

Community Integrated Care Kemp Lodge 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

This inspection took place on 6 and 12 December, 2017 and was unannounced.

Kemp Lodge is a large care home, registered to provide general nursing and personal care for up to 38 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there were 22 people living at the home. The home is a purpose built facility with all accommodation located on the ground floor. There were well maintained gardens to the rear of the building and a number of car parking spaces at the front.

At the time of the inspection there was a registered manager in post. 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 the previous comprehensive inspection which took place in May 2017, the home was rated as 'Inadequate' and placed in 'Special Measures'. We found the registered provider was not meeting legal requirements in relation to safe care and treatment, need for consent, receiving and acting on complaints, good governance and staffing.

Services in 'Special Measures' are kept under review and inspected again within six months. The expectation is that providers who have been providing 'Inadequate' care should have made significant improvements within this timeframe. If not enough improvements are made and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service.

Following the previous inspection the registered provider submitted a number of action plans which outlined how they were improving the standards of care and quality of service. During this inspection we checked to make sure that the provider had made enough improvements to meet their legal requirements.

During this inspection we found a number of improvements had been made however the registered provider was found to be in breach of 'Good Governance' and 'Safe care and Treatment'.

We reviewed a number of care records for the people who lived at Kemp Lodge and found that care plans and risk assessments were being regularly reviewed however there was still some inconsistent information found in different assessments and clinical processes were not being completely adhered to. This meant that the delivery of the care being provided was not always being safely monitored or reviewed, meaning that people were exposed to unnecessary risk.

Medication processes and systems had generally improved although we did identify some examples where further improvements needed to be made. Prescribed medicated creams were not always being applied as staff had been instructed. This meant that people were not always receiving a safe level of care in relation to the medications which they were being prescribed.

During this inspection, we did identify improvements which had been made in relation to the overall governance of the service although it was still evident that further systems and processes needed to be implemented and maintained in order to improve the standard and delivery of care which was being provided.

You can see what action we have told the registered provider to take at the back of the full version of the report.

There was an activities co-ordinator in post at the time of the inspection. The activities co-ordinator was responsible for organising a range of different activities for residents to involve themselves in. The feedback we received about the range of different activities from both relatives and residents was mixed.

We have made a recommendation to the registered provider in relation to the activities which are arranged.

There was evidence to suggest that the service was operating in line with the principles of the Mental Capacity Act, 2005 (MCA). This was because people were involved in the decisions taken in relation to their care and treatment and there was best interest processes in place for people who lacked capacity.

During this inspection we found that processes had improved in relation to acting on and receiving complaints. The complaints process was visible and available for people and visitors to familiarise themselves with. People were aware of the processes and knew how to make a complaint and the registered manager was responsive to any complaints and feedback which they received.

During the inspection we found that the area of 'staffing' had improved. Routine supervisions and appraisals were taking place, staff were receiving the necessary training to enable them to fulfil their roles to their full potential and staff expressed that they felt supported on a daily basis.

We found the environment to be clean, well maintained and free from any odour. There were effective cleaning rotas and health and safety audits in place as well as there being evidence to suggest that infection control policies were being adhered to. This meant that people were living in a safe and well maintained environment.

During this inspection we found that care records were personalised, staff were able to provide person centred care and people expressed that they were supported with their likes and preferences.

We reviewed recruitment processes and found that this was being safely and effectively managed within the home. This meant that all staff working at the home had suitable and sufficient references and the appropriate criminal record checks had been conducted.

Accidents and incidents were being recorded and the registered manager was analysing and assessing the data on a monthly basis. The process and systems which were in place to assess and monitor accidents and incidents enabled the registered manager to analyse if changes needed to be made within the home and if further risks needed to be mitigated.

The day to day support needs of people living in the home were being met. The appropriate referrals were taking place when needed and the relevant guidance and advice which was provided by professionals was being followed accordingly.

People told us that their privacy and dignity was always respected. Staff were able to provide examples of how they ensured privacy and dignity was maintained as well as describing how people's choices and preferences were supported.

Staff were observed providing compassionate care and engaging with people in a sincere and friendly manner. There was a positive atmosphere throughout the course of the inspection and it was evident throughout the inspection that staff were familiar with the people they were supporting.

The service had developed a working relationship with external caterers in the summer of 2017. Caterers were able to deliver food based on people's choices, likes, preferences and dietary needs. People had a choice of different foods and there was evidence to suggest that 'menu options' were discussed in 'resident' and 'relative' meetings.

The registered manager was aware of their responsibilities and had notified the CQC of events and incidents that occurred in the home in accordance with the CQC's statutory notifications procedures. The registered provider ensured that the ratings from the previous inspection were on display within the home as well as being displayed on the provider's website.

We reviewed the range of policies and procedures which were in place. Policies we reviewed included safeguarding adults, equality and diversity, confidentiality, whistleblowing, infection prevention control and medication administration policies. Policies and procedures were available to all staff and they were able to discuss specific procedures and processes with us during the inspection.

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.

Care plans and risk assessments did not always contain the most up to date information.

Clinical records were not always being completed accordingly.

Medication processes require improvement.

Accident and incidents were recorded and were being analysed and reviewed to establish if lessons could be learnt.

Recruitment practices in place were safely adhered to.

Is the service effective?

Requires Improvement ●

The service not always effective.

Nutrition and hydration monitoring requires improvement.

Principles of the Mental Capacity Act, 2005 were being complied with.

Staff were receiving regular supervision and appraisals.

Staff were receiving the required amount of training required to support their roles.

Is the service caring?

Good ●

The service was caring.

We observed kind and compassionate care being provided.

Staff were able to demonstrate a good knowledge of the people they were supporting.

People expressed that they felt well cared for and were treated with dignity and respect.

People's personal and confidential information was kept secure

and people's privacy was respected.

Is the service responsive?

The service was not always responsive.

Activities were not always stimulating, creative or meeting the needs of the people living in the home.

Care records contained person centred information which promoted individual choice.

There was a complaints policy and procedure in place.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Audit processes (checks) which were in place to monitor and assess the quality of the care need to be improved.

Continued breaches of regulation were identified.

Staff meetings were regularly taking place.

The culture within the home was open, supportive and transparent.

Requires Improvement ●

Kemp Lodge 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.

The inspection took place on 6 and 12 December and was unannounced.

The inspection team consisted of one adult social care inspector, an 'Expert by Experience' and a 'Specialist Advisor'. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service and a specialist advisor is a person who has professional experience and knowledge of the care which is being provided.

Before the inspection visit we reviewed the information which was held on Kemp Lodge. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. We used information the registered provider sent us in the PIR. This is information we require registered providers to send us at least once annually to give us key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners of the service and the local authority safeguarding team. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, deputy manager, four members of staff, five people who lived at Kemp Lodge, six relatives, a facilities co-ordinator and the cook.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not

express their experiences for themselves.

We also spent time reviewing specific records and documents. These included four care records of people who lived at the home, four staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents, policies and procedures and other records relating to the management of the service.

We undertook general observations over the course of the inspection, including the general environment, décor and furnishings, the bedrooms and bathrooms of some of the people who lived in the home, the dining/lounge areas.

Is the service safe?

Our findings

The home was last inspected in May 2017 and was rated 'Inadequate' in this domain. The service was unsafe and was found to be in breach of Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plan records we reviewed contained out of date, irrelevant or incorrect information and staffing levels were not appropriate for the level of support which was required.

During this inspection we reviewed a number of records in relation to the care which was being provided such as care plans, risk assessments and clinical tools which were in place. We found that although improvements had been made some records contained inconsistent information and clinical tools were not being completed according to the care plan guidance.

We reviewed four care files and found that records were not always being updated or maintained to reflect the current health needs of the person. For example, one person's care file stated that the person needed to be weighed on a weekly basis due to specific risks which needed to be managed, however when we reviewed weight monitoring charts the person was only being weighed on a monthly basis. Another example included the management of skin vulnerability. People who are not independently mobile often have to be repositioned as a measure to manage vulnerable skin. We found evidence to suggest that staff were not following repositioning guidance as they should have been. This meant that people were at risk of not receiving the safest possible care in relation to their health and well-being.

We reviewed medication management systems and found that although improvements had been made there were still areas which required improving. For example, we reviewed medication care records and found that one person was prescribed medicated cream three to four times daily and had only been receiving this cream up to two times daily. Another person who was prescribed medicated cream, twice daily had not had their cream applied for a number of consecutive days. This meant that people were exposed to unnecessary risks and not being provided with the specialist care and support they needed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the medication room was locked and secure. Medication audits were routinely carried out and medications were stored in a temperature controlled room. Ensuring medications are stored at the correct temperature is important, as their ability to work may be affected if they are not stored correctly. Medication requiring cold storage was kept in a dedicated medication fridge; the temperature of the fridge was also recorded to ensure it was in the correct range.

We reviewed a sample of Medication Administration Records (MARs) and found that all totals corresponded to what was recorded on the MARs. We also checked the procedure for administering controlled drugs (CD's). Controlled Drugs are medications with additional safeguards placed on them. The Controlled Drugs register was maintained with two signatures for each administration and there was evidence of controlled

drugs being checked at least once a day.

During the inspection we reviewed staffing levels to ensure there was enough staff to provide the support which people required. There was a dependency assessment tool in place which helped to monitor and determine staffing levels required in relation to the support which needed to be provided.

Typical staffing levels included two nurses, five carers during the core day and throughout the night there were three carers and one nurse. There was an activities coordinator in post as well as a maintenance co-ordinator, domestic staff and kitchen staff. People expressed that staff were always responsive when they needed support and one relative commented "Staff are in and out and always up and down the corridor and they answer the call bell."

The registered provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we reviewed four staff personnel files. Staff files are reviewed to demonstrate that there are robust systems in place to ensure the staff who are recruited are suitable to work with vulnerable people. Full pre-employment checks were carried out prior to a member of staff commencing work. The registered manager retained records in relation to each staff member. Records included the interview process for each person, suitable references were on file prior to an individual commencing work, employment history, identification as well as the appropriate Disclosure and Barring Service (DBS) checks.

A DBS check enables the manager to assess employee's suitability to work with vulnerable adults. There was also a routine system in place to ensure nursing staff were validated with The Nursing and Midwifery Council (NMC) The NMC is the professional regulatory body for nurses and midwives in the UK.

Accident and incident processes were in place at the home. We found that accidents and incidents were recorded appropriately and were reviewed at the end of each month. This process enabled the registered manager to identify whether changes needed to be made within the home or if any further risks needed to be mitigated.

We saw evidence of updated personal emergency evacuation plans (PEEPs). PEEP information included the name of the person, bedroom number, summary of needs and abilities and actions required. PEEP information ensures there are safe measures in place to enable staff to respond to emergency plans in the event of an emergency evacuation.

During this inspection we reviewed the range of different health and safety audits which were in place to ensure the people who lived at the home were safe. Audits/checks which were conducted included weekly fire alarm checks, weekly nurse call checks, water temperatures, monthly emergency lighting checks, bed rail checks and asbestos checks. Records also confirmed that gas appliances, electrical equipment and legionella testing all complied with statutory requirements.

During the review of health and safety compliance checks we did identify some gaps in specific areas such as kitchen and food hygiene checks between the months of May 2017 and November 2017. When we discussed this with the registered manager, they agreed that some areas of health and safety had not been maintained. The registered manager explained that the deputy manager would now be responsible for ensuring that all areas of health and safety were being safely and effectively managed.

Infection prevention control procedures were reviewed during this inspection. It is essential that there are

robust systems in place to ensure people are protected from avoidable and preventable infections and there are measures in place to ensure that environments are safe, hygienic and cleanliness is well maintained. The registered provider is responsible for maintaining the health and safety of the environment by ensuring they are compliant with health and safety requirements. We found that there was monthly infection control checks in place as well as there being an infection control policy in place which staff were familiar with. The home appeared clean and well maintained; there was a daily cleaning schedule in place which ensured that people were living in a clean and hygienic environment.

During the inspection we spoke with staff about their knowledge and understanding of safeguarding and whistleblowing procedures. Staff were able to explain their understanding of 'safeguarding' and how they would raise and concerns. When staff were asked to explain their understanding of 'whistleblowing' they explained that this was in relation to raising concerns identified in relation to inappropriate practice.

There was an up to date adult safeguarding policy in place and staff had received the necessary training in relation to the protection of vulnerable adults. Records confirmed that the appropriate safeguarding referrals had been made to the local authority and staff did ensure that all people were protected from the risk of abuse.

Is the service effective?

Our findings

During our last inspection we found the service was 'Inadequate' in this domain due to the breaches of regulation which were identified. These included a breach in Regulation 11 in relation to 'Need for consent' and a breach in Regulation 18 in relation to 'staffing'.

We asked the registered provider to take action to address the concerns we identified. Following the previous inspection the registered provider submitted an action plan which outlined how the breaches in regulation were being addressed. During this inspection we reviewed the action plan and found that improvements had been made.

The Mental Capacity Act (MCA) 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 make particular decisions, any 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the last inspection we found evidence that consent was not gained in line with the principles of the Mental Capacity Act (2005). One person's care file reflected that they had capacity to consent to the care and treatment being provided, however there was no evidence to suggest that their consent had been sought. We also found that once people were assessed as having no capacity, there was no evidence to suggest that best interest meetings/decisions had taken place.

During this inspection we found that processes around mental capacity assessments, best interest decisions and DoLS had improved. People who were assessed as having capacity to make decisions did not have their liberty restricted. We saw evidence that people who had been assessed as having capacity were fully involved in decisions which needed to be made.

Most staff we spoke to could explain their knowledge and understanding of the principles of the MCA and DoLS. Although it was identified that some staff were still not completely familiar with the MCA principles and DoLS processes. We discussed this with the registered manager at the time of the inspection who said they would re-visit this during team meetings in order to raise greater awareness. We reviewed training records of all staff and found that MCA and DoLS training had recently been completed.

The registered provider was no longer in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the previous inspection we found that staff had not been provided with any specialist training or developed an adequate level of understanding in areas care and expertise. We found that care staff were supporting people with both clinical and personal care but were not provided with the correct level of support or training to provide this safely or effectively.

During this inspection staff expressed that they felt supported within their roles and were provided with the necessary training to carry out their responsibilities. Staff explained that they were being encouraged to develop their professional skills, knowledge and expertise and had been offered different training opportunities in order to maximise their abilities.

All staff received an induction into their roles and the training matrix we were provided with showed that all staff had completed training such as first aid, moving and handling, safeguarding, fire safety and mental capacity training. Other specialist training which had been provided included 'End of Life', Enteral feeding (this is where a tube is used to provide a means of feeding and to provide nutrition when oral intake is not adequate) wound care, pressure care and infection prevention control. The level of training which was being provided meant that staff were appropriately skilled and competent to provide the level of care and support which was needed.

Staff expressed that they felt supported in their role and they had been receiving regular supervisions and annual appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

The registered provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed how people's nutrition and hydration needs were assessed and monitored. We found eating and drinking care plans were in place for people living at the home. Nutritional assessments as well as height and weight charts were being utilised to monitor and assess the health and well-being of people who were being supported. However, we did find that the information was not being recorded or completed as routinely or rigorously as it should have been.

For example, fluid intake and output which were not being sufficiently recorded on fluid balance charts. Fluid balance charts we reviewed had not been totalled on a daily basis. Some of the residents had medical conditions which required either restricted fluids or required a specific level of daily fluids to support their hydration levels. This meant that people were exposed to unnecessary risks which needed to be robustly monitored. Our concerns were raised with the registered manager who immediately responded and put measures in place.

The home had partnered with an external caterer in the summer of 2017. The external caterer offers a range of nutritiously balanced meals taking into account individual need, choice and preferences. Comments we received about the standard of food included "It's touch and go, sometimes OK, sometimes not", "They [Meals] are getting better", "They [Meals] are very nice."

Kitchen staff and care staff we spoke with were aware of the specialist dietary needs which needed to be supported. Kitchen staff and care staff we spoke with were able to explain to us the different specialist diets people needed to be supported with as well as some of the likes, dislikes and preferences people had.

Daily handovers, communication books and 'huddles' were in place and regarded as effective methods of communication. One member of staff said "The communication has improved immensely...we know what's going on with each person and we know what support needs to be provided" and "We're always discussing things now, there are better processes in place...there's the 'huddle' which is great." During the inspection we did identify that some significant information was missing from handover documentation. For

example, we identified that specialist care information in relation to diet and pressure care was not included on the 'handover sheet' for two people who needed to receive specialist clinical support. When we discussed this with the registered manager, they agreed with our concerns and expressed that this would be immediately addressed.

Health and well-being of the people living at the home was well supported. Care records and documentation which was maintained confirmed that people were receiving support from external healthcare professionals such as community matrons, speech and language therapists (SALT) dental practitioners, physiotherapists and fall prevention team. This meant the people were receiving a holistic level of safe care and support which could help with their overall quality of life.

Is the service caring?

Our findings

During the inspection we received positive comments from people who lived at the home. Some of the comments included, "Some people can't do anything for themselves and staff are good with them", "Staff are lovely, I've never had a problem", "They are very caring and kind. I get on well with them" and "They are nice and kind, lovely. I can't fault them." We also received positive comments from relatives we spoke with, comments included "Most are really nice, The new staff are really nice", "They [staff] go above and beyond and are good and kind", "There are some brilliant staff here, kind hearts and [relative] loves them."

We observed staff supporting people with responsive, patient, kind and compassionate care. Care was provided promptly and the staff interaction with people indicated familiar and mutually respectful relationships. Staff would always use preferred names when talking to people, staff were observed providing person centred care and offered genuine sincere care at all times.

Throughout the inspection it was evident that staff were familiar with the care needs of the people they were supporting. Staff could explain and describe specialist support needs which needed to be managed on a daily basis, staff were familiar with specific preferences people had and were able to discuss different likes and dislikes of some of the people who were living at the home. For example, one staff member was able to tell explain to us how one person did not like to receive care and support from a specific gender of carer. The staff member explained that this was always accommodated as to ensure that the person's wishes were respected.

We spoke with people who lived at the home and they all expressed that the staff maintained their privacy and dignity. Comments we received included ""Yes, they [staff] are very nice when I have a shower", "Yes, they do their best to keep the last bit of dignity intact" and "Sometimes the boys come and I get embarrassed so I ask for one of the girls."

We observed how people's confidentiality was maintained and sensitive information was securely stored away. For example, information in relation to clinical support needs and specialist diets was not available for others to see, care records and medication records were securely stored away. This meant that all private and confidential and sensitive information was respected and preserved and was not unnecessarily being shared with others.

The atmosphere throughout the course of the inspection was positive, warm and friendly. We asked people their thoughts on the environment and what it was like to live at the home, some of the comments we received included "Yes, it's got better. Staff seem happier and more chirpy", "It's pretty good. Moral was dreadful" and "I feel much happier than six months ago."

During the inspection we asked staff how people were involved with the delivery of care being provided. We were informed that 'resident' meetings take place as a measure to gauge the views, thoughts and suggestions of the people living at Kemp Lodge. We also saw evidence of questionnaires which had been circulated to the relatives of people living in the home.

Relatives were also asked if they were involved in the care planning processes, where they were able to do so, comments we received included "Yes, they [staff] go through it with us. They ask us and we are involved" and "[Staff member] is the key worker and talks through things with me."

Across the course of the inspection we observed how staff were able to respond to the different levels of support needs within the home. Staff were able to communicate with people using different techniques. For example, staff were seen to be crouching down next people so talk to them if the person had hearing difficulties and people were shown different varieties of food so they could visualise the options available to them.

For those who did not have any family or friends to represent them, contact details for a local advocacy service were available at the home. At the time of the inspection there was nobody being supported by a local advocate. One person expressed that they were familiar with the advocacy service available to them if ever needed this level of support.

Is the service responsive?

Our findings

During the previous inspection the service was rated 'Inadequate' for this domain. This was due to the lack of person centred detail, inconsistent information which was found throughout care records as well as there being no formal system in place to respond to complaints which were received. During this inspection we found that there had been improvements made to this area of care being provided.

Care records we reviewed were found to be personalised and contained significant information in relation to each person who was living in the home. The one page profile which was available in each care record provided information in relation to preferred names of the person, the character of the person, what's important to the person and how best to provide support.

The information which was captured from the outset then helped to formulate the different care plans and risk assessments which were implemented. For example, in one care record we reviewed it stated 'My family are important to me', '[resident] to choose nail colour', 'clothes chosen are to be clean and well pressed' and '[resident] likes small light on and a warm blanket'. Other examples included "[Person] likes to rise early and to be washed/dressed before 8am", "[Person] now prefers to stay in bed until after breakfast" and "[Person] likes toast and a glass of milk at night time."

The registered provider had a formal complaints policy in place. The complaints procedure was visible on the main notice board. People and relatives were aware of how to make a complaint. At the time of the inspection the registered manager was responding to an active complaint, this was being responded to and managed in line with the organisations policies and procedures.

The registered provider is no longer in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an activities co-ordinator in post at the time of the inspection. People we spoke with and relatives provided us with mixed responses about the range and variety of activities provided. Comments we received included ""Yes, we have Bingo and nice music on CD's. Sometimes we have old films and a band comes in sometimes", "A van driver takes us out on a Thursday sometimes", "There aren't a lot – it's very boring. I'm not really a telly addict and it's on all day. It drives me mad", "[Relative] loves music – but there's not enough of it. The TV is not always Dementia Friendly" and "There are things on TV not appropriate." We did observe a monthly activities timetable which was visible on the notice board and people did confirm that they do access the local community with staff and relatives.

We recommend that the registered provider reviews the range and variety of different activities as to ensure that people are provided with stimulating and interesting activities.

We asked if 'End of Life' care was supported at the home. End of Life' care is provided in a specialist way in an environment which can accommodate people who are at the end stages of life. We reviewed care records which contained advanced care plans, relatives had been involved in the advanced care planning wishes

(where appropriate) and the wishes of the person had been discussed, recorded and decisions were being respected.

Is the service well-led?

Our findings

At the previous inspection we identified a breach of regulation in relation to 'Good Governance'. It was identified that there was a number of areas which did not comply with the legal requirements needed within a care home.

During this inspection we checked to see if the registered provider had made improvements. We found that although improvements had been made they still remained in breach of this regulation.

We reviewed quality assurance systems and auditing processes which were in place at the home. We found that although audits were being completed in areas such as care planning, health and safety, infection prevention control, accident and incidents and medication we still identified areas which needed to be improved on.

Auditing systems and quality checks were in place but were not identifying some of the areas we found during our inspection. For example, some of the clinical records which were in place to support and manage people's health and well-being were not being thoroughly completed.

We found evidence that the re-positioning charts for one person did not correspond with the care plan instructions. Another example included medicated cream which should have been administered four times throughout the day but had only been administered twice daily. This meant that people were potentially receiving insufficient care and support and the quality assurance systems and processes were not effectively identifying areas of improvement.

We have found repeated breaches across the course of inspections and although there had been improvements made there has been a failure to comply with all legal requirements. We have identified a repeated breach in 'Good Governance' as well as a breach in regulation in relation to 'Safe care and Treatment'.

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

There was a registered manager at the home at the time of the inspection. The previous registered manager de-registered in May 2017 and the registered manager at the time of the inspection had recently been registered with the CQC. The registered manager was fully aware of their responsibilities and understood how and why they needed to be providing a service which was compliant with Health and Social Care regulations.

The registered manager was open, transparent and responsive to our feedback throughout the course of the inspection. They expressed that they felt that they had been supported by the appointment of a new deputy manager and expressed that a lot of hard work and commitment had been dedicated to the service in order to improve the standards and quality of care being provided.

Staff we spoke with were complimentary about the registered manager as well as the newly appointed deputy manager. Some of the comments we received included "The manager is really approachable", "The deputy seems to have the right attitude", "Yes, [registered manager] always comes in and has a good chat – she makes an effort" and "The new manager is very forthright, positive, not work shy and not frightened to voice any opinions. [Manager] has got to know all residents very thoroughly."

There was evidence of staff meetings taking place at the home. Staff expressed that the level of communication had improved and everyone was aware of their responsibilities. We saw evidence of daily 'huddles' taking place. The 'Huddles' encouraged all staff to come together to discuss the care and support needs of each individual for that day. This meant that staff were communicating the day to day support needs, areas of risk as well as activities which needed to be supported such as appointments or internal/external visits.

We reviewed the different policies which were in place at the home. Policies and procedures are in place to help guide and support staff, they provide clear and consistent information and communicate the desired outcomes. Policies we reviewed included safeguarding, confidentiality, equality and diversity, medication administration, whistleblowing and infection prevention control. All staff expressed their understanding of specific policies and procedures as well as explaining where they could access them if they needed to.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people as well as being available on the registered provider's website.

Statutory notifications were also submitted in accordance with regulatory requirements. Statutory notifications are documents which inform the CQC of the incidents/events which affect the safety and well-being of people who are living in care homes.

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 People were exposed to unnecessary risks in relation to the care which should have been provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not being updated accordingly and auditing systems were not identifying some of the areas which needed to be improved.