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Radiant Care Home

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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 7 January 2016. Radiant Care Home provides accommodation for up to 18 older people who require nursing or personal care. On the day of our inspection 13 people were using the service and there was a registered manager in place

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.

During our inspection 17 and 18 December 2014 we identified three breaches of the Regulations of the Health and Social Care Act 2008. This was in relation to the safe management of people's medicines, care planning and reviewing of documentation and the auditing and management of the service. During this inspection we found some improvements had been made in these areas, however further improvements were still needed.

People were supported by staff who could identify the different types of abuse and knew who to report any concerns to. People told us they felt safe at the home. The risks to people's safety were assessed but were not always reflective of people's current needs. The registered manager investigated accidents and incidents.

People told us they felt there were enough staff to keep them safe. Improvements had been made to the way people's medicines were managed although protocols for the safe and consistent administration of as needed medicines were needed.

The registered manager had processes in place to apply the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS); however the records used to record decisions had not always been appropriately recorded.

People spoke positively about the staff. Staff received supervision of their work. However the registered manager did not always complete the supervision documentation appropriately. The majority of the staff training was up to date; however some staff required refresher training in some areas. The majority of the people we spoke with told us they liked the food and drink provided at the home, although some felt the choice was limited. People had access to external healthcare professionals however the guidance and recommendations made by them were not always recorded within their care records.

People felt the staff were kind and caring and treated them with dignity and respect. Information for people on how to access independent advice about decisions they made was available. People's care records did not always show how they were involved with decisions about their care. People had the privacy they needed. People were encouraged to do as much for themselves as possible and staff understood people's

likes and dislikes.

Some improvements had been made in the way people's care records were completed. People's care records contained an initial assessment of their needs however people's on-going care needs were not always appropriately recorded. People's life history was not always recorded within their care records; however staff had good knowledge of the people they cared for. Attempts had been made to provide people with access to activities; however the lack of an activities coordinator meant some people were not always able to do things that were important to them

People felt confident in raising a complaint if they needed to and the majority of people felt their complaint would be dealt with appropriately by the registered manager.

There had been some improvement in the quality monitoring processes used by the registered manager; however these processes had not identified the concerns raised within this report. People's records were not always appropriately completed, and, although they were regularly reviewed, the registered manager had not identified that the content of these records did not always reflect people's current care and support needs.

The majority of people and staff spoke positively about the registered manager; however some external health and social care professionals raised some concerns with the way they managed the service. The registered manager interacted with people in a positive way and welcomed people's views on how the service could be developed and improved. The registered manager had ensured the CQC were provided with the appropriate statutory notifications. There were limited opportunities available for people to access their local community.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see the action we have told the provider to take at the back of this report.

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 consistently safe.

People's medicines were safely managed although protocols for the safe administration of as needed medicines were needed.

The risks to people's safety were assessed but were not always reflective of people's current needs. The registered manager investigated accidents and incidents.

People were supported by staff who could identify the different types of abuse and knew who to report any concerns to.

People told us they felt safe at the home and there were enough staff to keep them safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Processes were in place to apply the principles of the MCA and DoLS; however these were not always applied appropriately.

People spoke positively about the staff and staff received supervision of their work.

The majority of the staff training was up to date; however some staff required refresher training in some areas. People liked the food and drink provided at the home, although some felt the choice was limited.

People had access to external healthcare professionals however the guidance and recommendations made by them were not always recorded within their care records.

Is the service caring?

Good

The service was caring.

People felt the staff were kind and caring and treated them with dignity and respect.

Information for people on how to access independent advice about decisions they made was available.

People's care records did not always show how they were involved with decisions about their care.

People had the privacy they needed. People were encouraged to do as much for themselves as possible and staff understood people's likes and dislikes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's initial care needs were assessed however people's care records were not always reflective of people's current care needs.

People's life history was not always recorded within their care records; however staff had good knowledge of the people they cared for.

Some activities were available for people; however there was limited opportunity for people to access the ones that were important to them.

People felt confident in raising a complaint if they needed to and the majority of people felt their complaint would be dealt with appropriately by the registered manager.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring processes were in place but were not always effective. People's records were not always appropriately completed

The majority of people and staff spoke positively about the registered manager; however some external health and social care professionals raised some concerns with the way they managed the service.

The registered manager interacted with people in a positive way and welcomed people's views on how the service could be developed and improved.

The registered manager had ensured the CQC were provided with the appropriate statutory notifications. □

Radiant Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 January 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

We spoke with six people who used the service, two relatives, two members of the care staff, the cook, the registered manager and a representative of the provider. We also spoke with two healthcare professionals who were visiting the home during the inspection.

We looked at all or parts of the care records and other relevant records of eight people who used the service, as well as a range of records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

During our previous inspection on 17 and 18 December 2014 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's medicines were not always managed in a safe way.
After the inspection the registered manager sent us an action plan which explained how they planned to make the required improvements. During this inspection we found some improvements had been made but further improvement was required.

People's medicine administration records, used to record when people had taken or refused their medicines were on the whole appropriately completed. We found a small number of gaps on the records; however the registered manager assured us that people had received their medicines when they needed them. The people we spoke with confirmed this.

People's records did not contain protocols to provide additional information for staff when deciding to administer medicines which were prescribed to be given only when necessary. However the records we looked at showed that staff had recorded the reasons why they had done so and the staff we spoke with could explain the reasons why they had administered them. The registered manager assured us they would place protocols in each person's record to reduce the risk of inconsistent administration of these medicines.

When we arrived at the service the key to the medicine fridge was in the lock within an unlocked office. This meant people may have been able to gain access to medicines that could cause them harm. The registered manager told us this should not have happened and they would speak to the staff to ensure they were aware of the necessity to store medicines securely. All other medicines were stored safely, within locked cabinets or trollies and were stored at the required temperature to ensure their effectiveness was not reduced. Records showed regular checks of the temperature of the room and fridges where the medicines were stored carried out and were within safe levels.

We observed staff administer medicines in a safe, patient and respectful way. They explained to each person what the medicine was for and offered reassurance and encouragement to the person when required.

All of the people we spoke with told us they felt safe living at the home. One person said, "I'm perfectly safe." The staff we spoke with agreed and told us they felt the people they cared for were safe.

The risk to people's safety was reduced because the staff who supported them had attended safeguarding adults training, could identify the signs of abuse and knew who to report concerns to both internally and to external agencies. A safeguarding adults policy was in place. Training records showed all staff had attended safeguarding adults training although a small number required refresher training due to the time that had passed since they had taken the training.

Information was available for people on how they could maintain their safety and the safety of others. This

included how to report concerns if they felt they or others had been the victim of abuse.

Prior to the inspection we spoke with a number of health and social care professionals who told us they had concerns with the way the registered manager ensured people were provided with safe and effective care that met their needs. Records showed that a number of these allegations had been investigated and the registered manager, who is also the provider, was asked to make improvements to the quality of the service that people received. We spoke with the registered manager about this. They assured us that they put measures in place to address these issues and that people were safe at the home. We spoke with people living at the home and asked them if they had any concerns with the way their care was provided. They advised they did not.

People's care records contained examples of risk assessments that had been completed to enable staff to manage the potential risks to people's safety. Records showed that monthly reviews of documentation were in place, however they were not always meaningful as they did not always highlight where changes were needed to ensure information was current. For example in one person's records we found an assessment had been completed when they were first admitted to the home. This identified they were at risk of falls however the person's records did not contain appropriate information to manage this risk. The registered manager advised us they would review each person's care records to ensure the risk assessments met people's current needs. They also told us they would review how they or the senior care staff reviewed people's records to ensure the process was more thoroughly conducted.

The registered manager told us people had personal emergency evacuation plans (PEEPs) in place and that people's needs had been assessed in order for staff to be able to evacuate them safely in case of an emergency. A business continuity plan was in place which contained information on how people's safety would be maintained if there was a loss of power, water or a gas leak.

Where people had been involved in an accident or incident at the home the incident had been recorded and reported to the registered manager. The registered manager told us they reviewed the incident reports and made recommendations to staff to reduce the risk of these incidents happening again.

People told us they thought there were enough staff to keep them safe. One person said, "Yes I think there are enough." A relative we spoke with agreed. The staff we spoke with did not raise any concerns with the numbers available to support people. Although one member of staff said, "It's hard to say if there's enough staff as we have such small numbers at the moment. When we are full we may need a little extra."

The registered manager told us they regularly assessed the dependency levels of the people living at the home and if people required more support they would increase the staffing numbers. They also told us that they supported the staff during busy periods such as meal times to ensure people's needs were met.

We looked at the recruitment files for three members of staff. The records contained most of the appropriate documentation required before staff commenced work. However we did find some omissions including; the date when criminal record checks had been carried out was not recorded so we could not confirm whether the staff member started work prior to the appropriate check being completed. We also saw gaps in people's employment history had not been discussed with them and not all had the appropriate references in place. These checks are required to enable the registered manager to make safe recruitment decisions reducing the risk of people receiving support from inappropriate staff. The registered manager told us they would review the staff files and ensure the appropriate documentation was recorded.

Requires Improvement

Is the service effective?

Our findings

People told us they felt the staff provided them with effective care that met their needs. One person said, "They're good I can't complain." Another person said, "They are very good staff."

Staff had carried out an induction to provide them with the skills needed to care and support people in an effective way. The registered manager told us staff who were new to the service would complete the newly formed 'Care Certificate' training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records showed that staff received a wide range of training for their role. Staff told us they felt well trained for their role. One staff member said, "There's sometimes too much training, but I really enjoyed the end of life training, it was helpful."

Some of the training staff had completed included moving and handling, food hygiene and safeguarding of adults. The majority of the staff's training was up to date but we did find a small number of staff whose training required updating in some areas. For example three members of staff required refresher training for the safeguarding of adults and one member of staff required refresher training moving and handling.

Staff told us that they received regular supervision of their work and that they felt valued, listened to and supported in their role. One staff member said, "Nine times out of ten the manager listens to me." However when we reviewed the contents of some of the supervisions records we found some examples where the manager's comments had not been recorded, which meant they would be unable to analyse the progress staff had made since their last supervision. The registered manager told us they would ensure this was completed each time they carried out a supervision.

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. We checked whether the service was working within the principles of the MCA.

In each person's records we saw people's ability to make decisions had been assessed in areas, such as their ability to manage their own medicines and finances. However the appropriate documentation had not always been completed to show that all elements of the MCA had been adhered to. Additionally, when a decision had been made for people and had been recorded in their care records, it was not always possible to determine who had been involved with making the decisions. This could increase the risk of decisions being made for people that did not follow the appropriate legal guidance.

People's records did not always contain the appropriate documentation to evidence who was legally able to make decisions for them when they were no longer able. This process is called 'Lasting power of Attorney' (LPA). LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. We asked the registered manager if a person's relative had lasting power of attorney and they said that he did not. When we asked staff the same question they stated they did. The lack of a consistent approach to managing this process could mean decisions were made for people by those that were not authorised to do so.

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 are called the Deprivation of Liberty Safeguards (DoLS). Records showed that applications to the authorising body had been made for people that required them. However the documentation relating to a DoLS for one person was not appropriately completed. Capacity assessments and best interest's decisions supporting this application had not been made and the DoLS did not make reference to the equipment that had been put in place for this person.

We observed staff giving people choices throughout the inspection. Records also showed that all staff had received MCA and DoLS training however, staff's understanding of these was not consistent.

We recommend that the service finds out more about the appropriate application of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, in relation to the specialist needs of people living with dementia.

We received mixed feedback from people when we asked them about the food and drink and whether they received a varied choice. One person said, "There's plenty to eat and drink, too much sometimes." Another person told us, "The food is actually very good but I'm not a big eater." Another person said, "Some things are alright some things are not."

We observed the lunch time meal being served. We saw that people were offered verbal choices of food and drinks, but in view of the dementia they were living with, they visibly struggled to understand the questions. A menu was available but the use of visual or pictorial choices were not used to assist people.

We spoke with a resident after lunch who had decided not to eat their meal in the dining room. We noticed their meal was uneaten. They told us they did not like their lunch and was not offered an alternative. They told us the breakfast and tea were fine but although the cook had asked them for their likes and dislikes quite a few of the lunches did not appeal to them. We spoke with the cook and they told us they do offer people choices and that people had commented that they liked the food provided.

The kitchen was stocked with a good supply of food and drink. A range of fresh fruit and vegetables were available. We spoke with the cook who was aware of people's dietary needs and ensured these were met. They also told us that if people had specific needs in terms of their cultural or religious background these would be accommodated.

Where people had been identified as being at risk of dehydration fluid monitoring charts were in place. These are used to record how much fluid a person has consumed to enable staff to identify if a person is not drinking enough. We checked the charts for one person and found they had two charts in place for one day. Each chart varied considerably from the other. This meant we could not be assured whether the person had received the appropriate levels of fluid for that day.

People told us they had access to external healthcare professionals if needed. They told us a local optician regularly attended to enable them to have their eyes tested. Another person told us they had been having difficulty with their hearing and the home had supported them in obtaining a hearing aid. Another person told us the staff had arranged for them to attend hospital for their six monthly check-up and medication reviews. People also told us if they needed to see their GP then the staff would arrange for one to attend the home.

However one person did raise a concern with us that they had been unable to see a chiropodist when they needed one. We checked this person's care records which stated they should see a chiropodist every six weeks. There were no records of these visits within their care records. The person said, 'The chiropodist did used to come but I haven't seen them for months. I did have a fungal nail infection, I don't know if I still have. Yes I'd like to see a chiropodist.' We passed this onto the registered manager who said they would address this immediately.

Recommendations from health care professionals following visits to the home were given to the registered manager and staff. These recommendations were made to ensure that people's on-going health needs were met. We saw examples where care records had been amended to reflect these recommendations. However, we also saw examples where they had not. For example, guidance had been provided for to staff to support a person with their personal care who displayed behaviours that may challenge. However the person's care plan records did not contain sufficient detail for staff on how to identify the signs of this behaviour before it escalated. This meant the person could receive support from staff that did not follow professional recommendations and was not in their best interest.

During the inspection we spoke with a visiting health care professional. They told us that the monitoring of people's on-going health care needs had improved at the home and the staff were always cooperative when they asked them to do something for them.

Good

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One person said, "They [staff] are fantastic they bend over backwards for you." Another person described the staff as, "Very good." A relative said, "The girls are so nice." Another relative said, "The staff are very friendly."

We observed staff interacting with people and it was clear people were supported by staff who understood their likes and dislikes. Staff talked to people about the things that interested them and they showed a genuine interest in what they had to say. Staff had developed a positive relationship with the people they supported and people seemed relaxed and comfortable with them.

When people showed signs of distress or became upset, staff responded quickly by offering them reassurance in a kind and caring way. Gentle touching of hands, a supportive arm around the shoulder or a reassuring word or two in the ear were just some of the ways staff supported people. Staff were quick to identify if a person needed their assistance, especially people who were unable to verbally communicate their wishes. For example we saw a member of staff provide a person with a blanket to wrap around their shoulders, which was responded to positively by the person.

People's care records showed that their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. The care records for one person stated they had a specific religious denomination. The staff we spoke with knew religion was important to this person.

People were provided with a variety of information in the home's reception area about how they could access external support or guidance when making decisions about their care. This included information about funding their care, access to support for people living with Alzheimer's or how they could speak with an independent advocate. An advocate supports and represents people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The people we spoke with raised no concerns with us about decisions being made for them by staff which they were not involved with. We saw people discuss their care needs and what they wanted staff to do for them. The staff were very encouraging and positive and respected their views. However, people's care records did not always reflect this involvement. We saw evidence that people had signed their care records when they first came to the home to say they agreed with the content, but there were few recorded examples to show people's involvement with on-going care. The registered manager assured us that people were involved with these decisions but agreed this needed to be recorded in people's care records.

People were supported to by staff to carry out tasks independently if they wanted to. We observed staff supporting people with access to the toilet, the communal areas and returning to their bedrooms. Where people were able, and willing, they moved around the home independently of staff. We saw there was a lift provided to take people to the upper floor. Although there was signage to say that residents should not use it without being accompanied by a member of staff, one resident, who walked with the support of a frame

told, us that although he had initially been accompanied by a member of staff he was now able to use it on his own.

There was sufficient space for people to have the privacy they needed. We observed people choosing to spend time alone in certain parts of the home, with staff occasionally asking them if they wanted anything and respecting their views if they did not.

All of the people we spoke with said they could have visitors to the home whenever they wanted them. A relative we spoke with told us they visited twice a day. They said they were always made to feel welcome and would always be offered a cup of tea. They also told us they and another relative had visited on Christmas day and the staff ensured they were able have lunch with their family member. It was clearly something they appreciated.

People were treated with dignity and respect. We observed when staff members discussed people's health or personal care needs with each other, they did so in a respectful way. They lowered their voice and ensured that others could not hear them. This ensured people's dignity was protected. People's care records contained guidance for staff on how to maintain people's dignity when providing personal care support for them, although one person did express a wish to have their hair washed more often.

Requires Improvement

Is the service responsive?

Our findings

During our previous inspection on 17 and 18 December 2014 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had concerns that care planning documentation was not always fully completed and regular reviews of people's care were not always carried out. After the inspection the registered manager sent us an action plan which explained how they planned to make the required improvements. During this inspection we saw some improvements had been made but further improvement was required.

People's care records contained an initial assessment of people's needs when they first came to the home. A detailed personalised care plan was then put in place to enable staff to provide care and support for people in the way they wanted. We saw examples of good care planning that included guidance for staff on how to support people in the way in which they wanted. The care plans were also regularly reviewed. However, the reviews did not always take into account people's changing needs and did not always reflect the current level of care that people required. For example, we saw one person had been diagnosed with diabetes. There was guidance in place for staff to support them with their dietary needs but there no specific guidance about other ways to help the person manage their diabetes effectively. Another care record stated a person was at risk of falls however this information was not up to date as staff told us the person spent most of their day in their room and their mobility was now limited.

The staff we spoke with had a good understanding of people's current needs and could explain how they responded to people to ensure they remained safe. People who used the service told us they were happy with the care they received. However, the lack of up to date information in some people's care records could increase the risk of people receiving care in a way that was not appropriate or not in the way they wanted to receive it.

People spoke positively about their view of the home. One person said, "I would recommend it to anyone, I came for a week and stayed." Another said, "It would nice to be at my own home but if I can't, then this place is alright." Another person said, "I like living here."

People's care records contained information about their life history and personal preferences, although these records were not always fully completed. However when we observed staff interacting with people they showed a good understanding of the people they supported. They referred to past events in people's lives and used that information to develop a personalised relationship with people.

People were encouraged to get up and go to bed when they wanted to. We saw one person's care record had a specific request as to how they wished to be supported with their night time routine. We discussed one concern with the registered manager where a person had previously complained that they had been told by staff that they were unable to watch television late at night. The registered manager told us they had addressed this with the staff and had reminded them that people were to be encouraged to make decisions for themselves which must be respected by staff at all times.

There was no designated activities coordinator in place at the home and this had an impact on people's ability to do the things that were important to them. The staff we spoke with explained how they tried to engage with people and provide activities for them, however they felt more could be done. One staff member said, "We could do with more activities. We do board games, cards and dominoes. We do more when the weather picks up. They're doing 'motivation' this afternoon. They visit once a month but I think they could do with it more often. We do pamper days, however we haven't had any outings for a while."

The registered manager told us people were encouraged to tell them and the staff if they wanted to do anything that interested them and they would support them with doing so.

Two people we spoke with told us they enjoyed the Motivational Class that was provided every month. The class took place during the inspection. An external visitor encouraged people to take part in chair exercises, a quiz and listening to some music. Over half of the people living at the home attended the class and it was clear that people enjoyed it. Other events were provided for people, these included; parties to celebrate special events such as Christmas and Halloween. We also saw pictures displayed in the home where a person's birthday had recently been celebrated with a party being provided for them and their friends at the home.

Books, games and a communal newspaper were provided for people to use within the home. However one person we spoke with told us they would like a wider variety of newspapers to be delivered. Another person told us they enjoyed reading and accessed the home's library; however they felt there were too many books that were aimed at females. Upon review this did seem to be correct. Another person told us the registered manager had given them access to the home's Wi-Fi system. The person told us this was important to them as it enabled them to maintain access to friends and family via social media. However they told us the Wi-Fi connection had not been working as well as it had previously and it was affecting their ability to communicate with people outside of the home. Another person told us the television signal in their bedroom varied in quality and this had been raised with the registered manager. They told us this had not yet been fixed.

It was clear that the registered manager had made attempts to provide people with the resources to carry out activities for themselves; however, there were issues that had begun to have a negative impact on some people. We raised these issues with the registered manager. They told us they had made several attempts to solve the problems with the Wi-Fi however due to the location of the home and Wi-Fi system within it, meant there was sometimes interference with the signal. They also said the quality of the signal for digital television was not as good as they would expect, but they had limited influence over this. However, they acknowledged these issues were having a negative impact on some people and they would contact external professionals to help them to make the required improvements.

People were encouraged to sit with others and to engage in activities to avoid becoming socially isolated. We observed staff encourage one person who was sat alone in the dining room to join them in the lounge where others were sitting. The person responded positively to this. Staff told us they also encouraged people to leave their bedrooms and to socialise with others; however they respected their wishes if people did not want to.

People were provided with the information they needed to raise a complaint. The people we spoke with understood how to make a complaint and the majority felt their complaint would be acted on. One person told us they had made a complaint about how their clothing was handled by staff. They told us they had seen some improvement. However another person told us they felt their complaints were not always dealt with appropriately and they did not always receive an appropriate response.

Records showed that the registered manager recorded people's complaints and had a process in place to address them. They told us they were aware of their responsibility to ensure that people received a full and detailed response to any concerns raised and would ensure they did so.

Requires Improvement

Is the service well-led?

Our findings

During our previous inspection we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We raised concerns that the registered manager's auditing processes had not identified the concerns referred to in the report. This included the safe management of people's medicines and ensuring people's care planning documentation was appropriately completed. After the inspection the registered manager sent us an action plan which explained how they planned to make the required improvements. During this inspection we saw some improvement had been made, but more thorough improvement in terms of the records used within the home were required.

The registered manager's auditing processes had failed to identify that many of the recording processes that were in place to monitor the care and support that people received were either not in place or where they were, were not sufficiently up to date. This included; protocols for the administration of 'as needed' medicines, risk assessments and care planning documents used to assess and record the care and support provided for people, and the gaps in records used to show how the Mental Capacity Act 2005 and Deprivation of Liberty of Safeguards had been used. Although the people we spoke with told us they felt they were provided with safe and effective care and our observations of staff practice indicated they understood people's current needs; the lack of robust recording processes could have an impact on people's safety.

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

The registered manager had other auditing processes in place to assess, identify and manage the risks to people who used the service. Checks of water temperatures, a daily cleaning schedule and checks of the contents of first aid boxes were some of the other process in place.

We spoke with a number of external health and social care professionals before the inspection. They expressed concerns that the registered manager did not always carry out their role effectively. This included the way they liaised with them when concerns regarding people's safety were investigated. We raised this with the registered manager. They told us they always tried to work with external agencies and that people's safety was their number one priority. We told the registered manager that we would remain in regular contact with the external health and social care professionals to ensure that they continued to address any concerns that they may raise with them.

We spoke with people, relatives and staff and asked them for their views of the registered manager and whether they felt they carried out their role effectively. The majority of responses we received were positive. One person said, "She is nice." Another said, "I get on very well with [the registered manager] she puts things in order." Another person said, "I speak to her a lot, she sorts my problems out." A staff member said, "The manager has a hard work ethic. Staff do get frustrated as she thinks everyone else is a machine like herself. She does work a lot here. I've always been able to talk to her." However one staff member said, "The manager has her ups and downs."

Staff and the relatives we spoke with told us they felt comfortable raising any concerns with the registered manager and felt they would be acted on.

People and staff were supported by a registered manager who was available to them when needed. We observed the registered manager react quickly to any concerns that people had throughout the inspection and people responded positively to her. The registered manager understood the requirements of their CQC registration. They had the processes in place to ensure the CQC were notified of any issues that could affect the running of the service or people who used the service.

The registered manager told us they encouraged people to be involved with the local community. However we saw few examples of how the registered manager planned to do this. Opportunities to go out and see and mix with people from the local community were limited. This could increase the risk of people becoming isolated from the community in which they lived.

There was a calm and friendly atmosphere in the home and staff also understood the aims and values of the service. One staff member said, "It's a home from home. It's not modern but it's like a big family. It has a cosy, nice feeling."

People and staff were encouraged to give their views on the development of the service via 'Resident' and 'Staff' meetings. Record showed people's relatives had been given the opportunity to give their views via questionnaire. The registered manager told us they used the feedback from people, staff and relatives to improve the quality of the service provided.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place

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 did not take formal enforcement action at this stage. 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 Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance The registered person did not always; (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (2) (c)