Elizabeth House Rest Home Limited

Elizabeth House

Inspection report

Sandy Hill
Werrington
Stoke On Trent
Staffordshire
ST9 0ET

Tel: 01782304088

Date of inspection visit:
20 December 2017

Date of publication:
16 February 2018

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

This inspection took place on 20 December 2017 and was unannounced. At the last inspection completed on 28 September 2016 we rated the service as requires improvement. We found the provider was not meeting all the requirements of the law. The provider had not assessed people's capacity to consent to their care in line with the Mental Capacity Act (2005) to ensure that decisions were made in their best interest. We asked the provider to submit an action plan outlining how they would make the necessary improvements. During this inspection we found improvements had been made and the provider was meeting the regulations. However there were other areas which required improvement found during this inspection. You can read about these in the report.

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Elizabeth House can accommodate 35 people in one adapted building. At the time of the inspection there were 32 people living in the care home.

There was 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.

People were not always supported by sufficient staff and this meant they had to wait for their support. Staff were recruited safely. People were protected from harm and they had risks to them assessed and managed appropriately. Medicines were managed safely and people had them administered as prescribed. Premises were safely maintained and staff understood how to prevent the spread of infection. The registered manager analysed incidents to help them learn when things went wrong.

Improvements were required to the environment, some decoration required updating and consideration of how the environment needed to be to support people with specific needs. We made a recommendation about creating an environment to support people living with dementia. Staff were trained to deliver effective support to people and had their competency checked. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People had access to a choice of meals and were supported to meet their needs and preferences for food. Health care professionals were involved in people's care and there were systems in place to ensure the care people received was consistent.

The staff were kind and caring in their approach, however they were not always able to provide a caring service to people due to insufficient numbers of staff being available. People make decisions and choices and were supported to maintain their privacy and dignity. Relatives were encouraged to visit and made welcome by staff.

People's needs were assessed and they received personalised care and support. People understood how to make a complaint and were confident these would be addressed.

The systems in place to monitor the quality of the service were not always effective. A registered manager was in post and was freely available to people, relatives and staff. People and their relatives found the registered manager was approachable. Staff were supported to provide consistent care and support.

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.

People were not always supported by sufficient staff.

People were safeguarded from harm and risks were managed to keep them safe.

People were supported by safely recruited staff.

People were supported in a clean environment which protected them from infection

There were systems in place to learn from when things went wrong.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were needed to the environment in which people received support to help people living with dementia.

People had their needs assessed and received effective care and support.

People were supported by knowledgeable staff.

People had a choice of food and drinks and were supported to maintain a balanced diet.

People received consistent care and support.

People were supported to maintain their health and well-being

People were supported in line with legislation and guidance for giving consent to their care and support.

Is the service caring?

Requires Improvement

The service was not always caring.

People did not have an opportunity to engage with staff.

People were involved in all aspects of their care and their views were respected.

People could make their own decisions and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in their assessments care plans and reviews.

People's preferences were understood and followed.

People felt able to make complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality audits were in place and some were effective. However checks on staffing levels were not identifying the staff numbers needed to support people safely..

People felt able to approach the registered manager

The registered manager understood their role and responsibilities and staff were supported in their role.

There were systems in place to learn from incidents

Systems support staff to offer consistent care.

Elizabeth House

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 checked 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 20 December 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service and seven visitors. We also spoke with the registered manager, two deputy managers, the cook, one domestic assistant, one senior care staff and two staff members.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of six people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including staff rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found the service was safe and the provider was meeting the regulations for providing safe care and treatment. At this inspection we found the provider did not have sufficient staff available to support people and were in breach of the regulations for staffing.
People, relatives and staff had mixed views about whether there were sufficient staff to support people safely. One person told us, "I stay in my room a lot but I think there are enough staff as they come quickly if I ring day or night". Another person told us, "You have to wait at times if you ring- sometimes it can be up to half an hour. If they are busy then they do pop in to see what you want and say they will come back as soon as they can. This can happen frequently and yes, they do mostly come back but sometimes you have to ring again". Most people made comments about staff not having time to spend with them. For example one person said, "I think there is enough staff to look after us properly there always seems to be someone round and about. Staff don't really have time to sit and talk to you but they always speak as they pass through". Another person said, "They don't pop in during the day to see if you are alright unless you buzz for them. They come with a purpose-to bring you your meals, your medicine and your morning and afternoon cups of tea". Relatives also had mixed views, for example, one relative said, "Well could always do with more [staff] I suppose. Staff are very busy but get everything done for [person's name] so I can't complain". Another relative said, "I think there are usually just enough staff but no way could they afford to lose any as there is definitely no slack at all in the system". Staff also had mixed views. One staff member said, "There are times when it does not feel like there are enough staff". Whilst others felt there were sufficient staff. We observed there was not always enough staff to provide support to people when they needed it. For example, two people were left without support from staff to encourage them to eat during breakfast. They sat for an hour before staff were able to provide encouragement for them to eat their meal. Again at lunchtime we found people had to wait over 30 minutes for their meal, this was despite additional support at mealtimes given from the management team. We saw people spent their time during the morning, sat in the lounge and there were no staff interactions as staff only spoke with people that needed support. The registered manager told us they made sure they supplemented the staff hours with support from the management team but felt this was not always sufficient and accepted that there was limited time for engagement. This meant people had delays in having their needs met and staff were unable to engage in meaningful conversation with people.
This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

People and relatives said they felt the home was safe and that people were secure. One person said, "I feel safe as there is someone here available to call on all the time should I need anything". A relative told us, "It was [person's name] choice to come here. They could just about cope at home but was at risk of falling again and it was a relief for us as we were on edge waiting for a phone call. I now have peace of mind as I know they are safe here. Main benefit I think for [person's name] is that it has given them their confidence back". Staff had received training in how to identify abuse and could describe for us the actions they would take if they were concerned. The registered manager understood their responsibilities and we saw referrals had been completed to the local authority as required. This meant people were safeguarded from abuse and the risk of harm.

People told us they were supported to manage risks to their safety. Relatives said they felt people were protected from risks. One person said, "I can walk with the help of one member of staff and my Zimmer frame. As I stay in my room I have to ring if I want to use the bathroom or get to bed". A relative told us, "We bought [person's name] a rise and fall chair so they can get up independently with a Zimmer but to be safe [person's name] needs someone with them when walking. They are very good at always ringing for help". Staff could describe risks to people and the actions they needed to take to keep people safe. For example staff described where people were at risk of falls how they monitored people and ensured they prevented them from falling. We were able to confirm with peoples care plans that staff understood the management plans for preventing people from experiencing harm. We saw staff supported people safely with their mobility and people were supported to use equipment to prevent any damage to their skin, in line with their care plans. We found when things changed risk assessments were reviewed and updated. This meant people's risks were planned for and managed to keep people safe from potential harm.

The provider had personal evacuation plans in place for people, which staff understood, these were reviewed when things changed and kept up to date. We found there were systems in place to monitor the environment and ensure it was safe for people. For example, where a sink was cracked this had been identified as a risk to infection control and a replacement had been sought. The provider had completed checks on gas, electricity and water sampling was undertaken to check for legionella. This meant the registered manger had systems in place to ensure the environment was safe.

People received support from safely recruited staff. Staff told us they had checks carried out to ensure they were suitable to work with people before they started work. We saw staff files which showed new staff provided two references and employment history. We found the provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions.

People received their medication as prescribed. One person said, "I get my medicines at the same times and am offered pain relief daily". Staff received training in medicines administration and we observed they understood how to follow the medicines policy. We found medicines were stored safely. There was guidance in place for staff to enable them to administer medicines which were prescribed on an as required basis. Staff could tell us how they would know if people needed this medicine. We saw medicine administration records were in place and completed correctly. Staff told us they felt confident administering medicines and could describe the procedures if medicines were administered incorrectly. Checks were carried out to ensure there was sufficient medicine available for people. This meant people received their medicines as prescribed and systems were in place to safely manage medicines.

People and their relatives told us that the service was clean and comfortable. One relative said, "Elizabeth House is in my view small, comfortable, homely and clean and I cannot say I have ever seen any environmental risks". Staff could describe the importance of infection control and how they used protective clothing and hand washing procedures to prevent the spread of infection. We saw staff wearing gloves and aprons throughout the inspection and observed notices giving advice on hand washing procedures. On the day of the inspection an infection had been identified by a health professional. The registered manager was able to tell us the procedures they were putting in place to minimise the risk of the infection spreading. The appropriate authorities had also been contacted. This meant people were protected from the risk of infection and cross contamination.

The registered manager told us they used information when things went wrong to learn and make changes. For example, they undertook analysis of falls and took action to ensure these were prevented. We saw they had engaged other professionals to support and identified the use of equipment to prevent future falls

following the analysis.

Requires Improvement

Is the service effective?

Our findings

At our last inspection the service was rated as requires improvement and people were not asked for their consent which meant there was a breach of regulations. At this inspection we found the provider had made the required changes and was now meeting the regulations. However, the provider needed to make improvements to the environment.

People told us they felt more could be done to update the home. One person said, "The décor here is so bland and it could definitely do with an update. It needs decorating and the carpets and curtains replacing at least. I have my own things in my room which helps, but the communal areas are not good". We found there were areas in the home which required redecoration for example wall paper had been removed in one corridor. This had been covered by art work and the registered manager told us this was a temporary solution until they could find some wall paper to match. We were told that the building had been extended when it was converted into a residential home. We saw some pictorial signs were available to help people identify toilets and bathrooms for example. However, we saw people were not able to orientate themselves easily. We recommend that the service seek advice and guidance from a reputable source, about how to create an environment that is supportive of meeting the needs of people with dementia. We found some people's independence was reduced due to the design and layout of the building. For example, people had their walking frames removed to an area for storage once they were seated. This meant where people were able to mobilise independently they had to wait for staff to give them access to their walking aid. Improvements were needed to create an environment that was tailored to the needs of people living with dementia and support people to maintain their independence for as long as possible

People and their relatives told us needs were assessed when they began using the service. One relative told us about their relative's health condition and said staff understood how to support them effectively. Another relative told us, "Yes I do think the care meets individual needs and care staff seem to have the skills and knowledge to do their jobs well. They are caring, professional and patient. They talk to, coax and are able to communicate with [person's name] even though they have little conversation now". Staff were aware of people's needs and there was guidance available to them in the care plans about how to meet these needs. We saw people had access to technology such as sensors to alert staff if they moved to help manage the risks from falling. This meant people were supported effectively.

People and relatives told us they felt that staff were trained well. One person said, "Most of the staff here seem well trained and have the skills to look after me pretty well on the whole". A relative told us, "Staff seem to have the skills and knowledge they need and seem to do their jobs well". Staff told us they had induction into their role which included working alongside more experienced staff. Staff confirmed they were supported to update their training on a regular basis. Records we saw supported what we were told. We saw there was a training schedule in place which showed staff had received training in key areas such as abuse and safeguarding adults, medicines, manual handling and equality and diversity. The registered manager carried out observations and supervision which enabled them to check staff were using the training they had received. We saw staff used appropriate skills to support people. For example when administering medicines and supporting people with their mobility. This meant people were supported by

suitably skilled and trained staff.

People told us they enjoyed their meals and the food was good quality. One person said, "There is a good cook and its good quality food they don't buy any cheap stuff you know". Another person told us, "The food here is pretty good. I think there is a choice. They would make you an alternative if you did not like the meal. If you want a drink you only have to ask and they bring it". People were supported to have their dietary needs met and where there were risks identified plans were in place to mitigate them. One person told us, "I have lost weight and I have these drinks. I don't like them really but realise I need them and staff do encourage me and check that I drink them". Staff told us they were aware of people's dietary needs and preferences and could describe what was included in people's care plans. We saw staff followed the guidance in care plans to ensure people had their needs met. For example, where people were at risk of malnutrition, plans were in place to increase their food intake and this was monitored along with regular checks on their weight. We found where required additional support was sought from medical professionals. We saw people were able to choose specific foods and that the cook spoke with people individually about their preferences every day. This meant people were supported to maintain a balanced diet and have enough to eat and drink.

There were systems in place to ensure people received consistent care. When shifts changed there was a meeting held between staff to share information, this was also recorded on a handover document. This meant staff were kept up to date about how people had been during the day and allowed for consistency in care. We found other agencies were involved in helping to plan peoples care. We saw records of discussions and agreements about how care should be provided recorded in people's care plans. The staff were familiar with the advice and followed this whilst providing care and support to people.

People had access to health professionals to support them with their care. One person said, "If I am not well they get the GP to visit. I am borderline diabetic which is diet controlled and they make sure I get the right food. I also have the chiropodist calling regularly". Relatives told us health professional's advice was sought when needed and they were always kept informed. We saw people had visits from physio therapists, doctors and community psychiatric nurses. We found these visits were documented and the advice was followed. For example, one person had been seen by several professionals to seek advice on changes to their mobility. Another person had been seen by the doctor due to weight loss. We saw staff were following this advice and the persons weight had stabilised. People and relatives told us any concerns were dealt with promptly and referrals were made without delay, the records we saw supported this. This meant that people were supported to access support to maintain their health and wellbeing.

People told us staff asked for their consent before offering care and support. One person said, "They always ask for consent and tell me they are going to be doing this and doing that". Another person said, "Before they do anything to help you they say "we are going to" or "shall we". Is that ok". We spoke with staff and found they could describe how they sought consent. Staff told us they would withdraw if people did not give their consent. We observed staff asking people if they were happy for things to be done for them. For example, when assisting with meals and supporting people with their mobility. This meant people gave their consent and were able to make decisions about their care and treatment.

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

saw the assessments were specific to the decisions required and discussions had been held to enable decisions to be taken in their best interests. This included where people refused personal care and the use of sensors and bedrails. We saw where appropriate family members and other professionals were involved in making the decisions. Staff understood the principles of the MCA and demonstrated how this informed the way they supported people.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people needed restrictions to keep them safe the registered manager had made the required applications to the authorising body for a DoLS and these had been approved. Staff could describe how they supported individuals that were subject to a DoLS. This meant people were supported in the least restrictive way and in line with the MCA

Requires Improvement

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection we found the lack of staff meant the service was not always caring and improvements were needed.

People and their relatives told us that the staff were kind and caring. One person told us, "They are all very helpful to me and others living here. Very caring and all have good sense of humour so can have a joke and a laugh with them". A relative told us, "I feel the staff are amazing with [person's name] they are the best thing about this home". However people commented that staff did not have time to spend with them and they did not have conversations regularly only when staff were engaged in providing care or doing tasks. One person said, "The staff are patient, friendly and very caring individuals. I would say that I am pretty well looked after and staff do talk to you while they are doing tasks but basically they come and do what they have to do. They never seem to come just to talk to you or spend any length of time chatting with you as there are not enough of them to allow this". Another person said, "The staff are beautiful with me, nothing is too much trouble although they have little time to spare". Whilst another person said, "They have not usually got time to talk. Mostly they will just bring drink or whatever and go". Staff told us they knew people well and could describe what was important to people. Our observations supported what people told us. Staff were kind and respectful in their interactions however they did not always have time to offer support in a way which was caring. There were times when the lack of staff meant people did not have a caring experience. For example, at lunchtime people were left at the dining table sat alone whilst staff supported someone else. There was no conversation encouraged and staff were moving from person to person to offer encouragement and support to people with their meals. However we did observe interactions with staff that were kind and caring. For example, one staff member sat with a person trying to eat their breakfast and offered encouragement and passed them a napkin to wipe their mouth, the person was smiling and maintaining eye contact with the staff member. This meant whilst staff were kind and caring in their approach the lack of available staff meant people did not always receive a caring service.

People and their relatives told us people were treated with dignity and respect and privacy was maintained. One person told us, "They always knock. They tell me what they are going to do and make sure I have a towel to hand to cover myself while they do the bits I cannot reach in the shower". Another person told us, "I am independent. I more or less shower myself but have to have someone there all the time to keep me safe. The staff stand just outside the door and come in if I need help". A relative told us, "Staff are all very respectful. If the staff don't treat the people they are caring for like they would treat their own mothers then they would soon be gone from here and out of a job". Staff told us they understood how to show respect and maintain people's privacy and dignity and could give examples such as shutting doors and covering people when they gave personal care. We saw one person was not feeling well and this meant they were struggling with mobility. We saw staff discreetly discuss with the person if they would like to have their meal in the lounge. Care plans also gave advice on dignity. One person had dementia and was prone to using their hands to eat their meals. The care plan advised staff to ensure they protected the person's dignity by supporting and encouraging them to use cutlery. However, we saw one person was telling staff that they were being incontinent of urine; the person was left to walk alone to the toilet without help to maintain their dignity as the staff were supporting another person with their meal and could not leave. We also saw staff

were sometimes distracted and asking each other questions whilst they were supporting people instead of focussing on the person. This showed the staff were sometimes unable to maintain peoples dignity as there was not enough of them to support people effectively.

People were able to make decisions about their care and felt in control of how their support was provided and were supported to be independent. One person said, "I choose when to get up and when I want and go to bed, I just ring and they come and put me in bed. I choose what and where I want to eat and how I spend my time. I choose what to wear". Another person said, "They encourage me to do what I can for myself when I am having a wash or shower". A relative told us, [Person's name] is given a choice of when they go to bed, they like to stay up a bit, which is no problem". Staff told us they offered choices to people about many aspects of their care such as meals, their clothing and when to get up or go to bed. Staff told us they tried to help people stay independent and gave examples of how care plans guided them on maintaining people's independence, the care plans we saw supported what we were told. We found staff offered people a choice when giving care and support. For example, we saw people being asked where they wanted to sit, whether they wanted to participate in activities and what they had to eat. We saw staff supporting people to walk with their walking frames and they offered guidance and encouragement to people.

Good

Is the service responsive?

Our findings

At our last inspection we found the service was responsive. At this inspection we found the service continued to be responsive.

People and their relatives were involved in assessments, developing a care plan and reviews. One person told us, "I had a full assessment before I came here. My family were also involved. I was in another home at the time and they came out to see me and asked all sorts of questions to see if they could look after me properly". A relative told us, "They came out to see us and completed a detailed assessment which looked at past interests, preferences and the current practical care needs. They Involved [person's name] as much as they could but also took note of our wishes". Another relative told us, "They have reviews and staff discuss any changes and keep us well informed. Staff told us care plans were available to them and helped them to understand people's needs. We saw assessments and care plans were in place which gave guidance to staff on how to support people. For example, the care plans gave details of how people needed to be supported with their mobility, meals and what action to take if people with dementia displayed behaviours that challenged. Where reviews had taken place we found these had led to changes in people's care plans. For example, care plans were reviewed and updated if people's needs changes or there were new risks identified. Staff told us they were made aware of any changes and we found reviews involved all relevant professionals.

People and their relatives told us staff knew people very well and they do things the way people like them to be done. One relative told us, "[Persons name] is always treated as an individual. Quite independent but unsteady and needs support for some things. The staff know [person's name] and recognise if they need more help". Staff could describe for us how people preferred their support to be delivered. For example, one staff member described people's preferences for meals, they understood what meals the person liked and disliked. Another staff member told us about the special precautions in place for someone that was at risk of infection. The care plans we saw supported what we were told. There was nobody receiving end of life care at the time of the inspection. However the systems for assessment, care planning and monitoring were in place which would enable staff to identify people's needs and preferences if they required end of life care. This meant staff could use their knowledge of people's preferences to guide how they gave people support.

People and relatives told us they had an opportunity to take part in activities which were of interest to them. One person said, "I do take part in the activities staff provide in the afternoon. Usually only the same few who take part but others are asked. There are quizzes, "Question Time" as well as doing exercises every day. We do craft as well, not sure what we are doing today". Another person told us, "I am quite happy. I please myself what I do during the day. I read- books and magazines and I enjoy doing crosswords. I watch the TV programmes that I like about property, antiques and cookery. I am quite content". A relative told us, "[Persons name] still loves a singsong so when an entertainer comes in, staff take them to the main lounge so they can listen and join in". The registered manager told us that the seniors offer activities sessions every afternoon. We saw a painting session was held on the day of the inspection. People were given a choice of different scenes to paint which and when asked if they enjoyed the activity one person said, "Yes It was really good. I did two paintings and I really enjoyed it. It's nice to do something different". This meant people had

opportunities to take part in activities and follow their interests.

People and their relatives told us they knew how to make a complaint. One person said, "I know how to complain and would do so if necessary. Never had any complaints or real concerns in 5 years everything here is fine". Another person told us, "I have never had to complain about anything or even raise any concerns but if I did I would feel quite comfortable doing this". We saw the registered manager had a system in place to receive and investigate complaints. We found complaints received had been investigated and a response had been given. The registered manager told us complaints were investigated fully and they used this to make improvements to the service.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the service was not always well led as whilst systems had identified some concerns, action was not always taken to make improvements. There was a breach of regulations regarding consent and the overall rating was requires improvement. At this inspection we found that whilst there had been some improvements there were still areas that required improvement and there was a further breach of regulations regarding staffing and the provider is again rated overall as requires improvement.

The registered manager told us in the PIR that staffing levels are under continuous review and a dependency tool was in place. We saw this had been completed and it had identified people's needs and how many staff hours were required. However, we found this had not effectively identified the required staffing levels. We found people's needs were not being met at the times they needed help. The registered manager said this may be because a number of people were currently unwell and this had added further pressure. They said they would review staffing levels again and make any required adjustments. This showed that although a tool was in place to assess staffing requirements this had not ensured there were sufficient staff available.

The registered manager understood their responsibilities. Notifications were received by us as required by law when incidents occurred, such as allegations of abuse and serious incidents. The rating of the last inspection was on display and could be accessed by people and visitors to the home.

The registered manager told us about how they had made improvements following the last inspection. They described how they had ensured staff had been trained in the principles of the MCA. They had carried out assessments to peoples capacity where required and introduced recording of decisions taken in people's best interests. The registered manager had ensured they were now meeting the regulations and made the required improvements. Audit processes had also been improved.

Accidents and incidents were monitored for trends and themes. The registered manager ensured that action was taken to address any patterns. We could see action had been taken to make referrals to other agencies and introduce updated risk assessments and management plans where people had a pattern of falls identified. We found this action had been effective in preventing further incidents from occurring.

The registered manger told us they carried out a range of quality checks to ensure the service was operating effectively. For example they audited infection control procedures. We saw this was effective in identifying any areas of concern and action was taken to make required improvements. Other audits in place included medicines audits which were completed twice a month and checks on risk assessments and care plans. The registered manger told us they undertook audits of staff approach to dignity. They said they used observations and reviews of peoples care plans to ensure staff were providing appropriate care and support. The registered manager had systems in place to check the quality of the service. For example they told us about monitoring people's weight and ensuring action was taken to seek advice if people suffered any weight loss.

The registered manager ensured where required they worked with other agencies to provide peoples care

and ensure the support people received was effective, this included engaging with health professionals such as nurses and doctors but also referring to other agencies to support with care planning and risk management. The staff team had regular opportunities to discuss peoples care and they had handover meetings at the start of each shift. These were documented and used to ensure staff were kept up to date with any changes to peoples care and provide consistency of approach.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not have sufficient staff to meet people's needs when they needed support.