for up to 38 people, some of whom live with dementia. Support is provided in a large home that is across four floors. Communal areas include two lounges and a dining room. At the time of our inspection there were 16 people living at the home.

The service 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.

The service has a history of breaching legal requirements. Following an inspection in May 2015 CQC served three warning notices for failing to ensure safe care and treatment, good governance and appropriately skilled and trained staff. In addition to these, requirement notices were issued for failure to ensure safeguarding of people, safer recruitment process, person centred planning and ensuring appropriate consent was sought. A second inspection in December 2015 was carried out to follow up the warning notices. This inspection showed improvements had not been made to the assessment and management of risks for people, staffing and governance systems. CQC took further enforcement action and placed a condition on the registration of the provider which stopped them from admitting any people to the home without CQC's permission. We also placed the service in special measures. A third inspection in September 2016 found ongoing concerns in relation to gaining consent and applying the Mental Capacity Act, understanding Deprivation of Liberty Safeguards, reporting and investigating safeguarding concerns and governance processes. We imposed a condition on the provider requiring them to undertake regular audits and report to the CQC on a monthly basis. The service remained in special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

People told us they felt safe at the home and staff had a good understanding of their roles and responsibilities in protecting people from abuse. They knew what to look for and the action to take if they were concerned. Staff were aware of risks associated with people's care and knew the action to take if the risks presented. The thickening of drinks when this was needed to ensure peoples' safety required improvement and the registered manager agreed a formal analysis of behaviours would be beneficial.

The management of medicines was safe. Staffing levels were sufficient to support people safely and in a calm, professional manner. Recruitment processes were in place to make sure only workers who were

suitable to work in a care setting were employed. Staff received training and supervision to make sure they had the skills and knowledge to support people. People had access to health professionals when they needed it and enjoyed their meals.

People were supported to make choices by staff who were kind, caring, and mostly communicated well. Where people were unable to make decisions for themselves the principles of the Mental Capacity Act 2005 were followed. Where Deprivation of liberty safeguards imposed conditions on the provider, these had been met. Support plans provided guidance to staff and people and/or their loved one were involved in the development of these. People received personalised care and support, which was responsive to their current and changing needs. People were supported to eat an adequate diet although those who had modified diets may have benefitted from staff regularly offering them modified snacks.

Systems and processes to monitor and assess the service, and to drive improvement had improved. However the recording of the actions needed was not fully effective in ensuring care records were accurate and up to date. Concerns were listened to and dealt with promptly. A system was in place ensuring any complaints were dealt with.

The registered manager was open and transparent. They were described as always approachable, supportive and willing to listen. All notifiable incidents had been reported to CQC.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The condition imposed by the CQC following the inspection in September 2016 requires the provider to submit a monthly report to us about the action they have taken to address any concerns identified as a result of audits of care records, incidents and accidents. At this inspection CQC considered this condition remained appropriate to support the provider to demonstrate continued and sustained improvements.

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.

Staff were aware of risks to people and knew how to support them, however their knowledge varied around keeping people safe when drinking and more analysis was needed around behaviours which posed risks.

Staff and the management team understood their responsibilities in safeguarding people from harm.

Medicines were managed safely.

There were sufficient staff to keep people safe. Staff were recruited safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received the support and training they needed to work effectively with people.

Improvements had been made to the understanding of the Mental Capacity Act 2005 and staff understood the need to ensure people were supported to make their own informed decisions. Records to reflect this required improvement.

Where people needed support with specialist diets this was provided. The availability of snacks for those with a special need could improve further.

Staff accessed other professionals to ensure support provided was appropriate for people's needs.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were supported by staff who were kind and caring, although the communication by some staff could improve.

People, or their representatives, were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support, which was responsive to their current and changing needs.

Concerns were listened to and dealt with promptly. A system was in place ensuring any complaints were dealt with.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems and processes to monitor and assess the service, and to drive improvement had improved. However the recording of the actions needed was not fully effective in ensuring care records were accurate and up to date.

The registered manager was open and transparent. They were described as always approachable, supportive and willing to listen. All notifiable incidents had been reported to CQC.

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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 25 and 26 April 2017 and was unannounced.

Two inspectors and an inspection manager carried out the inspection. In addition, the inspection team also included a specialist advisor in nutrition. Before the inspection we looked at our own records such as any notifications of incidents which occurred (a notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with two people, five relatives, six staff, the registered manager and the person employed to manage HR issues. In addition we spoke to two visiting health care professionals.

It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We looked at care records for five people and the medicines records for all people living in the home. We looked at recruitment, supervision and appraisal records for staff and training records. We also looked at a range of records relating to the management of the service such as activities, menus, accidents and complaints, as well as quality audits and policies and procedures.

Is the service safe?

Our findings

At the last inspection in September 2016 we found that people were not always protected against the risk of abuse because investigations and appropriate reporting did not always take place. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At this inspection this had improved and was no longer a breach.

The registered manager and staff concerned told us that discussions had taken place about the need to ensure all accidents were reported. Where injuries were found, the registered manager told us they would review the records, discuss with staff and look at potential causes. In addition they would report concerns to external professionals such as GP's to review medicines.

The registered manager knew what actions to take in the event any safeguarding concerns were brought to their attention. Staff had undertaken training in safeguarding to keep people safe. They knew how and when to report any safeguarding concerns within or outside the service. Safeguarding concerns were raised and reported by management to the local authority and the Care Quality Commission (CQC) had been notified of these concerns. For example, where the service had been concerned about unexplained bruises these had been reported and appropriate action taken. The registered manager told us of a situation with one person whereby they had reported concerns to the local authority in order to gain appropriate support for that person.

At the last inspection in September 2016 we recommended the provider seek advice and guidance from a reputable source on the latest best practice in respect of developing a systematic approach to determining the number of staff and skills required to meet the needs of people using the service and keep them safe.

At this inspection the provider had introduced a dependency assessment tool to aid them with assessing the staffing levels needed. The registered manager told us that at present this was reviewed as a person's needs changed or following the assessment of a prospective admission. They planned to increase this level of review once and if the condition on their registration which stopped them from admitting new people to the home was lifted. The registered manager told us the staffing level would be reviewed weekly initially, with the view to moving monthly as this became more established. They told us whilst this tool gave them an indication of the level of staffing needed, they also ensured they listened to staff and observed what was actually happening in the home as they recognised the tool did not always consider issues such as the layout of the home.

At the time of the inspection the home operated with five care staff and a minimum of one registered nurse during the day. At night they had two care staff and 1 registered nurse. The registered manager was unable to tell us how the night staffing levels had been assessed and confirmed that a night time simulated fire evacuation had not taken place. They agreed that personal emergency evacuation plans identified the need for two staff to support most people with evacuation and agreed they would review the night time staffing levels.

Everyone we spoke to including staff felt there were enough staff to respond quickly and meet people's needs. Observations reflected staff responded to people's needs in a timely way.

At the last inspection in September 2016 we recommended the provider review their recruitment processes to ensure clear adherence to their own policy and in so doing, demonstrate unambiguous compliance with the regulation.

Only two permanent staff had been recruited since our last inspection. Their recruitment records showed that appropriate checks had been carried out before staff began work. Candidates were required to complete an application form and were subject to an interview. Following a successful interview, recruitment checks were carried out to help ensure only suitable staff were employed, including reference requests and Disclosure and Barring Service checks. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. We noted for one person a risk assessment had been completed regarding a disclosure made by them however this was after they had started work. For the second staff member their health checks had not been completed until after they had started. The provider HR manager told us this had been an oversight.

The service were using a number of agency workers in the home and had implemented a long term contract for this support. Checks were held on file of agency workers including DBS checks and references. The provider HR manager told us they carried out a telephone interview with agency workers before they commenced work in the home.

Staff confirmed they did not start work until all recruitment checks had taken place

Risk associated with people's care had been assessed and plans implemented. We were concerned that not all staff may be aware of how to thicken fluids safely and accurately. Most staff told us how they had received training to do this and three described to us how this was to be done, which was accurate and safe. However, one member of staff described how they did this by the size of the cup. An assumption had been made about the size of the cup which was not accurate and as such when full may not have been appropriately thickened. We observed a member of kitchen staff making midmorning drinks, they added thickener to the cups of drink they were making using an information record attached to the trolley. In one case we saw them add one and half scoops of thickener to a cup when the information said two. In addition we also observed two scoops of thickener were added to a person's drink, although this was not checked against the back of a spoon as per guidance to ensure the consistency was correct. The registered manager told us they would take action to address this.

Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency. Appropriate risk assessments and care plans were in place to guide staff to the management of risks associated with skin integrity, moving and handling, specific health conditions and for some people, behaviours which may present risks. Where people displayed behaviours that presented risks, monitoring charts were in place, however the registered manager confirmed they did not complete an analysis of this but did look at them. For one person we saw that whilst their care plans reflected they could display behaviours, they did not detail the types of behaviours, any triggers to these behaviours or any proactive strategies for preventing the behaviours from occurring. We discussed this with the registered manager who agreed that a formal analysis of behaviour would help to identify these and develop clearer plans for staff to follow. Staff were able to describe individual risks to people and how to address these to keep people safe.

Medicines were stored and disposed of safely. Medicine trolleys were kept locked and secured to a wall. When administering medicines the nurses locked the trolley whilst they were away from it and they wore a tabard asking to be respected whilst they were administering the medicines. The clinic room contained stock medicines, a medical fridge and a controlled drugs (CD) cupboard and ledger. We checked the CD stock and it matched the records. Fridge and room temperatures were checked daily and the fridge was regularly cleaned and defrosted. We saw staff dispose of refused medicines appropriately recording them in a returned/disposed book and taking them to the clinic room to be emptied into a large medical container. Medicines were administered safely to people. People's medication administration records (MAR) contained no gaps indicating that people received their medicines or that other action was taken such as disposal. People required staff support to enable them to take their medicines. We observed medicines being given; it was done in a dignified and safe way with the person's consent. The nurse explained what they were doing and that they had the medicines for the person. People were able to refuse their medicines. Where it was felt a medicine was necessary to keep someone well, or maintain a quality of life, staff would go back and reoffer the medicines.

For one person, we saw that they regularly refused their medicines. Other professionals had been involved and a plan was in place to support this person to receive their most important medicines. Whilst we saw staff acting on the guidance, the medicine records and care plans did not have a record of this action. This was discussed with the nurses at the inspection, who said they would amend the records.

We saw that the nursing staff had been assessed as competent to administer medicines.

Is the service effective?

Our findings

People's relatives told us they felt their loved ones were satisfied living in the home. Relatives felt their loved ones were supported by staff who knew them well.

At the last inspection in September 2016 we found a failure to ensure consent was sought from appropriate persons and the Mental Capacity Act 2005 was understood and applied correctly. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and there was no longer a breach of this regulation. Staff and management understanding had improved although the records remained unclear at times.

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.

Staff understood the importance of always assuming a person can make their own decisions. They mostly sought permission from people before providing support and supported them to make decisions. However, there were occasions when not all staff communicated with a person before they moved them in their chairs. People's care plans had information about the support people needed around making decisions and this was followed by, and strengthened by staff.

All except one member of staff we spoke with understood that if a person was deemed to lack capacity they needed to ensure best interests decisions. The registered manager described a situation where they had supported a person who lacked capacity to make some decisions about their medicines. They had discussed the matter with the local authority and had sourced the involvement of an independent mental capacity assessor to ensure the approach used was the least restrictive. Mental capacity assessments had been completed however they did not always record the final outcome and the best interests decisions were not always recorded. Relatives told us they were always involved in decisions about their loved ones care.

At the last inspection in September 2016 we found a failure to ensure DoLS was understood and to ensure that people could not be deprived of their liberty unlawfully. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this had improved and was no longer a breach.

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 2005. 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

One member of staff was unable to tell us what DoLS meant. The manager was aware of their own role and responsibility in relation to DoLS. Staff ensured they supported people to maintain their independence and provided support to ensure freedom was protected. For example, people who were at risk of falling were supported to continue to mobilise in a safe way. DoLS applications had been made to the supervisory bodies following an assessment of the person's capacity. For two people conditions had been imposed when the DoLS was approved. Two staff were not able to tell us what these conditions were, however we saw that they had been met.

At the last inspection in September 2016 we recommended the provider seek advice and guidance from a reputable source on the latest best practice in respect of developing a systematic approach to ensure training provided was applied in practice to meet the needs of people using the service.

Staff, including agency workers told us how they received support in the form of supervisions and the supervision matrix demonstrated that the majority of staff had received supervisions since our last inspection. One staff member said "I meet with the manager nearly every month, we talk about the job, how I feel and what I need."

The registered manager confirmed that all staff had been enrolled to undertake the Care Certificate. This included agency workers. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Nurses told us they had enrolled on the Care Certificate as they were keen to understand what the care staff were being taught and what they as nurses needed to be mindful of, "We need to know what they know, to understand if they are not doing it correctly." Staff told us they had received lots of training and the agency workers told us they were supported by the provider and manager to undertake the same training as all permanent staff. At the time of the inspection the registered manager had signed the home up to an end of life care programme and all staff were required to complete this. This would take place over a period of months and involve assessments from specialist nurses and a commitment to ensure a minimum of three staff became champions. All staff had completed training in safeguarding people at risk. All registered nurses had completed medicines training. At least half of the staff team had completed training in care planning and all except two agency workers had undertaken training about the Mental Capacity Act and Deprivation of Liberty Safeguards. All except two agency workers had completed training in caring for a person with dementia. Some staff had also completed a virtual training session about what it is like to live with dementia. They told us how they felt this had been a valuable experience. The registered manager told us they had not considered a champion role for this subject area but following our discussion would look to introduce this.

Following our last inspection the registered manager had introduced an evaluation document of training that staff were required to complete. This looked at what they had learnt and how they would apply this to practice. They told us observations of staff helped them to understand if staff had taken on board the training. The registered manager had also ensured they received feedback from the person who assessed staff for their Care Certificate. Any feedback was then used to discuss with staff individually or in staff meetings.

People's nutritional risk and weights were monitored regularly. Action was taken should any significant change be noted, including increasing the frequency of monitoring their weight and involving the GP and/or dietician. However, we noted that the document used for recording a person's MUST (malnutrition risk assessment tool) was incorrect. This tool attaches a score to BMI to help assess a person risk of malnutrition. However this was recorded incorrectly on the document and could therefore lead to errors. This tool also

relies on a person's percentage weight loss being calculated which was not taking place. We advised the registered manager of this who told us they would correct this.

The cook was aware of the need to fortify foods and the food fortification practice was satisfactory, although communication to the kitchen was informal and not necessarily documented. For people whose nutritional intake may be small an effective way of ensuring they receive sufficient calories is to provide regular snacks throughout the day. Fruit and snacks were available for people should they want these; although we noted that the fruit was wrapped in cling film which may create confusion for a person with sight or cognitive impairments. Staff told us that people were always offered biscuits and occasionally cake at tea rounds, except for those who were on a texture modified diet as this would not be safe. We were told that the chef prepared cake for people on a texture modified diet using evaporated milk however we did not observe this routinely being offered.

Care plans had been developed to guide staff to people's nutritional needs. We observed these were accurate based on the needs of people and reflected the information that was also available to staff in the kitchen, in the food prep area and on the tea trolley. We observed people being given the correct consistency of meals. Observations reflected people were given appropriate support to eat their meals, however some people did eat very slowly and as such meals could become cold quickly. We discussed this with the registered manager who by the second day of our inspection had ordered heated plates to address this issue.

People's health needs were met. Staff and relatives confirmed people had regular access to healthcare services including GP and mental health teams. Staff knew about people's health needs and the support they needed regarding these.

Is the service caring?

Our findings

Relatives consistently told us that staff were kind and caring. They said staff supported their loved ones well and showed them respect.

We mostly observed positive and caring interactions with good communication between members of staff and people. Staff spoke to people in a kind and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance and provided this in a positive manner. Staff didn't talk down or over people, they explained what they were doing, and they encouraged people to be independent with praise. There was a light, friendly atmosphere and there was banter and laughing between staff and people.

There were occasions when staff did not always communicate well, although this was a small percentage of the staff on duty. For example, on one occasion a staff member began moving a person seated in their chair without giving them any warning that this was what they would be doing. On another occasion we observed a staff member asking one person if they wanted to have tea or coffee. The person said coffee but the member of staff said you don't have coffee, and proceeded to make them a tea. The person drank it although it wasn't what they asked for.

People were supported to make choices. People were given the choice of where they wanted to eat their meals. Some stayed in the lounge, others their rooms, whilst some chose to go to the dining area. People were given a choice of where they wanted to sit and some chose to sit in a quiet area and others to be in the midst of the chatter and activity.

Staff actions aimed to ensure people's privacy was protected. They knocked on doors before entering and used signs when supporting people with personal care to ensure other staff did not enter the room. Staff used privacy screens when supporting people with moving and handling while in communal areas in an attempt to protect people's privacy and dignity, however there were occasions when other service users could see what was happening due to the placement of the screens.

The registered manager had changed the format for meetings. They now did these jointly with residents and relatives as most residents had difficulty contributing. They also held these on a weekend in the afternoon as they had recognised that this was a time when most relatives were able to attend. The latest meeting reflected positive discussion about what had been taking place in the home and we saw these provided people with an opportunity to raise any concerns or suggestions.

Is the service responsive?

Our findings

People told us they were looked after well. They had no concerns about the support they received and felt staff understood their needs and the support they wanted.

We had previously imposed a condition on the provider which stopped them from admitting anyone new to the service without our permission. The registered manager had sought our permission for an admission to the service before our inspection. A thorough and comprehensive pre admission assessment was completed before they joined the service and care plans developed to support staff to understand this person's needs and support. Relatives confirmed that they had been fully involved in this and had been asked to share their loved ones likes, dislikes, needs and wants to inform the care plans. Staff were aware of the care plans and the person's needs, but told us as they got to know them more the care plans would be further developed. Relatives were very satisfied with the care and support this person was receiving and said they could not fault it.

Staff had a good knowledge of the people they cared for. They knew what people liked and disliked and gave us examples of how they supported people differently dependent upon their individual needs. Care plans in place were person centred and detailed not only a person's needs but their likes, dislikes and preferences.

Staff and the registered manager were able to demonstrate how they responded to people's needs. For example, one person had taken to sleeping in a chair in the lounge area. Staff explained that this had been happening a while and records confirmed this. We were assured by staff that the person slept in a recliner chair and was given blankets, pillows and there was a portable heater to help maintain a reasonable temperature. The care records however did not reflect this change and what support staff should give.

During the afternoon on the second day of our inspection we noted a chair used to support people to get up and down stairs was out of use. Staff had planned how they would respond to this to ensure that people's needs were still met.

A health care professional told us they felt the home was "Superb". They said "They liaise with the families, always go the extra mile. People are always well presented, clean and tidy.....Never any indication of any issues..... One of the better ones."

The registered manager was in the process of recruiting activity staff but a care staff member had been given this role in the interim. This member of staff supported people well and was engaging and encouraging. They offered to take people out throughout our visit and those who wanted to do this were supported to. They supported others to complete jigsaws, read magazines and newspapers. Music was playing in the background and people were singing along or whistling to this.

Relatives told us they had not needed to make a complaint about the service, however, they all knew how to do this and who to speak to. They said they were confident if they had any issues the concern would be

dealt with. A complaint procedure was in place and when complaints had been raised these had been investigated and action taken. One complaint had been received this year which related to hours that staff worked. The registered manager explained how this had been an oversight.

Is the service well-led?

Our findings

Relatives told us that they thought the home was well run. Two relatives told us the registered manager was open and transparent. They said they had shared with them the concerns from previous inspections and were offered reassurance about the changes made. They said they were confident the registered manager would respond to any concerns and take appropriate action.

Staff spoke highly of the registered manager. They felt she was knowledgeable and supportive. They told us they felt things had improved. One told us "Since [name] came things are better I have confidence in her." "There has been lots of maintenance in the home and it looks better." "I have supervision with the manager, she encourages staff in what to do, she is approachable and I am happy to go to her." During our observations we saw that the manager took an active role in the daily running of the service and had a 'hands on' approach to supporting people and the staff. Staff we spoke with told us the manager was always available if they needed to speak to them. They said they were approachable, supportive and listened to them. All staff confirmed they felt listened to and able to make suggestions.

At our last inspection in September 2016 we found the registered person had not ensured effective quality assurance procedures were operated and records were not always accurate. This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we had also found this to be in breach in May and December 2015. We took enforcement action in relation to this including stopping admissions to the home and imposing a condition which required regular auditing to be undertaken and evidence of this sent to us monthly. At this inspection we found improvements had been made to the quality assurance processes but further improvements were required.

We found some improvements had been made by the provider and the registered manager to their systems. Tracking matrix's had been implemented to provide clearer monitoring of staff supervision and training. Evaluations following training to ensure a level of understanding by staff had been implemented. A dependency tool to assess the staffing requirements had been introduced. Changes had been made to the meetings for residents and relatives to ensure they could attend and were able to contribute. Regular staff meetings were taking place to ensure staff were aware of what needed to happen in the home and they were able to make suggestions. An increase in gaining feedback from people via surveys had taken place. The most recent feedback via this method suggested that some people felt the presentation of food could improve. The registered manager had purchased food moulds to support this and was planning to review menus to improve presentation and include a variation of colours. The provider had introduced a "Family and Friend Test". The results of the most recent one were positive, showing that all who were asked would recommend the home to others. Feedback from visitor surveys suggested improvements could be made in relation to activities and food presentation. The registered manager had planned actions to address the food and activities.

Provider visits took place once a month. These included discussion with people and relatives, as well as reviewing all aspects of the home. Action plans were developed following these visits with clear information about the timescales for completing the actions and the person responsible. These were then checked at

the next visit. We saw that the actions from the visit at the beginning of March 2017 had been completed by the visit in April 2017. The April 2017 visit identified people's records that were reviewed and documented the actions that were still required. In addition to identified specific follow up's needed for people and further training for staff.

Care plan audits were taking place every month and as part of this, risk assessments and care plans had been reviewed regularly. We saw that the registered manager had audited the records and where they had identified an action this was recorded and handed to the key nurse for that person to action. It was then followed up at the next review. Areas identified on the audits had been completed. For example, ensuring action was taken to address conditions associated with DoLS. However, we noted that at times these would just state that all care plans needed updating rather than identifying the specifics and as such not all necessary changes had been made to records to ensure they were up to date and reflective of a person's current situation. For example, one person's room number on their PEEP was not accurate. Care plans gave varying information about how often this same person should be supported to reposition and whilst their choking care plan detailed preventative support measures, it lacked detail about what to do if they did choke and how staff might identify this. For a second person their records did not reflect a change in their sleep arrangements and the audit had not recorded this as needing to be completed. More specific action plan recording would help to ensure records were accurate and up to date for people.

Whilst the auditing process of care plans had improved, the recording of the actions needed was not fully effective in identifying what actions staff needed to take to ensure care records were accurate, complete and up to date for people. This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The condition imposed by the CQC following the inspection in September 2016 requires the provider to submit a monthly report to us about the action they have taken to address any concerns identified as a result of audits of care records, incidents and accidents. At this inspection CQC considered this condition remained appropriate to support the provider to demonstrate continued and sustained improvements.

At the last inspection we found that incidents which required reporting to CQC had not always been done. This was a breach of 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection all notifiable incidents had been reported to CQC and this was no longer a breach.