

Akari Care Limited

Piper Court

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

This inspection took place on 24 April 2018 and was unannounced.

Piper Court 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. The service is registered for 60 people and at the time of inspection there were 57 people living at the service. The service had three units, nursing, residential and a mental health unit.

A registered manager was in post at the time of the inspection visit. They were registered with the Care Quality Commission in December 2004. 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 last inspection of the service was carried out in April 2017 and found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We found concerns relating to the storage of medicines and the administration of controlled drugs. There were not enough staff, staff recruitment records were not adequate, records were not accurate, updated to reflect current needs or dated, audits had not picked up any of our concerns and had no actions plans. Following this inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good.

At this inspection we found that the provider had made some improvements however we found further improvements were required to become fully compliant with the Fundamental Standards of Quality and Safety. This is the second time the service has been rated requires improvement.

We found concerns with the safe administration of medicines.

Not all accidents and incidents were recorded.

Staff training was not up to date. Supervisions were taking place but the records were not available to evidence this.

Audits were taking place; however, they were not robust enough to highlight the issues we found during our visit. Records, such as records to evidence training, could be difficult to follow

Feedback on the quality of the service had not been sought. We have made a recommendation about this.

People enjoyed the food provided. Specific cultural diets were provided if needed.

People were supported to continue with their preferred religious needs.

People who lived at the service were safeguarded from abuse. People told us that they felt safe at the service and that they trusted staff. Staff had received training in the safeguarding of vulnerable adults and said they would not hesitate to report concerns.

A number of recruitment checks were carried out before staff were employed to ensure they were suitable to work with vulnerable adults.

The registered manager understood their responsibilities in relation to the DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice. Evidence of consent was sought.

We found there was sufficient staff employed to support people with their assessed needs.

Staff demonstrated a person centred approach to care, they knew people well. However we found that not all staff knowledge was recorded in people's care files. Care plans had information of people's wishes, preferences and life histories.

We saw evidence of activities taking place and people we spoke with enjoyed them.

The service had a complaints policy that was applied if and when issues arose. People and their relatives knew how to raise any issues they had. The service had received one complaints since the last inspection.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the 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 always safe.

Medicines were not always managed safely for people and records had not all been completed correctly.

Not all risks to people were assessed or plans put in place to minimise the risk.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The provider carried out pre-employment checks to support them to make safer recruitment decisions.

Is the service effective?

Requires Improvement ●

The service was not effective.

Not all staff received training to ensure that they could appropriately support people. Evidence to show staff were supported through supervisions was not always available

People were happy with the food provided and received a choice. Diets supporting people's cultural needs, were provided if required.

Staff knew their responsibilities under the Mental Capacity Act. Consent was sought, although records were not always signed by people to evidence this.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity, respect and kindness.

People were supported by staff who were kind and patient.

The service supported people to access advocacy services.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff demonstrated a person centred approach to care. However records did not match staff knowledge.

People were always supported to access activities and follow their interests.

There were systems in place to manage complaints.

End of life care plans were in place for people.

Is the service well-led?

The service was not well-led.

The quality assurance audits did not highlight the concerns we raised.

Records needed to be improved.

The registered manager understood their responsibilities in making notifications to the Commission.

Requires Improvement 

Piper Court

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 24 April 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector, one pharmacist inspector, an assistant inspector, a specialist professional advisor (a nurse) and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was asked to complete 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. We used this to plan the inspection.

During the inspection we looked at seven care plans, Medicine Administration Records (MARs) and daily records. We spoke with five members of care staff, the registered manager, the deputy manager (nurse), one nurse, unit manager, senior care worker, four care workers, the activity coordinator and the chef. We spoke with 12 people who used the service and one visiting relative. We spoke with two relatives by telephone after the inspection to gain their views on the service. We also spoke to a visiting social worker.

Is the service safe?

Our findings

At our last inspection in April 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider to make improvements to records in relation to the storage of medication and stock and administration of controlled drugs. Improvements were needed so risk assessments reflected people's current needs. During this inspection we checked whether the registered provider had made the required improvements.

Whilst the provider had some made improvements with these concerns we found some further improvements were required.

We looked at how medicines were handled and found that the arrangements were not always safe.

We looked at the medicine administration records (MARs) for ten residents across the home. We found residents had a photo, their GP and their allergy status recorded.

Records relating to medication were not completed correctly placing people at risk of medication errors. When we checked a sample of medicines alongside the records, we found that they mostly matched up. However, we found that for one medicine a mid- cycle stock check had identified a discrepancy but the manager had not been notified so that an investigation could take place. For another person medicine stocks were not properly recorded when medicines were received. This is necessary so accurate records of medication are available and care workers can monitor when further medication would need to be ordered. Two medicines for two people were not available, this means that appropriate arrangements for ordering and obtaining people's prescribed medicines was failing, which increases the risk of harm. Where care staff applied creams as part of personal care the guidance on the frequency of application or where to apply was incomplete or missing. Some records were not fully completed. These records help to ensure that people's prescribed creams and ointments were used appropriately.

For one person recently discharged from hospital, the discharge note detailed some medication changes. It was not clearly documented why these changes had not been implemented or on whose authority the medicines were continued.

Instructions for some people receiving medicines 'as and when required' were missing. This information is important to ensure staff are aware of the circumstances under which these medicines should be given. In addition, we found staff did not always complete the pain charts or behaviour charts detailed on the when required protocols and the outcome after giving the medicine was not recorded, so it was not possible to tell whether medicines had had the desired effect.

For medicines that staff administered as a patch, a system was in place for recording the site of application; however, for two of the people whose records we looked at there were incomplete records in place to show where the patch was applied and the application site was not rotated in line with the manufacturer's guidance to prevent side effects.

We looked at how medicines were stored. Appropriate checks had taken place on the storage, disposal and receipt of medication. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. Eye drops, which have a short shelf life once opened, were marked with the date of opening. This means that the home could confirm that they were safe to use

Risk assessments had improved however we found further improvements were needed. One person's daily notes highlighted they had damaged part of their foot but it was not clear when this had happened. We checked accident, incident and care records for the person and there were no records of any injury. We spoke with the person who said they could not remember exactly what had happened but thought it may have occurred due to slipping from their wheelchair as the lap belt was broken. They also had diabetes, and limited sensation in their feet.

We learnt that this person had diabetes, it is especially important for anyone who is diabetic to look after their feet as they are at risk of complications. There were no risk assessments in place related to risks associated with using the wheelchair without a lap belt or the person's diabetes and foot problems. This meant the provider was not taken reasonable steps to mitigate and prevent risks. We could also see no evidence that anyone had cared for the foot injury and the person was at risk of further complications. We were provided with evidence that the lap belt was fixed on 26 April 2018.

These findings evidenced a repeat breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

All people we spoke with, who used the service said they felt safe with the staff that provided care. People we spoke with said, "I am very well cared for and always feel safe with the staff." Another person said, "I am here to keep me safe, as I wasn't where I lived before, and it is really okay, better that I thought to be honest."

One relative we spoke to said, "My [Name] is cared for well and safe now and if they fall or do not eat then there are staff on hand to encourage and support."

We saw evidence of premises and environmental risk assessments. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place. Records confirmed that monthly checks of emergency lighting, fire alarms were carried out and water temperature checks were taken weekly. At the last inspection the lift was faulty and not always aligning itself with the floor. At this inspection we saw signs up stating that the same thing was still happening. We questioned why the same problem was still happening a year later. The registered manager said the lift had been fixed the week before and removed the signs. We did see evidence to show the lift had been fixed.

Through observation and looking at rotas there were enough staff on duty to meet the needs of the people. On the day of the inspection there was one nurse, and a nurse who was shadowing [due to being a new member of staff who was going onto nights] and three care staff on the nursing unit, two senior care workers and three care workers downstairs and one unit manager and a care worker on the mental health unit. We observed lunch on all units but found the mental health unit could probably do with an extra member of staff to support as people were left alone for periods of time due to staff being busy. One staff member said, "We could really do with an extra nurse." The registered manager said they would look into this.

People and relatives we spoke with said there were enough staff on duty. One person said, "I only use the

buzzer if desperate as there is always someone [staff] calling in or say hi as they pass by, the buzzer does not ring for long."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Applicants were also invited to meet the people who used the service prior to interview. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with vulnerable adults. The provider was renewing the DBS check every three years which is good practice.

Staff understood the importance of safeguarding issues and whistleblowing [telling someone] concerns and knew the procedures to follow if they had any concerns.

We saw the premises were clean and tidy, cleaning schedules were in place and records showed these had been followed. Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves. One person who used the service said, "This is my home and is as clean as my flat was when I lived on my own."

Is the service effective?

Our findings

At our last inspection in April 2017 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider to make improvements to staff supervision and staff training. During this inspection we checked whether the registered provider had made the required improvements.

Whilst the provider had some made improvements, we found some further improvements were required.

Competencies in the safe handling of medicines were now completed. Syringe driver training had taken place with some staff still requiring it. However, at the time of the inspection no one was using a syringe driver.

We saw that staff training was not up to date. Records for training were confusing and we were supplied with two training records which contained conflicting information although both contained gaps. A third training matrix supplied by a training company employed by the provider, showed that training was not complete. After the last inspection the provider completed an action plan that stated all training would be completed by the 30 June 2017. This had not happened. Therefore, this is a repeated breach.

New staff undertook an induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff also completed shadow shifts (observing) until they and the registered manager felt they were competent to work alone.

At the last inspection staff were not adequately supported through supervision. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff. We looked at six staff files and there was no evidence of the staff being fully supported with supervision. The registered manager and deputy manager said they had completed supervisions and thought they were in the files. They sent some evidence of supervision for three of the staff files we looked at.

These findings evidenced a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called

Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were. There were processes in place to protect the rights of people living at the service. We did see evidence of consent in people's files. However, not all the consent forms were signed by the person.

People were happy with the food that was provided. People we spoke with said, "The food is fine but not a lot of variety, lots of mince and dumplings. However, if I don't like the options they get me something different." Another person said, "If I do not like the food on offer I ask for something different and it is no problem." And a further person said, "The quality and presentation is good and the portions are not too large."

We observed lunchtime on all three units. We saw on the nursing unit and residential unit there was good interaction between staff and people who used the service. Choice was provided to people and the food was hot and well presented. Menus were displayed and condiments were on the table. Lunchtime on the mental health unit had very little staff interaction, this was due to the two staff members being busy, running down to the kitchen to collect items. People were happy with the food. However, whilst they were eating their main courses, the pudding with custard was left on a serving trolley, without any covers, there were no menus on show. We fed back to the registered manager the need for another member of staff to be continually present in the dining room. The registered manager agreed to look into this.

We spoke to the chef who was very knowledgeable about people's dietary needs such as if they needed fortified foods, or the food pureed. We saw people's cultural diets were catered for.

We asked the cook if people had access to snacks throughout the day. The cook said, "Snacks are kept in the kitchen, and people could have access to them but they are kept away as they [people who used the service] would be constantly on them."

We were told no one required any special cultural or vegetarian diets, however the chef explained they would be provided if required.

People were supported with food and nutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. Food and fluid charts were used to monitor people's nutritional health. We found that fluid intake goals and totals were not recorded. The registered manager explained that some people did not need food and fluid charts but were part of the room records and staff thought they had to complete them, they agreed to look into this.

Is the service caring?

Our findings

People who used the service were happy with the care that was provided. People we spoke with said, "Lovely, lovely place cannot fault it at all the care is superb." Another person said, "The care home is good and staff are genuinely kind and patient with us oldies."

One relative said, "When I visit if there are any 'difficult moments' the carers explain this to my relative and that I am coming back when things have been sorted out."

Through observation we saw staff demonstrated a kind and considerate attitude. When talking to people they bent down so they were at eye level and held their hand or touched a person's shoulder. We saw that staff and people who used the service were familiar with one another and there was an atmosphere of trust and calm. Families and friends were made to feel welcome and encourage to visit when they wanted.

We asked staff how they supported people's privacy and dignity. Staff explained how they always knock on people's door before entering and keep people covered as best as possible when providing personal care. For one person when their bedroom door was shut, staff knew to leave them and not disturb their privacy. We saw staff placed signs on people's doors when there was 'care in progress' to prevent being disturbed and to protect people's privacy and dignity. One person said, "I have never heard the staff gossiping, so I assume they would not talk about me."

People we spoke with said staff treated them respectfully. One person said, "I still struggle with personal care and someone else helping me but the staff are so lovely and know that I feel awkward and they are very respectful."

Staff said they encouraged people to maintain their independence. Staff we spoke with said, "We always encourage them [people who used the service] to do what they can themselves, if not we ask people if it is okay to assist them." One person said, "They [staff] encourage me to do what I can very kindly and with such patience, I know I can be obstinate."

People said staff offer choice and make sure we are happy with the choices. We saw choices being offered throughout the day for example whether they wanted to join in activities or where a person wanted to sit. One person said, "I can choose what I do with my day and often join in the activities." Another person said, "My carer takes me outside for a cigarette, that makes me feel young again." And another person said, "I didn't realise that I would have choices, I thought I would have to do as I am told, so it is wonderful to be asked what I would like."

The service had an equality and diversity policy in place and however training was not up to date. We asked staff how they embed equality and diversity into their caring role. Staff we spoke with said, "We have a person who follows a specific religion, their care plan and notes reflect this and the important aspects of their faith especially the prohibition of certain treatments, their friend visit regularly from the local church. We can meet dietary and religious needs of any one and would make sure the care plan meets cultural,

spiritual and personal preferences and needs." We saw this person's care plan provided very detailed information on their religious needs and preferences. Another staff member said, "We treat everyone with equal respect and care regardless of difference and are aware of cultural issues, we are very inclusive and have had equality and diversity training in the past. We cared for a person who was Hindu by faith and supported their dietary and spiritual needs." And another staff member said, "We value each other and each client regardless of difference, we support people to be who they are."

Only one person at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. We saw there was information available to people about advocates if they wanted it.

Bedrooms were personalised to suit people's wishes and preferences, for example they displayed family photographs and other personal items which people owned. Bedrooms were considered as people's own personal space where they could spend time alone when they wished or meet in private with family and friends. One person had a lot of paintings in their room, they said, "I collected these paintings over the years and they let me put them up here in my room and the corridor I love looking at them and listening to my music (Rachmaninov piano concerto no 2 playing) I get about the home when I want to and the carers are very lovely, they always allow me to choose what I want, I am happy here." Another person said, "My room is nice and big."

Is the service responsive?

Our findings

We asked people who used the service and their relatives if they were involved with their care. People we spoke with said, "My care is discussed with me but I need family support as well as I do not always understand." Another person said, "Relatives look after the care side of things, I just receive it." A relative we spoke with said, "As a family we are involved in the care of my [Name] they would not be able to deal with this on their own."

During our visit we reviewed the care records of six people. Records showed people had their needs assessed before they moved into the service. During this assessment people's communication, mobility and medical history was assessed. A pre-admission draft care plan was made up so information was available to all staff before admission. This ensured the service was able to meet the needs of people they were planning to admit to the service and to meet the needs of a person directly on admission.

Following the admission assessments, a full care plan was developed which centred on the person's needs, wishes and preferences. The care plans were detailed with likes and dislikes, and a night profile. The night profile documented preferred time to go to bed and get up, if they like a snack before bed or leaving in their room, how many pillow and preference to a duvet or blankets.

People's life history was all documented which included important events, people important to them, and their work history.

Staff we spoke with could easily explain people's needs, however these were not all recorded. Where people's needs had changed care plans were not always updated. People's records to show they had received a bath or a shower were not always completed. For one person it showed they had not had a bath or a shower for over six weeks. We questioned this and were told this was not correct, however no evidence to show it was not correct, could be found.

We found daily records did not always match the person's care plans. For example, one person's plan stated it was important for them to have a shower every other day. Daily notes did not evidence this, a staff member confirmed that this always happens as it is part of the person's routine. This person also had a behavioural plan in place which stated if the person was showing signs of anxiety and agitation, an anxiety reducing medicine could be administered and a behaviour monitoring chart would be completed. We found the behaviour monitoring chart was not completed. Where the anxiety reducing medicine was administered daily notes described the person as settled. There were no records of why the medicine was administered. Staff we spoke with could explain the distraction techniques they used the medicine, however these were not recorded.

We found blank care plans in place such as for altered state of consciousness. These were not relevant to the person and we suggested to the registered manager to remove all care plans that were not required.

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

2014.

We asked people and their relatives if they were involved in the planning of their care. One person said, "My care is discussed with me but I need family support as well as I do not always understand." A relative we spoke with said, "As a family we are involved in their care."

People were happy with the activities offered. One person said, "It is nice to do things whilst I still am able, I like the singing and music times." Another person said, "I do like to join in and some of the activities are fun." A further person said, "I choose not to join in a lot of the activities and that's fine, they always ask me though which is thoughtful." And another person said, "I love the fact that there are things going on and not just the TV on all day, looking forward to spring and sitting outside."

One relative we spoke with said, "My [name] has a problem talking so sometimes feels uncomfortable but they are always included and has someone with them at the activities."

The service employed three activity coordinators who covered seven days. On the day of the inspection people were enjoying a game of bingo. The activity coordinator on duty demonstrated a good understanding of the varied needs of people who used the service. One to one activities took place for people who preferred to stay in their own rooms.

People were encouraged to continue with preferred hobbies such as reading, crosswords and knitting. Papers were delivered daily for people who wanted one and books were available. WIFI was available throughout the home so people could SKYPE (spoken conversations via the internet), use iPads and phones.

People had access to a wide range of activities and enjoyed what was on offer. We were told that local singers came into the home and at Christmas children from the local school came in to sing carols. The local school also invited people to join them on their Remembrance Day service and 14 people went to this.

The service had set up a 'gentleman's club' where people who wanted went over to the local pub for a game of dominoes and social drinks. People were also involved in flower arranging and all the flowers on display had been arranged by people who used the service.

In preparation for the summer the service had purchased some new garden furniture and outdoor garden activities were planned, such as planting and painting as well as assembling new bird boxes.

We asked the activity coordinator how they knew what activities people preferred to participate in. They said, "We are always asking for their views, I have meetings with them and relatives to get some feedback."

One staff member said, "A minibus would be great to get people out and about more, but we do a lot in house." Another staff member said, "More outings would be nice however we don't have a mini bus."

The activity coordinators operated their own tuck shop that sold treats and toiletries. The money raised went back into activities.

One person was turning 100 and a tea party had been arranged and the Mayor was joining them.

We asked people and their relatives if they had ever made a complaint and if they knew how to make a complaint. People we spoke with said, "I do know how to complain and would go to the staff or manager." Another person said "I have had a few occasions to talk to the manager but that was maybe a year ago? To

be fair he always sorts things out at once." A relative we spoke with said, "I had to complain about lack of drinks for my [name], it was an oversight and plans were put in place so it wouldn't happen again."

There was a policy in place for managing complaints. The service had received one complaint since the last inspection and this was fully investigated.

There was no one receiving end of life care at the time of inspection. We saw evidence of advanced care plans in people's files. Advanced care plans are records of peoples wishes and preferences for the end of their life.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in April 2017 we found audits did not contain an action plan and had not picked up on the issues we found and paperwork was not dated or stored safely.

At this inspection we found the registered manager had carried out a number of quality assurance checks to monitor the standards at the home. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Although audits were taking place and an action plan was produced, they had still failed to address the concerns we raised.

Records were now dated and stored securely. However, records were not always updated to address current needs. Records to evidence supervision and training were confusing. People had care plans in their files that were not relevant to them. Records to record food and fluid intake were not fully completed and were partially completed for people who did not need them.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We asked people and their relatives what they thought of the management of the home. People we spoke with said, "This is a great place and well run and the management know how to deliver a brilliant service." Another person said, "The manager will always take time to calm worries and make everyone they talk to feel special."

A relative we spoke with said, "My [name] has been unwell but the manager has come up to specially see me and check if I am okay."

A visiting social worker said, "This is a good home with very cooperative staff, the care I see is very person focused and accessing the provision or moving people on is always a joint effort, collaboration is good and the professionalism of staff is obvious."

We asked staff if they felt supported by the management. Staff we spoke with said, "The manager is the best we have had since I started in early 2000, we have had to put up with some bad ones." Another staff member said, "The manager is good and effective. I like this home it has a good feel and care delivered is of a high standard." A further staff member said, "The management are approachable and down to earth, I can consult my manager at any time so I get enough support, the home is valued locally and all the staff are genuinely interest in the clients and the care is very good."

People were happy living at the service and comments from them and their relatives were very positive. People we spoke with said, "I cannot think of anything I would improve, it really is a lovely caring home." Another person said, "On good thing about this home is the all the residents get on together and this promotes a family feel which is nice."

Since our last inspection there was no evidence of feedback being sought from people or their relatives via a survey or questionnaire. The registered manager stated in the PIR that by April 2018 they would be setting up in house surveys to ascertain people's perception of safety and a service feedback group, these had not taken place. We were told surveys had been sent out in January but they had received no responses at the time of the inspection. We were provided with blank copies of these.

We recommend the provider obtains feedback from people, relatives and visitors to the service, due to the overall rating from last inspection being requires improvement and this inspection being a repeat requires improvement.

Staff meetings taking place regularly and staff said they find them very useful. Meetings for people who used the service and relatives took place regularly by the activity coordinators to obtain new activity ideas. Meetings to discuss other topics such as laundry and the meal time experience took place every few months.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider was not doing all that is reasonably possible to mitigate risks. Medicines were not managed safely and records were not completed correctly. Reg 12 (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have systems in place to enable them to identify and assess risks to the health, safety and welfare of people using the service. Records relating to the care and treatment of each person using the service was not always complete, legible, accurate and up to date. Reg 17(2)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider was not ensuring staff received appropriate ongoing supervision or training. Reg 18(2)(a)