

Caspia Care Limited

Hurst Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
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

We carried out an unannounced comprehensive inspection of this service on 18 and 19 August 2015. At which five breaches of legal requirements were found. These related to, risk assessments which were not completed and reviewed. People did not have adequate support to eat and drink to meet their nutrition and hydration needs. There were not sufficient staff numbers of suitably skilled, competent and experienced staff to make sure people's needs were met. People were not receiving their medicines on time. Where a person lacked capacity to make informed decisions or give consent, staff did not act in accordance with the requirements of the Mental Capacity Act 2005. Although there was a registered manager in position systems and processes such as regular audits of the service to assess, monitor and improve the quality and safety of the service were not being met.

After the inspection the provider wrote to us to say what they would do to meet the legal requirements in relations to the breaches. We undertook an unannounced inspection on 25 and 26 May 2016 to check that they had followed their plan and to confirm that they now met legal requirements. We found they had met the previous breaches but some improvements were still required.

This report only covers our findings in relation to this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hurst Manor on our website at www.cqc.org.uk

Hurst Manor is registered to provide accommodation with nursing or personal care for up to 36 people. At the time of the inspection there were 21 people living at the home. Seven people were living in the garden wing which provided care and support for people living with dementia.

Hurst Manor is situated in the village of Hurst in Somerset. The home was a period building with single storey extensions at the back of the main building. Many of the rooms opened up onto the garden or courtyards.

There was not a registered manager in post at the time of the inspection. 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 home was being managed in the absence of a registered manager by a peripatetic manager, who had the support of a regional manager. People and staff all knew of the manager and discussed seeing them on the floor often. One person, who did not leave their room, told us, "She [the manager] comes in most days just to say hello and ask how I am". The manager had made significant changes to the running of the home since taking over. We were informed the manager would stay in place until a qualified registered manager was appointed.

Improvements had been made in relation to staffing levels. People were now being supported by sufficient

numbers of staff to meet their needs in a relaxed and unhurried manner. A clinical lead had been appointed as a deputy manager. People told us they felt safe and knew the staff who were caring for them. Call bells were answered promptly and people told us the staff responded in an appropriate time if they rang their bells.

At the last inspection people were at risk of not receiving their medicines on time as nurses administered medicines to both people requiring nursing care and those who did not. Risks have been reduced because senior carers were now trained to support the nurses by administering medicines for people who do not require nursing support. One person told us, "My health condition is managed well. I always get my insulin before my meal so I know I am safe". We observed medicines were administered in a timely manner and people did receive their medicines at the time prescribed by MAR sheets (Medication Administration Records).

At the last inspection instructions by health professionals were not being followed consistently. At this inspection we saw improvements in the way people's health needs were being met. There was always a qualified nurse on duty to make sure people's clinical needs were monitored and met. The clinical lead and manager both agreed they needed to appoint more nursing staff but had the consistency of regular agency staff to support them until they could fill their vacancies.

At the last inspection we found people's nutritional needs were not always met. Improvements had been made. A SOFI observation showed people were supported to receive a diet in line with their needs and wishes. Some people needed support to eat and drink as part of their care plan and were given appropriate support.

At the last inspection we found improvements were needed to make sure that quality assurance systems in place enabled the provider to effectively monitor the standard of care offered, and plan ongoing improvements. At this inspection we found quality assurance systems had been improved. The manager completed a monthly audit which gave an audit trail of improvements being made and targets set.

Although staff we spoke with confirmed they had received induction before being able to work, induction training records did not demonstrate the detail or depth of the induction. We discussed our concerns with the manager who was aware there needed to be improvement. The manager explained they were planning that all future new staff would complete care certificate booklets if they did not have the necessary qualifications for their role. The care certificate is a set of standards that social care and health workers follow in their daily working life.

Staff had received additional training in relation to supporting people with dementia and supporting people to eat and drink. The manager explained there was a varied training programme that now ensured all staff were receiving regular training. This meant people benefited from staff who were more aware of people's issues and had a good understanding of what was important to people and provided support with kindness respect and dignity.

Where people lacked capacity to make decisions and did not have someone else to speak for them, their legal rights were not being protected. We discussed our concerns with the manager and operational manager, who, provided evidence following the inspection to show they are taking the appropriate action to rectify these issues

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. One person informed us "I know about my care plan, they come in

everyday and write in the small one over there".

People were able to engage in activities according to their interests. Activity coordinators spent time in different parts of the home encouraging people to participate. Kind caring interactions were observed from staff throughout the inspection. The home published a newsletter on a monthly basis with the activity programme inside so family and friends could support people to be involved.

Risk of abuse was minimised because the provider had robust recruitment procedures. Recruitment records showed the provider had obtained the appropriate information before new staff began work.

The manager sought people's feedback and took action to address issues raised. On one of the days of the inspection a relatives meeting had been organised. Relatives we spoke with all informed us they were invited to meetings and knew the manager and felt they could approach them with any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were supported by enough staff to meet their needs and minimise risks to them and others.

People received their medicines safely from staff who had received training to carry out this task. People who required nursing care also received their medicines by suitably qualified nurses.

People's risks had been identified and were being managed appropriately

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights were not always protected because the provider did not act in line with current legislation and guidance.

People's health was monitored and staff sought advice from healthcare professionals to make sure they received appropriate treatment to meet their needs.

People were supported to have sufficient food and drink to meet their nutrition and hydration needs.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People's privacy was respected.

People were actively involved in planning their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was responsive to their needs and reflected their lifestyle preferences.

There were ways for people to share concerns, make suggestions and raise complaints

Is the service well-led?

The service was not always well led.

People were not supported by a manager who was registered with the Care Quality Commission.

Improvements had been made to make sure the quality assurance system identified shortfalls and enabled on going improvements to be planned.

People and staff felt the management of the home was open and approachable.

The provider listened to people's views and, where possible, made changes in accordance with people's wishes.

Requires Improvement 

Hurst Manor Nursing 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.

We undertook this comprehensive inspection of Hurst Manor on 25 and 26 May 2016. This inspection was to check improvement to meet legal requirements planned by the provider after our comprehensive inspection 18 and 19 August 2015 had been made.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. During our inspection we spoke with one peripatetic manager and one regional manager, 14 people living at the home, four visitors and eight staff. We also spoke with health and social care professionals. We looked at the care records of six people living at the home. We also looked at records relevant to the running of the service. This included six staff recruitment files, training records, medication records and quality monitoring procedures.

Some of the people living in the garden wing were unable to fully express themselves verbally. We therefore spent time observing care practices. To help us gain more information about people's experiences we used a Short Observation Framework for inspection (SOFI). A SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe these experiences themselves because of cognitive or other problems. We looked at the care records of three of the people we had observed through the SOFI.

Is the service safe?

Our findings

At the last inspection people were at risk, because there were not sufficient staff numbers of suitably skilled, competent and experienced staff. For example people in the garden wing were sometimes supervised by insufficient staff numbers to keep them safe. People complained when they rang their bells staff did not come, or they were supported by staff they did not know. A breach of regulation 18 of the Health and Social Care Act 2008(Regulated Activities) 2014 was issued. The provider sent an action plan detailing how they were going to improve.

At this inspection we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 18 described above. They ensured people were cared for by enough staff with the correct skills and experience. For example, a peripatetic manager had taken over the running of the home. Staffing levels had improved including the appointment of a clinical lead nurse who was also the deputy manager. This meant people's clinical needs were now being supported by the clinical lead. Risks to people's safety were being monitored on a daily basis by the manager. They informed us they carried out daily checks on individual people to ensure their care and support was in line with their care package. The manager informed us they were not fully staffed but they made sure shifts were always covered by regular agency staff.

At the previous inspection people living in the garden wing were at risk of harm due to times when there were insufficient staff numbers to support them. Changes to the staffing structure on the floor meant people were now being supported by staff they knew well and who knew them well. Staff told us there was always support now which meant they were able to leave people safely whilst they supported people in their rooms. Activity coordinators also supported and observed people whilst other tasks took care staff away. This also meant people were receiving regular activities. People were seen to be engaged and relaxed.

Whilst vacancies remained open, regular agency staff were being used. People told us call bells were now answered in a timely manner by staff they knew well and who knew them well. One person told us "I do feel safe, if I ring my bell they [staff] are usually good and come, they [staff] are very caring.

At the last inspection risks were not always identified and acted upon, care plans did not hold information relating to risks. People had also been at risk of not receiving their medicines on time or in line with their medicine administration record (MAR). A breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 was issued. The provider sent an action plan detailing how they were going to improve.

At this inspection we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 12 described above. Care plans now contained risk assessments which outlined measures to minimise risk. For example at the pervious inspection staff had not been able to respond to situations that put people at risk of harm because they did not have the guidance or training to deal with situation that put people at risk. At this inspection staff were seen to manage risks to people safety. Staff we spoke with told us they had received additional training on supporting people with specific needs, and care

plans and risk assessments had been updated. One member of staff informed us they had received additional training in dementia which had changed how they worked with people and how they understood people needs better. The manager informed us people were happier in the garden wing and incidents had reduced.

Risks to people not receiving their medicines on time had been reduced as senior staff had been trained in the administration of medicines. People were now receiving their medicines safely and on time. Only people who required nursing care had their medicines administered by registered nurses. The clinical nurse explained this meant it was easier now to complete medicines rounds. On the day of the inspection we saw people received their medicines in line with times on the MAR sheets. One person informed us "My health condition is managed well, I always get my insulin before my meal so I know I am safe" One senior member of staff said "It was nerve wracking at first but ok now". All nurses had their competency assessed on an annual basis to make sure their practice was safe.

Risk assessments were in place for people who were at risk of pressure sores. People who had been identified as being of high risk of these received regular support from staff. A relative informed us although their relative could no longer communicate with them they were still consulted regarding their relative, they gave an example of how the nursing team had responded to some possible skin issues, they said their relative was supplied with an air pressure mattress and staff monitored their skin regularly. Records showed people had pressure relieving beds and were assisted to change their position regularly. They received regular skin care including the application of topical creams when they had been prescribed. At the time of the inspection there were no people recorded as having tissue damage.

Risks of abuse to people were minimised because the provider made sure all new staff were checked to make sure they were suitable to work at the home. The checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment records showed the provider had obtained the appropriate information before new staff began work. For example, one member of staff told us they had received a full interview and were not allowed to start work until all checks had been completed.

Control measures were in place to keep people safe in the environment. The manager explained they checked the environment on a daily basis to ensure it was safe for all. The home had emergency evacuation plans in place for all people living in the home. On the first day of our inspection a planned fire drill was taking place. People were informed what was happening and how long the drill would take. Staff were observed following the home's fire policy. All staff spoken with were able to discuss the home fire procedures and knew what was expected of them in the event of an emergency. The home had the support of a maintenance person. People discussed how they valued the support of this person and how this person was always checking their environment was safe and free from hazards.

Is the service effective?

Our findings

At the last inspection staff files did not show evidence that staff had been given effective support, induction, training and supervision. A breach of regulation 18 of the Health and Social Care Act 2008(Regulated Activities) 2014 was issued. The provider sent an action plan detailing how they were going to improve.

At this inspection we found the provider had followed the action plan to meet shortfalls in relation to the requirements of Regulation 18 described above. However some improvements were still required.

Although some improvements had been made and staff were now receiving an induction period the rating of Requires Improvement remains in this domain because issues still remain around measuring staff competencies, for example induction periods were not monitored effectively by senior staff. Records did not demonstrate the detail or depth of the induction or how staffs' competency was being assessed and monitored. Staff confirmed they had received induction before being able to work unsupervised but were unsure how they were being monitored. One person informed us, "I shadowed a team leader for a number of days, but have not been checked since". We discussed our concerns with the manager who was aware there needed to be improvements. The manager explained they were planning that all future new staff would complete Care Certificate booklets if they did not have the necessary qualifications for their role.

At the last inspection of Hurst Manor people did not always receive effective care. People were not always given adequate support to meet their nutrition and hydration needs. A breach of regulation 14 of the Health and Social Care Act 2008(Regulated Activities) 2014 was issued. The provider sent an action plan detailing how they were going to improve.

At this inspection we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 14 described above. The provider had ensured people were receiving effective support to meet their nutrition and hydration needs. A SOFI was completed in the garden wing. We observed lunchtime experiences for people to be a sociable and enjoyable experience. People were observed being supported to eat their meals at a pace that suited their needs. People who were not ready to be supported to eat their meal were informed their meals were being kept hot for them. People were given a choice where they would like to have their lunch. People were seen to be supported to the main dining area. Throughout the day snacks and hot and cold drinks were offered to all. The staff serving the teas and coffees appeared warm and friendly with people. People were given choice on what they would like to eat or drink and were reminded if their drinks might be too hot.

We observed the midday meal being served in the main dining room. People were provided with a pleasant and enjoyable experience and the meal time was well organised. Staff made sure that people received any specialist diets they required including soft textured food and were clear about who required support to eat and when. The staff on duty knew the people they were supporting and the choices they had made about their food, drinks and support. Small tables enabled people to talk to each other. When lunch was ready people were assisted with politeness and respect. The chef served the meals and drinks. Food was kept

warm in a bain-marie and people were offered additional food if they required it. One person informed us, "The chef is great they really know what they are doing." Another person told us they were growing vegetables for the use in the kitchen. The manager talked to people, ensuring they received an enjoyable lunch.

At the last inspection of Hurst Manor people did not always receive effective care. People's health needs were not always managed well and instructions by health professionals were not always being followed. A breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 was issued. The provider sent an action plan detailing how they were going to improve.

At this inspection we found the provider had followed the action plan to meet shortfalls in relation to the requirements of Regulation 12 described above. Improvements had been made in the way people's health needs were being met. One person said "My health is being monitored well. They [staff] will always contact my doctor if I ask them to." The home arranged for people to see health care professionals according to their individual needs. A GP visited the home on a weekly basis. However nurses requested additional support between visits if necessary. People told us they were able to see their doctors if they asked to see them. The nurse's diary showed appointments had been made and kept.

There were always qualified nurses on duty to make sure people's clinical needs were monitored and met. The nurses were supported by a number of external health professionals who told us they had confidence the clinical lead would act on any instructions given. One nurse informed us they recognised they did need more nurses, but were supported by regular agency nurses and district nurses. The manager confirmed they are currently in the process of trying to recruit more permanent nurses but did have consistency with using the same agency nursing staff.

Significant improvements had been made in the skills of staff supporting people with dementia. Staff had received additional dementia training. The manager and regional manager confirmed all staff working in the garden wing had received dementia training and their skills and knowledge had been assessed. We saw many examples of effective support based on good practice. For example, staff were encouraging people to engage in activities and to eat and drink. One member of staff informed us "I have learnt so much from receiving dementia training. I know that people are experiencing dementia differently and need different support and understanding from us. My training has changed the way I work with people". Staff had a good knowledge of each person and how they liked to receive their care.

Staff told us they had regular supervision which enabled them to discuss their work and training needs. Since the last inspection staff told us, and records showed they had received numerous training opportunities. One member of staff who had worked at the home for a number of years said, "It has been tough here at times, but I feel we are coming through it now". They went on to explain they had received lots of training opportunities and continued to develop their skills and knowledge by completing on line training and having support by external trainers. They said "It is great I feel I know so much more about my job and how to support people". Another member of staff said, "We get lots of training now". A number of the staff had completed nationally recognised vocational training which ensured they were competent in their roles. The manager informed us, a variety of training was carried out on a monthly basis and staff were responsible for booking themselves on training courses and attending the training. Any concerns regarding staff training was discussed within the supervision process.

At the last inspection people's consent to care and treatment was not sought in line with legislation. A breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014 was issued. The provider sent an action plan detailing how they were going to improve.

At this inspection we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 11 described above. However some improvements were still required.

Staff had received training and were able to demonstrate an understanding of the Mental Capacity Act 2005 and the importance of seeking consent before supporting people. However some improvements were still required. Care plans did not always demonstrate comprehensive best interest checks had been completed with people or their legal representatives, or show how the decision had been made, or how the planned treatment was in the person best interest. The manager and regional manager discussed how they planned to improve on this practice by following the principles and guidance within the act, and by ensuring best interest decision were completed at all times.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

Although we saw improvements regarding staff understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS), applications for DoLS had not been submitted to the relevant authorities where legally required. However since the inspection we are confident that audits have been reviewed and the appropriate action has been taken to ensure applications have been submitted to the relevant authorities

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Is the service caring?

Our findings

Since the last inspection many changes could be seen in the garden unit, including changes to the environment. A memory tree on one of the walls showed what was important to people. The garden wing had a homely feel and staff were seen to engage in positive interactions with people. For example, a person who was calling out was given a large toy dog, which calmed them. The staff member explained the person used to work with animals and stroking the dog helped them to relax. Staff answered people's questions in kind caring ways they were patient and listened attentively when people were talking to them or asking questions.

Improvements had been made in the way people received kind and caring support. People said they were supported by kind and caring staff. One person told us "I love living here, I recently moved rooms it is so nice, my dogs come and can go out into the courtyard, it great". A relative informed us "Since the last inspection improvements have been made, the carers are lovely, very kind and caring".

There was a caring atmosphere in the home. We saw people were treated with kindness, dignity and respect. People had developed friendships with other people they lived with. The manager explained they had reviewed where people lived in the home and recognised some people were staying in their rooms becoming isolated. They had worked with people to suggest a new room which had resulted in people making friends and becoming more involved in the home. One person discussed how their life had changed since they moved rooms. They explained they had built up a good relationship with the chef and maintenance man. They, said, "I used to be a vegetable grower before I moved here, (maintenance man) has set me up a small garden where I am growing vegetables for the kitchen. Life is so different for me now, I am still self-sufficient but help is there if I need it". Another person told us, "I have moved rooms since you last came I love my room my family come and bring my dogs who can go out onto the courtyard."

People's privacy was respected and all personal care was provided in private. Each person had a private bedroom where they could carry out personal care, spend time alone or entertain visitors. Staff did not enter bedrooms without the person's permission. Bedrooms had been personalised in line with people's interests and tastes.

People were supported to keep in touch with friends and family and visitors were always made welcome. Relatives discussed the changes when entering the home. One relative informed us, "I can come to visit when I like, sometimes it can be difficult getting someone to answer the door if there are no staff available." On one of the days of the inspection we observed visitors waiting to be allowed in. One person told us, "It can be annoying as people are waiting at the door to come in and we can't let them in". The manager informed us plans were in place to change the location of the main door so visitors did not enter into the lounge areas. A new telecom system alerted administration staff that people wished to come into the building. Another relative felt that the new entry system was working well.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Some people had discussed with their families and health care professional's the care they wanted to receive at the end of their lives. This was clearly recorded in their care plans.

Is the service responsive?

Our findings

At the last inspection people's care plans were not comprehensive or up to date. Records did not give an accurate account of people's behaviours. Care plans were locked in the nurse's station and staff did not have access to people's care plans. A breach of regulation 17 of the Health and Social Care Act 2008(Regulated Activities) 2014 was issued. The provider sent an action plan detailing how they were going to improve

At this inspection we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 17 described above. Care plans had been reviewed and were up to date. Daily visit records in people's rooms showed staff had carried out the care and support in line with the person's care plans. People now received care that was responsive to their needs and were able to make choices about all aspects of their day to day lives. One person said, "Yes I can always say who I want to support me or if I just want the girls, they [staff] don't seem to mind.

Staff were aware of the care plans and discussed having access to them. Staff explained they also completed day to day care records which were kept in people's rooms. They explained the records were transferred to the care plans at the end of the day. One person informed us, "I know about my care plan, they come in every day and write in the small one over there". All care plans viewed at the inspection contained sufficient detailed information about people's needs and wishes which showed people had been consulted about the individual care needs. People were aware of their care plans and some discussed being involved in their care planning.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. Following the initial assessments, care plans were devised to ensure staff had information about how people wanted their care needs to be met. Staff took time to get to know people and gradually developed the care plan with them as they settled in. One relative discussed the process of the assessment of their needs and how they were waiting for a follow up review.

At the previous inspection people in the garden wing were not receiving very much activities. Improvements had been made. Activity coordinators worked at the home on a daily basis and an activity programme was on display within the main entrance. Activity coordinators supported people within the garden wing lounge area on a daily basis. People who remained in their rooms also received one to one support from the coordinators. One activity coordinator explained they supported people in the main lounge whilst the carers were busy, this meant people were now not left alone and were engaged positively throughout the day.

A monthly newsletter showed the activities which were being planned for the forthcoming month alongside people's special days like birthdays. The manager discussed how they were keen to share people's experiences living at Hurst Manor with their family and friends.. In the newsletter we were shown for the following month, people were being encouraged to invite family and friends to come along and share Sunday lunch. The manager told us Christmas dinner had been a shared experience for people and their families, and had worked well so they were continuing to offer Sunday lunches and other joint experiences.

People were supported to maintain contact with friends and family. We saw many visitors coming to the home, who seemed to know lots of the people living there, including the manager, maintenance man, chef, cleaning staff and hairdresser. This all contributed to the friendliness of the home. One person who did not leave their room told us, "She [the manager] comes in most days just to say hello and ask how I am".

The manager sought people's feedback and took action to address issues raised. Everyone we asked said they would be comfortable to make a complaint and all felt they would be listened to. The manager discussed how they had systems in place to deal with complaints and showed evidence of one complaint, the outcome and lessons learnt.

Is the service well-led?

Our findings

At the last inspection of Hurst Manor the provider's quality assurance systems were not operating effectively and there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 was issued. The provider sent an action plan detailing how they were going to improve.

At this inspection we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 17 described above. Although improvements had been made in all areas and we have been assured the current manager will remain in post until a new manager is appointed, we have rated this domain as 'requires improvement' because it is too early to be certain the service will maintain full compliance in the future. We will continue to monitor the service until we are satisfied the good practice found during this inspection has been embedded and maintained'

Improvement had been made using the action plan provided following the last inspection. The manager completed a monthly audit which gave an audit trail of improvements being made at the home. Where shortfalls in the service had been identified action had been taken to improve practice. For example changes to the administration of medicines now meant people were receiving their medicines safely and on time. The manager and regional manager held regular quality assurance meetings with other professionals and up dated the action plan with dates for targets to be met. The manager was proactive and ensured they were visible around the home to ensure they were able to identify any shortfalls in the service being provided. Staffing responsibilities were reviewed and monitored, they explained it was also a way to monitor practice and ensure people were being supported in line with their care package.

Although the home no longer had the support of a registered manager, the home was being managed by the peripatetic manager until a new registered manager was in place. The peripatetic manager had taken responsibility for the home over a period of six months and had made many positive changes. They explained they were working hard to ensure the quality of care was improving, and living at Hurst Manor was a positive experience for all. The manager had a clear vision for the home which was to provide a quality service. They explained, "I know what is happening in the home and I make sure on a daily basis that we are improving the service for all. We wish to provide high quality care and be proud of our home, it is taking time but we are getting there". The regional manager informed us they would work with the manager to provide consistency in support until a new registered manager was appointed.

The manager explained they were working alongside external agencies and other health care professionals. They attended daily handover meetings to ensure the daily running of the home remained effective. They believed that staff remained motivated and supported because the manager was visible at all times.

The vision and values of the manager were communicated to staff through staff meetings and formal one to one supervisions and daily handovers. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff and people living at the home told us the manager was visible on the floor. One person told us "She [the manager] is very busy but will always stop and talk. We observed the manager knew people well and they seemed to know her. Staff spoke of changes which had been "difficult" at first but now felt they understood their manager and their values for the home. One member of staff said "She [manager] is not a people person but she gets the job done". Another member of staff told us "I am getting used to the managers approach, she is doing good things for the home".

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Nurses were supported by a clinical need nurse. Care staffs were supported by team leaders, all were aware of their responsibilities.

All accidents and incidents which occurred in the home were recorded and these records were seen by the manager. This enabled them to monitor people's individual well-being and seek further advice where appropriate. It also enabled them to identify any trends or patterns in accidents and incidents which may mean changes needed to be made.

As far as we are aware the home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.